

GATEWAY ASSESSMENT COVERSHEET

Student name:	NSN:
School:	
Return address: (not a PO Box)	
Contact email address:	
Contact telephone no.:	

UNIT STANDARD:

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: / /

Name of Gateway contact: _____ **Signed:** _____

Please courier to The Customer Experience Team, ServiceIQ, Level 14, Plimmer Towers, 2-6 Gilmer Terrace, Wellington 6011