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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 | | |  | | | | |