

LANGUAGE, LITERACY AND NUMERACY SUPPORT

Please fill in ALL sections clearly

If you have any queries please don't hesitate to contact the training department Phone: 08 9383 8200 Email: training@rlsswa.com.au

Candidate Name:	Date of Birth:
Email:	Mobile:
Course Location:	Date of Course:
Course Code and Title:	
Instructions to Assessor:	
the participant to assist them to complete	rm must be complete if any support services have been provided to e the course requirements (e.g. verbal assessment of theory paper). rning and assessment activities needs to be justifiable and uphold
This form must be signed by both the as course paperwork.	sessor and candidate then handed to RLSSWA with all other
Assessment and task number	Assessor's comments on support provided
Assessor Signature	Candidate Signature
Date	