



Macleay Valley Community College Inc

44 Elbow Street (PO Box 3240) West Kempsey NSW 2440

Tel/Fax: (02) 6562 2755

Email: mvcc@mvcc.org.au

Web: www.mvcc.org.au

Office Hours: Monday to Friday, 8.30am - 1.30pm

ASSESSMENT COVER SHEET

NAME	
ADDRESS	
TELEPHONE	
EMAIL	
COURSE NAME & NUMBER	
UNIT NAME & NUMBER	

STATEMENT OF ORIGINAL AUTHORSHIP

I _____, state that this assessment, to the best of my knowledge, contains no material which has been written by any other person except where due reference is made. I certify that I have completed all work myself.

Signed _____ Date _____

PRIVACY DECLARATION

Macleay Valley Community College is collecting this information for the purpose of processing your assessment and for moderation of assessment, to review the effectiveness and consistency of College Assessors. Only authorised College officers will have access to this assessment. No further access to your assessment will be provided to any other organisation or persons, without your consent or, unless authorised or required by law, in accordance with the Information Privacy Principles.

OFFICE USE ONLY

DATE RECEIVED	
MARKED BY	
<input type="checkbox"/> COMPETENT	or <input type="checkbox"/> NOT YET COMPETENT
ASSESSOR COMMENTS	



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