

**Office Copy**  
**(To be filed in student file)**



**Assessments submitted**  
**Participant to complete**

Competency Number & Title	
Assignment Number/s	Task/s Number
Participant's name: _____	
Participant's Address _____	
Participant's phone number: _____	
<b>Statement of Original Authorship:</b> I declare that the work submitted for this competency is my own and unless specified has not been copied.	
<b>Signed by participant:</b> _____	
Date assessment task received by NuSkills _____	
Training facilitator's name: _____	
Received by: _____ (name and signature of NuSkills Staff Member)	



**Participants Copy**  
**(to be returned to the participant)**



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