



PRE-ASSESSMENT BRIEFING

To be completed **prior** to Assessment

Candidate Name:			
Candidate Number:		Date & Time:	
Assessor Name:			
Units of Competency to be Assessed	<ul style="list-style-type: none"> • . • . • . 		
Location of assessment:			
Assessment methods			
Advise the candidate and note:		Please tick	
<ul style="list-style-type: none"> • The purpose and context of the assessment. • The consequences or possible outcomes of the assessment. • The candidate's rights and the appeals system. 			
Candidate to answer the following questions:		Please circle	
<ul style="list-style-type: none"> • Have you received copies of the relevant units of competency associated with this assessment? • Do you understand what the assessment consists of, the procedures and the preparation you should undertake? • Do you have any special requirements that need to be taken into account during the assessment process (special needs, considerations) which may require an adjustment to the assessment? • Are you ready and willing to be assessed? 		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
I agreed to undertake the assessment in the knowledge that information gathered will only be used for assessment judgement purposes and can only be accessed by myself or other personnel only a strictly need to know basis.			
Candidate Signature:		Date:	
Assessor Signature		Date:	