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**Assessment declaration and tutor feedback**

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: | | | |
| Surname | |  | |
| Given Name | |  | |
| Date of Birth | |  | |
| Telephone | | Mobile | Work |
| Mailing address | |  | |
|  | |  | Postcode |
| Email address | |  | |
| **2. ASSESSMENT DECLARATION** | | | |
| ICAN Learn Trainer |  | | |
| Please list units relevant to this Assessment | | | |
| Unit Code |  | | |
| Unit Title |  | | |
| Assessment 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 this assessment is my own work and that I have not plagiarised the work of other people.  Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: Please refer to ICAN Learn ‘Assessment’ and ‘Academic Honesty and Plagiarism’ policies* | | | |

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| **5. STUDENT CHECKLIST** | **DONE** |
| Written work is completed on a computer |  |
| Work is handed in on due date |  |
| Requests for extensions are made in writing on the appropriate form prior to the due date |  |
| I have a copy of my work |  |
| Student ID on document |  |
| This is my own work |  |
| If this is a resubmission, I have included my original assessment |  |
| I have not destroyed or altered sections needing re-submission. |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. ASSESSMENT FEEDBACK AND OUTCOME** | | | | | | | | | |
|  | | | | | | | | | |
| **Competent** | |  | | **Not yet competent** | | | |  | |
| **Resubmit** | |  | | **Not competent** | | | |  | |
| **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 | | | |  | | | | | |