



COMMONWEALTH HIGH RISK WORK NOTICE OF ASSESSMENT

CANDIDATE DETAILS					
Candidate name <i>(first name and surname)</i>				DOB	/ / <i>(must be 18 or over)</i>
ASSESSMENT DETAILS					
Class/Unit of competency					
Assessor Name <i>(first name and surname)</i>			RTO		
Location of assessment			Assessment type	<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Reassessment	
ASSESSMENT OUTCOME					
KNOWLEDGE ASSESSMENT	Date / /	Start time :	Finish time :	Outcome	OVERALL OUTCOME COMPETENT <input type="checkbox"/> NOT YET COMPETENT <input type="checkbox"/>
CALCULATIONS ASSESSMENT	Date / /	Start time :	Finish time :	Outcome	
PERFORMANCE ASSESSMENT	Date / /	Start time :	Finish time :	Outcome	
COMMENTS/FEEDBACK					
ASSESSMENT DECLARATION					
<p>I, the person conducting the assessment, declare that the above mentioned candidate undertook the appropriate underpinning knowledge, calculations and practical assessment in accordance with the relevant assessment instrument. I have confirmed the candidate's identity by verifying their Defence Identification pass, and/or any required evidence. The information recorded above is a true reflection of this candidate's assessment.</p> <p>I am aware that it is an offence under any WHS Legislation not to conduct a full and proper assessment in accordance with the requirements of the assessment instrument and to provide, false, misleading or incomplete information in this Notice of Assessment. I acknowledge that to knowingly make a false or misleading statement is an offence against the <i>Criminal Code Act 1995 (Cth)</i>.</p> <p>I declare this assessment has been conducted properly and did not involve any inappropriate conduct, including but not limited to, inappropriate disclosure of, or access to, the HRW National Assessment Instruments. I am also aware that any licence issued on the basis of this assessment could be cancelled if the assessment was subsequently found to have not been conducted properly. The candidate has been provided with feedback and informed of the assessment result and the reasons for the decision.</p>					
Name	Signature		Date		/ /
CANDIDATE DECLARATION					
<p>I declare that the information contained in this Notice of Assessment is accurate and is a true reflection of the underpinning knowledge, calculation and practical assessment I undertook. I am aware that it is an offence under any WHS legislation to provide false, misleading or incomplete information. I acknowledge that to knowingly make a false or misleading statement is an offence against the <i>Criminal Code Act 1995 (Cth)</i>.</p> <p>I declare this assessment has been conducted properly and did not involve any inappropriate conduct, including but not limited to, inappropriate disclosure of, or access to, the HRW National Assessment Instruments. I am also aware that any licence issued on the basis of this assessment could be cancelled if the assessment was subsequently found to have not been conducted properly.</p> <p>I have been provided with feedback on the evidence I have provided. I have been informed of the assessment result and the reasons for the decision.</p>					
Name	Signature		Date		/ /
UPON COMPLETION OF AN ASSESSMENT, A SIGNED COPY OF THIS DOCUMENT MUST BE ISSUED TO THE CANDIDATE, AND ANOTHER KEPT ON FILE WITH THE RTO.					
DATE OF ISSUE	/ /	AN APPLICATION FOR A HRW LICENCE MUST BE MADE TO COMCARE WITHIN 60 DAYS OF THE ISSUE OF THIS DOCUMENT. THIS DOCUMENT MUST BE SUPPLIED WITH ANY NEW OR CLASS ADDITION HRW LICENCE APPLICATION TO COMCARE.			