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| **Pre Assessment Briefing and Undertaking** | | |
| **Course: CHC51115 Diploma of Financial Counselling** | | |
| **Student Name:** | | |
| **Date:** | | |
| **Instructions for use:**  Following advice to students concerning the assessment plan for the relevant term or unit of study, the following undertaking should be read and signed by each student as an indication of their acceptance of the assessment plan. Training and assessment staff shall ensure that any questions asked by students are answered promptly and discreetly. | | |
| **Students**  Please read, answer with a tick and sign the following undertaking following the pre-assessment briefing and return the signed form to the assessor. |  |  |
| **Did the training staff member:** | **Y** | **N** |
| 1. Identify units/elements to be assessed relevant to the course program? |  |  |
| 1. Confirm the purpose of the assessment? |  |  |
| 1. Provide access to copies of relevant units of competency? |  |  |
| 1. Provide guidance into the proposed assessment methods? |  |  |
| 1. Explain that information obtained from the assessment event may be used for trainer skills enhancement and or State or Commonwealth Training authority reporting requirements? |  |  |
| 1. Check for an understanding of the unit of competency information? |  |  |
| 1. Confirm how they will collect evidence of competency? |  |  |
| 1. Advise a schedule for completion of assessment and assessment events? |  |  |
| 1. Advise of other people who need to be informed of the assessment? |  |  |
| 1. Provide opportunity to raise concerns/questions regarding the assessment event and methods? |  |  |
| 1. Give guidance concerning Employability skills? |  |  |
| 1. Mention the complaints appeal process? |  |  |
| 1. Refer to the RTO’s Code of Practice? |  |  |
| **Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Negotiated Reasonable Adjustment:**  (Training staff should note any specific adjustment made to the assessment plan based on individual requirements) | | |
| **Training Staff Name: Signed: Date:** | | |
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 ***Educate. Learn. Empower. Lead***