



Form 2: Notification of AFSAB Assessment Results

Part 1: Candidate's Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Rank/Title:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Phone:	<input type="text"/>	Discipline:	<input type="text"/>
Email:	<input type="text"/>		

Part 2 (a): Internal Assessor's Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Rank/Title:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Part 2 (b): Internal Assessor's Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Rank/Title:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Part 3: External Assessor's Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Rank/Title:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>

Part 4: Results

Assessment	Date of Assessment	Mark Achieved
Written	<input type="text"/>	<input type="text"/>
Practical	<input type="text"/>	<input type="text"/>
Oral	<input type="text"/>	<input type="text"/>



Part 5: Comments and Recommendations

Internal Assessor's Comments and Certification Recommendation:

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Assessor Name

Assessor Signature

Date

Internal Assessor's Comments and Certification Recommendation:

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Assessor Name

Assessor Signature

Date

External Assessor's Comments and Certification Recommendation:

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Assessor Name

Assessor Signature

Date

Recommendation for Certification Noted by Head of Organisation:

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Head of Organisation Name

Head of Organisation Signature

Date

Please send this notification form along with all assessment documentation to secretariat.nifs@anzpaa.org.au.

AFSAB Use Only: Certification Approved

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AFSAB Chair Name

AFSAB Chair Signature

Date