## Project

Use the college, the organisation you work for or any organisation you volunteer for and do the following:

Identify the stakeholders and explain their roles

management (employers) and organised labour (workers) – learner must be able to explain their roles

Refer to the disciplinary code of your organisation or college and answer the following questions:

* What are the stages and disciplinary actions for a worker who is under the influence of alcohol or drugs at work?

At least four actions

* What are the stages and disciplinary actions for a worker who makes sexist comments towards fellow workers?

At least four actions

Refer to the grievance procedure of the college or your organisation. Explain the process of lodging a grievance.

At least four actions

What labour agreements exist in the organisation?

At least one agreement must be named and explained

Explain the conditions of employment of the organisation with specific reference to:

* hours of work
* overtime
* leave
* sick leave

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| Logbook 10170 | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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| Date | Candidate signature | Date | Mentor/supervisor signature | |

## Assessment Review

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 10170 Demonstrate understanding of employment relations in an organisation | | | | | | | | |
| **Review Dimension** | | | | **ASSESSOR** | | **LEARNER/**  **CANDIDATE** | | **ACTION** | | |
| The principles/criteria for good assessment were achieved? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment related to the registered unit standard? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment was practical? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| It was time efficient and cost-effective and did not interfere with my normal responsibilities? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment instruments were fair, clear and understandable | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The assessment judgements was made against set requirements | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The venue and equipment was functional? | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Special needs were identified and the assessment plan was adjusted | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| Feedback was constructive against the evidence required | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| An opportunity to appeal was given | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| The evidence was recorded | | | | Agree  Disagree | | Agree  Disagree | |  | | |
| **LEARNER”S DECLARATION OF UNDERSTANDING** | | | | | | | | | | |
| I am aware of the moderation process and understand that the moderator could declare the assessment decision invalid | | | | | | | | | | |
|  | | |  | | | | | |  | |
| **Learner** | **Date** | | **Assessor** | | | | **Date** | | **Moderator** | **Date** |

## Candidate Feedback Report

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| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 10170 Demonstrate understanding of employment relations in an organisation | | | | | |
| **ASSESSMENT DECISION** | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessments | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
|  | |  |  |  | | |
| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: | | 10170 Demonstrate understanding of employment relations in an organisation | |
| Date: | |  | |
| **SECTION 1** | |  | |
| Candidate's reason for disagreeing with the assessment decision |  | | |
| Assessor's rationale for the assessment decision |  | | |
| Candidate's signature |  | | |
| Assessor's signature |  | | |
| **SECTION 2** |  | | |
| Moderator's decision |  | | |
| Moderator's signature |  | | |

Please send this form to: The training provider

## Assessor's Report

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | | ID No. |  |
| Assessor's Name |  | | | | | Reg. No. |  |
| Unit Standard Title | 10170 Demonstrate understanding of employment relations in an organisation | | | | | | |
| **ASSESSMENT DECISION** | | | | | | | |
| Specific Outcome | | C | | NYC | Comments | | |
| Demonstrate understanding of the various stakeholders and their roles in an organisation | |  | |  |  | | |
| Demonstrate understanding of organisational policies and procedures related to employment | |  | |  |  | | |
| Demonstrate understanding of employment related agreements | |  | |  |  | | |
| Overall Assessment Decision | | | | |  | | |
| Comments | | | | |  | | |
| Date | | | | |  | | |
|  | | |  | | | | |
| Signature of Assessor | | | Signature of Candidate | | | | |

## Moderator's Report

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| Moderator's Name |  | | | | Reg. No. | |  |
| Assessor's Name |  | | | | Reg. No. | |  |
| Candidate's Name |  | | | | ID No. | |  |
| Unit Standard Title | 10170 Demonstrate understanding of employment relations in an organisation | | | | | | |
| **MODERATION DECISION** | | | | | | | |
| Specific Outcome | | | C | NYC | | Comments | |
| Demonstrate understanding of the various stakeholders and their roles in an organisation | | |  |  | |  | |
| Demonstrate understanding of organisational policies and procedures related to employment | | |  |  | |  | |
| Demonstrate understanding of employment related agreements | | |  |  | |  | |
| Overall Moderation Decision | | | | | |  | |
| Feedback to Assessor | | | | | |  | |
| Action Required | | | | | |  | |
| Date of Moderation | | | | | |  | |
| Signature of Moderator | |  | | | | | |
| Signature of Assessor | |  | | | | | |
| Signature of Candidate | |  | | | | | |