

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

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C/NYC/Withdrawn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>			
CHCPAL001		Deliver care services using a palliative approach						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.											
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: