



# 2016 Design practical (portfolio) examination Declaration of authenticity

This form must be completed by candidates enrolled to sit the 2016 Design ATAR course examination. Failure to submit a completed Declaration of authenticity could result in a referral to the Breach of Examination Rules committee.

## Candidate declaration

SCSA student					
number:					

Name:

School code:

As a candidate for the 2016 Design ATAR course practical (portfolio) examination, I declare that:

- I have completed all the work contained in this submission through the duration of the units being examined
- None of the work contained in this submission was worked upon directly by a teacher or any other person or company except that acknowledged in the references/acknowledgement form.
- None of the work contained in this submission was submitted for assessment in any other course or program.

# Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note:

- 1. To maintain anonymity this declaration form must accompany, but not be attached to, the submitted work.
- 2. Teachers must keep a copy of this form on official school records.

# Principal and teacher declarations

This section is to be signed by the school principal and the candidate's teacher.

- I declare that, to the best of my knowledge the work contained in this submission:
- has been completed by the candidate through the duration of the units being examined
- has been developed mainly in school time, and any work away from school was regularly monitored
- has not been worked upon directly by a teacher or any other person or company, or any such work has been formally acknowledged
- has not been submitted for external assessment in any other ATAR course.

Teacher's name:	
Teacher's signature:	 Date:
Principal's name:	
Principal's signature:	 Date:

## Non-school candidates

An authorised witness needs to witness your signature and complete this section. See the following link: www.courts.dotag.wa.gov.au/W/witnessing\_documents.aspx for a list of authorised witnesses.

## Authorised witness

Name:	
Address:	
Signed:	 Date: