

Assessment Cover Sheet

Student Name:		Student Id:	
Course Title:			
Unit Name:			
Unit Code:			
Assessment Task:			
Date Assessment Submitted:		First submission	<input type="checkbox"/>
		Subsequent submission	<input type="checkbox"/>
Student Declaration:			
I certify that the attached assessment is my original work. No other person's work has been used without due acknowledgment in the text of the document.			
Except where reference is made in the text, this document contains no material presented elsewhere or extracted in whole or in part from a document presented by me for another qualification at this or another Institution.			
I understand the nature of plagiarism to include the reproduction of someone else's words, ideas or findings and presenting them as my own without proper acknowledgement. Further, I understand that there are many forms of plagiarism which include direct copying or paraphrasing from someone else's published work (either electronic or hard copy) without acknowledging the source; using facts, information and ideas from a source without acknowledgement; producing assignments (required to be independent) in collaboration with and/or using the work of other people; and assisting another person to commit an act of plagiarism.			
I understand that the work submitted may be reproduced and/or communicated by the institution or a third party authorised by the institution for the purpose of detecting plagiarism.			
I understand that Sunraysia Institute of TAFE is required to retain evidence of all completed student assessment items for a period of 3 years for auditing purposes, after which time evidence will be securely destroyed.			
Student Signature:		Date: / /	

ASSESSOR REPORT	Assessor Name:		
Assessment Outcome:	SATISFACTORY <input type="checkbox"/>		
	NOT SATISFACTORY <input type="checkbox"/> Is resubmission required? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Resubmission:	Competency development strategies discussed with student? <input type="checkbox"/>		
	Agreed due date for resubmission: / /		
Assessor Signature:	Date: / /		
OFFICE USE ONLY	DATE RECEIVED: / /	DATE MARKED: / /	DATE RETURNED: / /

Warning – Uncontrolled when printed. The current version of this document is kept on the Portal.

DO NOT POPULATE FOOTER – THIS WILL BE DONE AUTOMATICALLY

Authorised by: Robin Kuhne
Maintained by: Chelsea Diana

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Page 1 of 1