

GATEWAY ASSESSMENT COVERSHEET

School:	
Gateway Contact:	
Return address: (not a PO Box)	
Contact Email Address:	
Contact Telephone No.:	

UNIT STANDARD:

Student Name	No.	Title	Version	Level	Credits

Number of documents attached:

FINAL CHECK

- Assessments and Learning Material activities have been completed.
- Workforce verifications have been signed off by the employer/workplace supervisor.
- Any supporting evidence has been attached.

Date: / /