



Assessment Cover Sheet

Module 1: Business Development Analysis**Wāhanga Tuatahi:** Tātari Whakawhanake Umanga**Assessment 2:** Project Briefs**Whakamātautau Tuarua:** Kaupapa Taumahi

Tauira Details - Tauira to Complete

1

Tauira Name: _____

Tauira ID Number: _____

Kaiako Name: _____

Date Submitted: ____/____/____ Intake Start Date: ____/____/____ Delivery Site: _____

I certify that this assessment is my own work.

Tauira Signature: _____

Delivery Mode (Please tick): ☐ Mixed Mode ☐ Contact Mode

Assessment Results - Kaiako to Complete

2

Results (1st Attempt)		Results (2nd Attempt)		Results (3rd Attempt)	
Achieve		Achieve		Achieve	
Yet to Achieve		Yet to Achieve		Yet to Achieve	
Date		Date		Date	
Kaiako Comments:					

Declaration

3

Kaiako to complete:

This section is to be completed once the tauira has ACHIEVED the learning outcomes for this Assessment.

I confirm that this tauira has achieved the learning outcomes for this Assessment.

Kaiako Signature: _____ Date: ____/____/____

Office Use Only

4

Please note: Tauira enrolled in Mixed Mode Delivery are not required to complete this section, but they are to fill in their address details on the back page.

Tauira to complete:

This section is to be completed once the tauira has uplifted their ACHIEVED Assessment from their kaiako.

Tauira Signature: _____ Date: ____/____/____

TE TOHU PAETAHI PAKIHI**CERTIFICATE IN APPLIED SMALL BUSINESS
GROWTH AND DEVELOPMENT (CABG)**