



Drama ATAR course Practical (performance) examination 2016 Declaration of authenticity

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

Candidate declaration

Name: _____ School Code: _____

SCSA Student number:

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As a candidate for the Drama ATAR course Practical (performance) examination 2016, I declare that:

- I have completed all the work submitted for Part 1 – Original solo performance through the duration of the units being examined.
- The Scripted monologue presented for this examination is from a published play text.
- None of the work performed in this examination was worked upon directly by a teacher or any other person.
- None of the work in this examination was submitted for assessment in any other course or program.

Signed: _____ Date: _____

Please note:

1. To maintain anonymity, this signed declaration form must accompany the candidate and be submitted to the supervisor at the examination centre. It must **not** be presented to the markers.
2. Teachers must keep a completed 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.

As the teacher for the above candidate, I declare that, to the best of my knowledge the Original solo performance titled _____, as described in the attached script:

- 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
- has not been submitted for external assessment in any other ATAR course or program.

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: _____