

Delegate details				
First name:		Surname:		
Date of birth:		Gender:	Male/Female	Title (Dr, Miss, Mr, Mrs, Ms)
Organisation:				
Organisation address:				

Course details			
Course name:			
Location:			
Start date:		Submission deadline:	
Tutor:			

Delegate statement

I confirm that the portfolio I have submitted is my own work and that I have evidenced all reference sources. I also confirm that I have not copied in part or whole or otherwise plagiarised the work of other persons.

Delegate signature:		Date:	
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Notes

- Note 1:** Complete this statement and place in front of your course workbook/s.
- Note 2:** Only include evidence for assessment. **Do not** include course hand-outs, extracts of guidance documents, etc.
- Note 3: Co-ordinators:** Delegates must forward their course work to their organisation's co-ordinator for posting to Xact.
- Note 4: Post:** Co-ordinators must post delegate portfolios to: Xact Training, 3 Abbey Lane Court, Evesham, Worcestershire WR11 4BY. It is recommended that a registered service is used.
- Note 5:** Personal and confidential information is regulated by the Data Protection Act 1998 and will only be used for the purposes for which it has been disclosed.

Xact use only						
Delegate ID:		Course ref:				
Evidence received:		Confirmed:	Name		DOB	

Assessment process

Details of following policies are available at: www.xact.org.uk/qualifications/assessment/

- Submission Policy
- Assessment Policy
- Malpractice Policy
- Appeals Policy