## 13934 Project

**Unit Standard 13934 Plan and prepare meeting communications**

**Specific Outcome 1: Demonstrate an understanding of the agenda of meetings**

**An agenda is produced in the required format and time frame**

**Matters on agenda appear in a logical and systematical order**

1. You are the Secretary to the Training Manager of Corporate Training Institute.. The head office is situated at 123 Simmonds Street, Braamfontein. You are required to prepare the necessary documents and take minutes at the regular Training Committee Meeting, which will be held at 14h00 on 14 June 20
2. Draft the Agenda. For the purpose of the assessment, refer to the notes of the previous meeting on the previous page in order to devise a suitable list of Agenda items.
3. Prepare an Attendance Register.

**Specific Outcome 3: Take minutes of meetings**

**Items to be included in minutes of meeting are listed and explained**

**Minutes are concise and accurate and reflect proceedings**

**Minutes are produced and distributed in required format and time frame**

1. Produce the minutes of the previous meeting that was held on 18 January 20…. The notes that apply to the meeting are on the next page.
2. Prepare a distribution list for the minutes.

**Identify the attendees to the meeting**

1. Why and to whom will you send copies of the Agenda?

**Resources required for minute taking are identified, listed and explained**

1. List at least three resources that you will need in order to take minutes at a meeting.

**Notes of minutes taken at a previous meeting to be used for the assessments**

Training Committee meeting 18 January 20…

Present:

Chairman

Secretary

Shop Steward

Financial manager

HR Manager

Marketing manager

Apologies:

Items

1. Annual Training Plan for last year: successfully implemented. Chairman congratulated Training manager and shop steward.
2. Financial manager: funds for Workplace Skills Plan received, awaiting final Annual Training report in order to claim balance. Training manager to submit by 20 Feb.
3. Financial Manager: requires new Workplace Skills Plan and Annual Training Report by 20 June in order to finalise balance sheet.
4. Proposed training for 20…. Training year:
	1. shop steward proposed learnerships for drivers’ training – are three drivers who could benefit. Training manager will find out about available learnerships.
	2. also firefighting training for staff responsible for health and safety in the company Training manager agrees, will discuss paperwork with shop steward on 24 Feb.
	3. Chairman wishes to have administration staff trained in computer literacy. Training manager: training interventions are available, will provide chairman with training schedule that staff can attend. Secretary to circulate schedule to all staff, under cover of chairman’s letters. Staff can then nominate three possible dates that they can attend.
	4. HR Manager stressed need for HIV/Aids training in the workplace. Shop steward agreed. Training manager will source training providers and request approval for skills program from SETA.
5. New training courses:
	1. Training manager named and explained the following new courses that will be offered: Managing conflict in the workplace, project management, receptionist skills. Marketing manager undertook to advise all marketing staff.
6. Date of next meeting: 14 June 20… at 14h00, final date to be confirmed by end May.
7. Any other business: Financial manager requests training programmes be made available to all staff, since all staff deal with clients and they can then also answer questions regarding the programme. All agreed.

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| **LOGBOOK 13934** |
| **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** | 13934 Plan and prepare meeting communications |
| **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

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name |  | ID No. |  |
| Assessor's Name |  | Reg. No. |  |
| Unit Standard Title | 13934 Plan and prepare meeting communications |
| **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:  | 13934 Plan and prepare meeting communications |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name |  | ID No. |  |
| Assessor's Name |  | Reg. No. |  |
| Unit Standard Title | 13934 Plan and prepare meeting communications |
| **ASSESSMENT DECISION** |
| Specific Outcome | C | NYC | Comments |
| Demonstrate an understanding of the agenda of meetings |  |  |  |
| Explain the purpose and objective of minutes of meetings |  |  |  |
| Take minutes of meetings |  |  |  |
| Overall Assessment Decision |  |
| Comments |  |
| Date  |  |
|  |  |
| Signature of Assessor | Signature of Candidate |

## Moderator's Report

|  |  |  |  |
| --- | --- | --- | --- |
| Moderator's Name |  | Reg. No. |  |
| Assessor's Name |  | Reg. No. |  |
| Candidate's Name |  | ID No. |  |
| Unit Standard Title | 13934 Plan and prepare meeting communications |
| **MODERATION DECISION** |
| Specific Outcome | C | NYC | Comments |
| Demonstrate an understanding of the agenda of meetings |  |  |  |
| Explain the purpose and objective of minutes of meetings |  |  |  |
| Take minutes of meetings |  |  |  |
| Overall Moderation Decision |  |
| Feedback to Assessor |  |
| Action Required  |  |
| Date of Moderation |  |
| Signature of Moderator |  |
| Signature of Assessor |  |
| Signature of Candidate |  |

# COMPETENCE DECLARATION

|  |
| --- |
| **Exit level outcomes: Participate in meetings and process documents and communications related thereto** |
| **Unit standard** | **C** | **NYC** | **Comments** |
| 13934  |  |  |  |
| Final assessment |  |  |  |
| **Competent** |
| **Source of evidence** | **Yes** | **No** | **Candidate’s comments** |
|  |  |  |  |
|  |  |  |  |
| **Assessor signature** | **Date** | **Candidate signature** | **Date** |
|  |  |  |  |
| **Overall Moderation Decision** |  |
| **Feedback to Assessor** |  |
| **Action Required**  |  |
| **Date of Moderation** |  |
| **Signature of Moderator** |  |
| **Signature of Assessor** |  |
| **Signature of Candidate** |  |