## 8420 Research Assignment

Unit standard 8420

**Specific Outcome 1:** Identify the structure and purpose of a particular team in the work place and in the learning environment.

**Specific Outcome 2**: Describe and carry out the roles and responsibilities required to work in a team in the workplace and learning environment.

**Specific Outcome 3** Identify factors affecting a team within workplace and learning environment and explain affect**.**

**Specific Outcome 4:**  Describe the workplace and learning environment organisation and identify its influence on team members and team

**Specific Outcome 5:** Review the effectiveness of a team and own participation in the team within the workplace and learning environments

**Assessment Activity 1**

Find a workplace where the workers have been divided into teams.

Identify one team and make notes of the following:

* What is the purpose of the team?
* What is the structure of the team
* How is the work divided between the team members – list the responsibilities of at least two team members.
* What does the team leader do to ensure that all the members work together as a team?
* What factors outside the team have an effect on the team?
* How do these factors impact on the functioning of the team?
* What does the team do to minimise the effect of these factors?
* Has it happened that one of the team members did not do his/her bit for the team? What impact did this have on the team?
* How does the team contribute to the overall effectiveness of their department?
* Does the team leader feel that the team is effective?
* Do the team members feel that they are effective as a team?
* Describe the workplace and learning environment organisation and identify its influence on team members and team

Analyse the effectiveness of your study group and the contribution you make to the group. The facilitator will assess you based on your behaviour and participation in class.

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| Logbook 8420 | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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| Date | Candidate signature | Date | Mentor/supervisor signature | |

## Assessment Review

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 8420 Operate in a team | | | | | | | | |
| **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 | | | | | | | | | | |
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| **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 | 8420 Operate in a team | | | | | |
| ASSESSMENT DECISION | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessments | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
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| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

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| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: | | 8420 Operate in a team | |
| 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 |  | | |

## Assessor's Report

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | | ID No. |  |
| Assessor's Name |  | | | | | Reg. No. |  |
| Unit Standard Title | 8420 Operate in a team | | | | | | |
| ASSESSMENT DECISION | | | | | | | |
| Specific Outcome | | C | | NYC | Comments | | |
| Identify the structure and purpose of a particular team in the work place and in the learning environment. | |  | |  |  | | |
| Describe and carry out the roles and responsibilities required to work in a team in the workplace and learning environment | |  | |  |  | | |
| Identify factors affecting a team within workplace and learning environment and explain affect. | |  | |  |  | | |
| Describe the workplace and learning environment organisation and identify its influence on team members and team | |  | |  |  | | |
| Review the effectiveness of a team and own participation in the team within the workplace and learning environments | |  | |  |  | | |
| Overall Assessment Decision | | | | |  | | |
| Comments | | | | |  | | |
| Date | | | | |  | | |
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| 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 | 8420 Operate in a team | | | | | | | |
| MODERATION DECISION | | | | | | | | |
| Specific Outcome | | | C | NYC | | | | Comments |
| Identify the structure and purpose of a particular team in the work place and in the learning environment. | | |  |  | | | |  |
| Describe and carry out the roles and responsibilities required to work in a team in the workplace and learning environment | | |  |  | | | |  |
| Identify factors affecting a team within workplace and learning environment and explain affect. | | |  |  | | | |  |
| Describe the workplace and learning environment organisation and identify its influence on team members and team | | |  |  | | | |  |
| Explain the importance of being sensitive to other people’s needs and cultures | | |  |  | | | |  |
| Review the effectiveness of a team and own participation in the team within the workplace and learning environments | | |  |  | | | |  |
| Overall Moderation Decision | | | | | |  | | |
| Feedback to Assessor | | | | | |  | | |
| Action Required | | | | | |  | | |
| Date of Moderation | | | | | |  | | |
| Signature of Moderator | |  | | | | | | |
| Signature of Assessor | |  | | | | | | |
| Signature of Candidate | |  | | | | | | |