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 **Assessment Declaration**

 Any questions? Please contact ICAN Learn, Cairns

 Phone: 07 40311 073

***Educate. Learn. Empower. Lead*** Email: studentinfo@icanlearn.edu.au

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| **1. PERSONAL DETAILS** |
| Student Number:  |
| Title: Mr Mrs Ms Miss Other |
| Surname | Given Names |
| Gender |  Female Male LGBTIQ Unspecified  |
| Date of Birth | Gender M F  |
| Telephone | Mobile | Work |
| Residential Address |  |
|  | Postcode |
| Mailing address |  |
|  |  | Postcode |
| Email address |  |
| **2. ASSESSMENT DECLARATION** |
| ICAN Learn Trainer |  |
| Units relevant to this Assessment  |
| Unit Code |  |
|  Unit Title |  |
| Assessment Number |  |
| **3. DECLARATION** |
| I certify that the attached assessment/report/project is my own work and that all material utilised from other sources have been fully acknowledged in the appropriate method and format. I understand that it is my responsibility to ensure that all assessments submitted are my own work and that I do not plagiarise the work of other people.Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Note: Please refer to ICAN Learn Assessment Policy*  |
| **4. RETURN ADDRESS FOR FORM** |
| Please return completed form to your teacher by email.  |

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| **5. STUDENT CHECKLIST (tick relevant boxes)**  | **DONE** |
| **CRITERION** |  |
| Written work is completed on a computer |  |
| Work is handed in according to dates specified at beginning of each unit. |  |
| Requests for extensions are made in writing on the appropriate form prior to the due date |  |
| Participants are required to keep a copy of all submitted work. |  |
| The name of the student, student ID and teacher must be clearly stated on the front page of all work submitted.  |  |
| Copying of work is unacceptable. If teachers believe work has been copied this will be formally addressed applying the ICANLearn Plagiarism Policy(‘Academic Honesty and Preventing Plagiarism’). |  |
| When resubmitting an assessment, the student must include the original assessment document, the resubmitted document and the feedback sheet. |  |
| Do not destroy or alter sections needing re-submission. |  |

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| **6. OFFICE USE ONLY** |
| Student Name | Student No |
| ICAN Learn Trainer |  |
| Original Due Date | Actual Submission Date |
| **7. SIGNATURES** |
| ICAN Learn Trainer |  | Signed | Date |
| Executive Officer/ ICAN Learn | Bernadette Pasco |
| Signed | Date |
| ICAN Learn Administration - Data entry student records |
| Assessment Declaration filed on Student File  |  Initials | Date |
| Student File doc No |  |