

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 scan to: Schools@ServiceIQ.org.nz – Subject line: *Student name, School and Unit Standard* or
courier to: The Customer Experience Team, ServiceIQ, Level 2, 15 Walter Street, Wellington 6011