# Assignment Cover Sheet

## Section 1: Administrative Details

Trainee's Full Name ______________________________________________________
Trainee’s Identification Number ____________________________________________

Assignment/Project Title _________________________________________________

Assessor’s/Supervisor’s Name ____________________________________________
Date of Submission _____________________________________________________

NB. This form must be attached to all submitted written work with all sections completed. An incomplete form may result in the delayed return of your assignment or of your marks. Keep a copy of your assignment before submitting it for assessment.

## Section 2: Compulsory Student Declaration Details

**Plagiarism**
Plagiarism is the act of representing as one’s own work the original work of another, without appropriate acknowledgement of the author or source.

**Collusion**
Collusion is the presentation by a student of an assignment as his or her own which is in fact the result in whole or in part of unauthorised collaboration with another person or persons. Collusion involves the cooperation of two or more students in plagiarism or other forms of academic misconduct.
Both collusion and plagiarism can occur in group work.

**Student declaration**
Please tick to indicate that you understand the following statements.

I declare that:

☐ This assignment is my own original work, except where I have appropriately cited the original source.

☐ This assignment has not previously been submitted for assessment in this or any other context.

☐ I have read and understood the College’s Policy in respect of Academic Honesty and Plagiarism.

For the purposes of assessment, I give the assessor of this assignment the permission to:

☐ Reproduce this assignment for marking purposes; and

☐ Take steps to authenticate the assignment, including communicating a copy of this assignment to a checking service (which may retain a copy of the assignment on its database for future plagiarism checking).

Student signature _____________________________________ Date ______________

---

145 Macquarie Street, Sydney, NSW 2000, Australia  ■  Tel: +61 2 8076 6304  ■  Fax: +61 2 9252 3526
■  Email: rehab@racp.edu.au  ■  Web: www.afrm.racp.edu.au
ACN 000 039 047  ABN 00 270 343 237