

Applicant Declaration Online Technical Interview

Applicant Details

Name

VETASSESS reference number

Occupation

Applicant's surname or family name

Applicant's contact number

Important Note: Before undertaking the technical interview, we require you to read and sign the following declaration.

Applicant's given names

Address of Technical Interview location

Applicant Declaration

I declare that:

- I understand that it is my responsibility to set up a computer workstation in line with the requirements in the Online Technical Interview Set Up Guide for Applicants and ensure it is operational on the day and time of my scheduled interview.
- > I understand that video recording will occur during the assessment and my photograph may be taken. This will be used for identity check and assessment purposes.
- > I acknowledge that if I undertake a technical interview, it is at my own risk and that I must comply with the rules of assessment outlined in the Pathway 1 and Pathway 2 assessment guides.
- > I understand that it is my responsibility to ensure that the assessment conditions outlined in the Online Technical Interview Set Up Guide for Applicants are being maintained throughout the duration of the technical interview.

I understand that my interview may be cancelled if:

- a). I cannot prove my identity
- b). I cannot understand and/or answer questions in English
- c). I do not follow and/or comply with invigilation procedures; this includes but not limited to using any reference materials or unauthorised devices, having other people in the room where the interview is conducted, attempting to record or copy questions
- d). I become extremely distressed or disturbed
- e). I appear ill or physically unwell
- f). The quality of audio and video cannot be maintained due to the poor Internet connection or equipment failure

Please Note: that if your interview has been cancelled due the reasons (a-c), your assessment outcome will be recorded as unsuccessful.

| Applicant's Signature | | | | |
|-----------------------|-----|-------|------|--|
| | | | | |
| | Day | Month | Year | |
| Date signed | | / | / | |

