

Assessment US 26149 (V5)

Explain licensing and the code of professional conduct under the Real Estate Agents Act 2008 (Level 4, Credits 4)

Learners Name & ID Student Name 26149					
Assessor Name		Assessed Date		Assessed Date	
Achieved <input checked="" type="checkbox"/> Not Yet Achieved <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 st Submission Comments		2 nd Submission Comments
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Student Declarations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comment.		
PART 1 – THE REA Act and the CODE OF CONDUCT and CLIENT CARE RULES 2012					
Question 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 4b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
PART 2 – LICENSING REQUIREMENTS and SUPERVISION					
Question 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 9g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
PART 3 – CLIENT and CUSTOMER CARE					
Question 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.

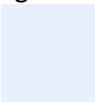
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PART 3 – CLIENT and CUSTOMER CARE cont.					
Question 21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
PART 4 – DUTY TO REPORT UNSATISFACTORY and MISCONDUCT and COMPLAINTS					
Question 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 34a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 34b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.
Question 39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comment.	Comment.

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Assessment Decision		
Assessment Decision Outcome	2nd Submission Assessment Outcome	3rd Submission Assessment Outcome
Date	Date	Date
<i>Assessor</i>	<i>Assessor</i>	<i>Assessor</i>
Written feedback to student Click here to enter text.		
Overall assessment decision <input type="checkbox"/> Achieved <input type="checkbox"/> Not achieved		
I confirm that the trainee has completed this Assessment competently. The work is their own and shows a level of understanding that is appropriate for the unit standard.		
Assessor Name Choose an item.	Signature 	<i>Click Date</i>