

ASSESSMENT TASKS EXTENSION

If you require an extension to the dues date of your completed assessment tasks, please complete all parts of this form and forward it to:

Local Government Training Institute

PO Box 137

Thornton NSW 2322

Fax: 4966 0655

Please fill in all details clearly.

Full name: _____

Organisation: _____

Work Address: _____

Postcode: _____

Contact telephone number: _____

Email address: _____

Unit code: _____

Unit title: _____

Due date: _____

New Proposed Date of Submission:: _____

PARTICIPANT DECLARATION

I hereby commit to have my completed assessment tasks and all relevant evidence forwarded to the Local Government Training Institute on the date I have nominated.

Participant's Signature: _____ Date: _____

SUPERVISOR / MANAGER'S DECLARATION

I agree with the new proposed date of submission of completed assessment tasks by the employee, and have discussed any difficulties they are having completing this unit.

Participant's Signature: _____ Date: _____

Note: The attachment of this statement on any electronically submitted assessment tasks will be deemed to have the same authority as a signed statement.