## Assessment Coversheet / Result

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| This must be attached to each assessment. Please ensure that all sections are completed correctly before submission. (If submitted electronically attach this file in MS Word format.) | | | | | | | |
| Course | | TAE50111 Diploma of Vocational Education and Training | | | | | |
| Cluster | | Leadership | | | | | |
| Units | | PSPGOV511A Provide Leadership | | | | | |
| Student Details and Declaration | | | | | | | |
| Student Name | |  | | | Student ID |  | |
| E-mail Address | |  | | | Phone Number |  | |
| ***If this assessment was completed by a group, include names and contact details of each member below***  I/We declare that this submission is an original piece of work and does not contain any material that has previously been submitted for assessment in this or any other unit. I/We declare that no part of it has been copied from any other students’ work or from any other source except where due acknowledgement is made explicitly in the text. I/We further declare that no part of this submission has been written or completed by persons other than those whose names are included below. | | | | | | | |
| ☐ | *I agree that in submitting this electronically I knowledge that the above declaration is true.* | | | | | | |
| *OR*  ***Signature*** |  | | | | | | |
| Name | | | Student ID | Name | | | Student ID |
| 1) | | |  | 2) | | |  |
| 3) | | |  | 4) | | |  |

## Assessment Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assessment Task/s | | Assessed | | | SC/NYC |
|  | |  | | |  |
|  | |  | | |  |
|  | |  | | |  |
|  | | Final Result | | |  |
| Feedback | | | | | |
|  | | | | | |
| Resubmission required | | No | Yes | Date Due | |
| |  | | --- | |  | | | | | | |
| Assessor Name |  | | | | |

## Assessment Submission

|  |  |  |
| --- | --- | --- |
| Your assessment submission must contain the following: | Student to complete  Submitted  (Y/N) | Assessor to complete  Grade  (SC/NYC) |
| **Part 1 – Workshop activities** | | |
| * + Activities 1-9 and 11 from the workshop |  |  |
| **Part 2 – Third Party reference** | | |
| ***Practice Log – Facilitation Practice***  - *summary* *recording* the following: | | |
| * + minimum of 100 hours of GROUP facilitation (RTO or National Accredited training) |  |  |
| * + observations of YOUR facilitation practice by a peer (a minimum of 10 hours) |  |  |
| * + observations of a PEER’s facilitation practice by you (a minimum of 2 sessions) |  |  |
| * + Sign off by Peer (name only required) |  |  |
| ***Facilitation Reflection Journal*** (each *reflective statement* approximately 300 words) | | |
| * + minimum of six (6) personal reflections on your facilitation |  |  |
| * + minimum of six (6) personal reflections on learners with complex learning needs |  |  |