A blue and white stripes

Description automatically generated**Blue text on a black background

Description automatically generated**

**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 | | |