

STUDENT ASSESSMENT COVER SHEET

To be attached to each Unit of Competency, or sets of Units of Competency, assessed and returned to the Vocational Education and Training (VET) Manager within two weeks of assessment

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| Student Name: | |
| Assessor Name: | |
| Qualification Title: | Certificate IV in Aging Support |

STUDENT DECLARATION

I declare that:

- I understand the assessment instructions and requirements of the Unit/s of Competency listed below and consent to being assessed.
- All questions and activities completed in this task are my own work and I have referenced any work used from other sources.
- My assessor has explained reasonable adjustment to me and I understand I can apply for support in my assessment.

Student's signature:

Date:

| Unit/s Assessed | | | | | | | | | | | | | |
|--|-----|---|---|------------|-----|-----------------|----|-------------------|----|--|-----|---|--|
| Unit Code | | Unit Name | | | | | | Evidence Attached | | Result <small>C/NYC/Withdrawn</small> | | | |
| CHCCCS017 | | Provide loss and grief support | | | | | | Yes | No | C | NYC | W | |
| | | | | | | | | Yes | No | C | NYC | W | |
| | | | | | | | | Yes | No | C | NYC | W | |
| | | | | | | | | Yes | No | C | NYC | W | |
| Case Study | CS | Questions | Q | Assignment | A | Portfolio | Pf | Demonstration | D | Project | Pj | | |
| Third Party Report | TPR | Recognition of Prior Learning | | | RPL | Credit Transfer | CT | Observation | O | | | | |
| Reassess NYC unit/s: Yes / No (please circle): | | | | | | | | | | | | | |
| Reassessment discussed with student: Yes / No / Not applicable (please circle) | | | | | | | | | | | | | |
| Date of reassessment: | | | | | | | | | | | | | |
| Assessor's Comments: | | I have attached the completed evidence of this student's assessment for each Unit of Competency as listed and confirm the result shown above. | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| Assessor's Signature: _____ Date: _____ | | | | | | | | | | | | | |

Student's comments (optional):

Student's Signature (optional):

Date:

| Office Use Only | | |
|--|------------|-------|
| Evidence checked by (name): | Signature: | Date: |
| Entered in student's record by (name): | Signature | Date: |