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**Oral Fluid Specimen Collection and Drug Testing**

**in the Workplace**

# Course Assessment Paper

**Student Registration** **(Student to complete. Please Print/Write Clearly)**

|  |
| --- |
| *Enter your name as shown on your Passport/Driver’s Licence/Birth Certificate.* |
| First Name(s):  | Middle Name(s):  |
| Last Name(s):  |
| Date of Birth: D D / M M / Y Y Y Y  | Gender: Male/Female/Diverse (*please circle)* |
| Nationality: e.g, Māori, Samoan, South African  | NZQA NSN Number *(If known)*:  |
| Phone: Email *(To receive certificate)*:  |
| *Home Address* | Street number: | Street Name: |
| Suburb: | City:  | Post Code:  |
| Company Name:  |
| Company Address:  |
| Company Contact Person: Contact:  |

**Assessment Results *(Assessor to complete)***

|  |  |
| --- | --- |
| **Assessor Name:** | **Course Date:** |
|  | **Level** | **Credit** | **Version** |
| **US 32327** | Perform oral fluid oral fluid specimen collection in the workplace for drug testing | **3** | **2** | **1** |
| **US 32328** | Perform oral fluid drug screening in the workplace | **4** | **4** | **1** |
|  |  |  |  |  |
| **Assessment Result**: Achieved the unit standard *(Circle)*  |  **A NYA**  |
| If not achieved- provide further requirement(s) or arrangements for reassessment: …………………………………………………………………………………………………………………………………………… |
| **Assessment Results notified to the Student** *(Circle)* | Yes No |