PILATES ITC

STUDENT DECLARATION – GROUP STUDIO ASSESSMENT

STUDENT DETAILS AND DECLARATION	
Student Name:	
Practical Assessment:	GROUP STUDIO
Assessor Name:	

My signature below confirms the following:

1. The purpose and outcomes of the assessment have been explained to me.
2. I have received information about the units of competency and understand the evidence requirements.
3. I agree with the assessment process.
4. The appeals system has been explained to me.
5. I have informed my Assessor of any special needs that may need to be considered during the assessment.
6. By signing below I am confirming that I have submitted my Logbooks and Written Assessments (relevant to the units of competency being assessed in this Practical Assessment) before sitting this Practical assessment.

Student Signature:	
Assessor Signature:	
Date of Assessment:	