



CLUSTER / UNIT COVER SHEET

This form is to be completed by student when submit assessments and to be used by assessor to record the student's competency outcome.

STUDENT DETAILS / DECLARATION:

Course Name:			
Unit / Cluster Name:			
Student Name:		Student ID:	
I declare that:	<ul style="list-style-type: none"> • I understand the context and purpose of this assessment and I am aware of the competency standard/criteria against which I will be assessed. • I am ready to be assessed and I have received adequate training. I am also aware of the resources I need and how the assessment will be conducted. • I have been given fair notice of the date, time and venue for the assessment. • All submitted work is my own and I have not cheated or plagiarised the work or colluded with any other student(s). Appropriate referencing has been provided where the words or ideas quoted or referred to at that point are not my own. • I understand that if I am found to have plagiarised, cheated or colluded, action will be taken against me according to the Academic integrity and misconduct policy. • I have had the re-assessment and appeals process explained to me. • I am aware that my assessment results and feedback will be advised via ePortal and eLearning portal. • I have kept a copy of this assessment task for my own records in the event I have to reproduce my work. 		
Student's Signature:		Submission Date:	

ASSESSOR USE ONLY: (ACADEMIC DEPARTMENT)

Assessment Detail	1 st Submission	Re - submission	Not applicable (please select this option if the cluster/unit does not have this assessment)	Result
Assessment 1				<input type="checkbox"/> S / <input type="checkbox"/> NS / <input type="checkbox"/> DNS
Assessment 2				<input type="checkbox"/> S / <input type="checkbox"/> NS / <input type="checkbox"/> DNS
Assessment 3				<input type="checkbox"/> S / <input type="checkbox"/> NS / <input type="checkbox"/> DNS
Assessment 4				<input type="checkbox"/> S / <input type="checkbox"/> NS / <input type="checkbox"/> DNS
Assessment 5				<input type="checkbox"/> S / <input type="checkbox"/> NS / <input type="checkbox"/> DNS
Final outcome for this cluster / unit (S=Satisfactory NS= Not Satisfactory DNS= Did not Submit C= Competent NYC= Not Yet Competent)				<input type="checkbox"/> C / <input type="checkbox"/> NYC
ASSESSOR'S DELARATION: I declare that I have conducted assessments in accordance with the Principal of Assessment and the Rules of Evidence for this student, and I have provided appropriate feedback via eLearning platform		Assessor's Name:		
		Assessor's Signature:		
		Date:		

ASSESSMENT SUBMISSION RECEIPT:

(FOR PRINTED COPY SUBMISSION ONLY. THIS SECTION MUST BE COMPLETED BY THE RECEIPT FROM ANY DEPARTMENT AND PROVIDED TO THE STUDENT)

It is the student's responsibility to keep the assessment submission receipt as a proof of submission of assessment tasks.

Student Name:		Student ID:	
Unit / Cluster Code:		Assessment No:	
Staff Name:		Signature:	
Department:		Date:	