



**2017 Design practical (portfolio) examination  
 Declaration of authenticity**

*This form must be completed by candidates enrolled to sit the 2017 Design ATAR course examination. Failure to submit a completed Declaration of authenticity could result in a referral to the Breach of Examination Rules committee.*

**Candidate declaration**

Name: \_\_\_\_\_ School Code: \_\_\_\_\_

SCSA Student Number: 

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As a candidate for the 2017 Design ATAR course practical (portfolio) examination, I declare that:

- I have completed all the work contained in this submission through the duration of the course being examined
- none of the work contained in this submission was worked upon directly by a teacher or any other person or company except those acknowledged in the references/acknowledgement form
- none of the work contained in this submission was submitted for external assessment in any other course or program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please note:

1. To maintain anonymity, this signed declaration form must accompany, but not be attached to, the submission.
2. Teachers must keep a completed copy of this form on official school records.

**Principal and teacher declarations**

*This section is to be signed by the school principal and the candidate's teacher.*

I declare that, to the best of my knowledge, the work contained in this submission:

- has been completed by the candidate through the duration of the course being examined
- has been developed mainly in school time and any work away from school was regularly monitored
- has not been worked upon directly by a teacher or any other person or company, or any such work has been formally acknowledged in the references/acknowledgement form
- has not been submitted for external assessment in any other ATAR course or program.

|            | Teacher | Principal |
|------------|---------|-----------|
| Name:      |         |           |
| Signature: |         |           |
| Date:      |         |           |

**Non-school candidates**

An authorised witness needs to witness your signature and complete this section. See the following link: [www.courts.dotag.wa.gov.au/W/witnessing\\_documents.aspx](http://www.courts.dotag.wa.gov.au/W/witnessing_documents.aspx) for a list of authorised witnesses.

**Authorised witness**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_