Final Assessment Record & Issuing of Qualification



Name of student		Student number (ID)	
Assessor Name		Date of completion	
Qualification Code	CHC33015	Qualification Name	Certificate III in Individual Support

Evidence summary Instructions:

- Assessor: You are responsible to review all assessment evidence collected for each UoC as listed on the unit result sheet. All assessment documents must be uploaded on MOODLE or Power Pro. Ensure you indicate if a unit has been a CREDIT TRANSFER (CT) or achieved through RPL. In the event a candidate has been deemed NYC in one or more units, ensure written feedback has been provided to the candidate and the candidate is aware to receive a SoA or re-enrol into the relevant unit/s. If a TP has occurred and they are changes to our standard delivery, ensure you seek guidance from the compliance team.
- Quality check by Compliance team: Each unit must be checked against the listed
 assessment method listed on the URS and the student file must be checked and approved
 before the issuing of the of qualification is approved. This process must be completed
 within 30 calendar days of the learner being assessed as meeting the requirements.

Code	Unit Name	С	NYC	СТ	Notes
CHCCCS015	Provide individualised support				
CHCCCS023	Support independence and well being				
CHCCOM005	Communicate and work in health or community services				
CHCDIV001	Work with diverse people				
CHCLEG001	Work legally and ethically				
HLTWHS002	Follow safe work practices for direct client care				
CHCAGE001	Facilitate the empowerment of older people				
CHCAGE005	Provide support to people living with dementia				
CHCCCS011	Meet personal support needs				
CHCCCS025	Support relationships with carers and families				
CHCHCS001	Provide home and community support services				

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HLTINF006	Apply basic principles and practices of infection prevention and control		
HLTAAP001	Recognise healthy body systems		

Assessor to complete:					
	☐ I have completed and checked that all assessments are uploaded for each UoC on MOODLE or if applicable on PowerPro.				
	☐ The candidate has been informed of the outcome and if partial completion of a qualification due to NYC units, the candidate has been informed in writing of future options to complete further requirements.				
Assessor signature: Date:					
The ca	ndidate has fulfilled the requirements to be issued a:				
	☐ Statement of Attainment in partial completion of the Qualification				
	☐ Full qualification and Record of Result				

QA & Administration	Officer	Completion Date
Assessments have been checked against each URS and a full student file check has been completed		
All fees are paid in full, if not student has been informed		
Qualification/ SoA has been issued and student notified		
AQTF Survey has been completed		