

MODERATION REPORT

Candidate or Organisation

NAME

STREET ADDRESS NUMBER, STREET, SUBURB, TOWN OR CITY

POSTAL ADDRESS BOX NUMBER, SUBURB, TOWN OR CITY

STD

PHONE NO.

FAX NO.

Delete As Applicable

 ASSESSOR

 EMPLOYER TRAINING PROVIDER

 PRIVATE TRAINING ESTABLISHMENT

Moderation Results

 SATISFACTORY

 NOT YET SATISFACTORY

If not yet satisfactory, record reasons why:
attached

Additional sheets

Unit Standards

Moderation covered the following unit standards

Declaration

This moderation was carried out in a fair and reliable manner in accordance with the criteria

MODERATOR'S SIGNATURE

DATE

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I consider this moderation fair and just and agree with the moderator's comments and results.

CANDIDATE'S SIGNATURE

DATE

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Opportunity Training use only.