

LEARNER CONTRACT 2024/25

(PLEASE TICK THE BOXES AS APPROPRIATE)		
1	I understand that it is my responsibility to acquaint myself with all details of Courses: Assessment Procedures, BIFE Rules and Regulations, etc., as outlined in the Learner Diary / Handbook and notices.	<input type="checkbox"/>
2	I accept that it is my responsibility to acquaint myself with any assessment technique details, timetables etc announced/displayed in my absence.	<input type="checkbox"/>
3	I am fully aware of the Institute's and each course's specific requirements concerning punctuality and attendance and I guarantee to meet these requirements.	<input type="checkbox"/>
4	I am fully committed to the course I am undertaking and will work to the best of my ability. I will meet all assessment deadlines set.	<input type="checkbox"/>
5	I will pay all exam fees on the dates announced/displayed (if applicable).	<input type="checkbox"/>
6	I understand that it is the practice of BIFE not to return assessment evidence post the assessment process and that it is my responsibility to retain a hard/soft copy of all coursework prior to submission for assessment for my own personal use.	<input type="checkbox"/>
7	I understand that all work described in projects/assignments, except where referenced, will be entirely my own. All sources of information will be acknowledged by means of reference as required.	<input type="checkbox"/>
8	The use of AI and Generative AI tools to complete assignment and assessment is prohibited unless otherwise explicitly stated in the assignment/assessment/examination brief.	<input type="checkbox"/>
	I am aware that failure to meet the above criteria (1-8) will result in my being called in front of the Academic & Disciplinary Council.	<input type="checkbox"/>
9	I have been made aware of the KWETB Data Protection Policy on the BIFE Website. I have read and signed the BIFE Data Protection Statement.	<input type="checkbox"/>
10	I realise that my performance at BIFE will be reflected in any reference given by the Institute at the end of my course.	<input type="checkbox"/>
11	(If under 18) I give permission for my son/daughter to visit the Guidance Counsellor where and when necessary	<input type="checkbox"/>

Course Name: _____ Course Code _____

Learner Name (Block Letters): _____

(Signature) _____ Date: _____

Course Teacher/Coordinator: _____

Guardian Signature: _____ Date: _____
(If Learner is under 18 on commencement of Course)