## 11241 Workplace Project

#### Unit standard 11241

* **The learner must demonstrate the ability to consider a range of options, make decisions about and evidence performance around each of the specific outcomes. (SO1)**
* **A composite statement of outcomes which expresses applied competence in the particular component of practice. (SO2)**

Assist with the bookkeeping for the organisation you work for or volunteer your services to a community project, a business of someone you know, or take on a part-time job.

Your supervisor/mentor has to complete the checklist

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity: learner must be able to | | Yes | No | Remarks | |
| Distinguish between items of expenditure and revenue | |  |  |  | |
| Differentiate between fixed and variable costs | |  |  |  | |
| Perform invoicing operations | |  |  |  | |
| Post amounts to the appropriate accounts. | |  |  |  | |
| Reconcile individual transactions with statements of accounts | |  |  |  | |
| Identify the items disbursed on behalf of the organisation to be recovered in the invoicing process | |  |  |  | |
| Identify items of disbursement and revenue from source documents | |  |  |  | |
| Understand the effect of costs relative to the transaction. | |  |  |  | |
| Identify the circumstances in which cost items can be fixed and/or variable. | |  |  |  | |
| From source documents, allocate cost items to the appropriate accounts | |  |  |  | |
| Apply relevant client tariffs for the calculation of revenue | |  |  |  | |
| Prepare invoices | |  |  |  | |
| Compare transaction amounts which have been recorded in the company’s books with those reflected on third party statements | |  |  |  | |
| Initiate the recovery of shortfalls and the refunding of excesses | |  |  |  | |
|  |  | |  | |  |
| Supervisor/mentor signature | Date | | Learner signature | | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Logbook 11241 | | | | |
| **Date** | **Assignment No** | **Start** | **Finish** | **Total Hours** |
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|  |  |  |  |  |
| Date | Candidate signature | Date | Mentor/supervisor signature | |

## Declaration Of Authenticity Of Evidence

|  |  |
| --- | --- |
| I (Initials and Surname) | |
| ID No: | |
| declare/certify that the learning activities completed in the learner activity workbook in its entirety is my own original and authentic work (interpreter declaration to be completed where necessary) I acknowledge that should it come to the attention/reported to the training provider/ SETA or relevant authorities, and there is sufficient evidence to prove that there is an irregularity regarding the authenticity of this submission the necessary steps will be taken against me which can result in the one or more of following decisions being taken: | |
| * A criminal case being opened, * Learner achievement certificate cancelled, withdrawn * Non processing of learner achievement submissions to the SETA pending the outcome of an investigation * De-registration as an assessor/moderator (where unauthorised assistance is provided by the assessor/facilitator) * Investigation into the accreditation status of the training provider if there is an irregularity on the part of the training provider | |
| I know and understand the contents of this declaration: I have no objection to signing the prescribed declaration, The declaration was also explained to me by the training provider/facilitator | |
| Signature of Learner: | Date |
| Signature of facilitator/assessor: | Date |

# ASSESSMENT REVIEW

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 11241 Perform Basic Business Calculations | | | | | | | | |
| **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 | Perform Basic Business Calculations | | | | | |
| **ASSESSMENT DECISION** | | | | | | |
| Source of Evidence | | C | NYC | Comments | | |
| Assessment | |  |  |  | | |
| Product | |  |  |  | | |
| Indirect Evidence | |  |  |  | | |
| Overall Assessment Decision | | | |  | | |
| Additional Notes | | | |  | | |
| Date | | | |  | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |
|  | | | |  | | |
| Signature of Assessor | | | | Signature of Candidate | | |

## Candidate Appeal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate's Name: | | ID No. |  |
| Assessor's Name: | | Reg. No. |  |
| Unit Standard Title: 11241 Perform Basic Business Calculations | | | |
| 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** | | | |
| Internal Moderator’s reconsidered decision and rationale |  | | |
| Internal Moderator's Signature |  | | |
| Advising Assessor’s Signature |  | | |
| Decision and rationale of the investigatory panel |  | | |
| Learner Declaration | The above decisions have been explained to me and I accept the assessment decision | | |
| Learner’s Signature |  | | |
| Date |  | | |

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 | 11241 Perform Basic Business Calculations | | | | | | | |
| **ASSESSMENT DECISION** | | | | | | | | |
| Specific Outcome | | | C | | NYC | Comments | | |
| The learner must demonstrate the ability to consider a range of options, make decisions about and evidence performance around each of the specific outcomes | | |  | |  |  | | |
| A composite statement of outcomes which expresses applied competence in the particular component of practice | | |  | |  |  | | |
| 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 | 11241 Perform Basic Business Calculations | | | | | | |
| **MODERATION DECISION** | | | | | | | |
| Specific Outcome | | | C | NYC | | Comments | |
| The learner must demonstrate the ability to consider a range of options, make decisions about and evidence performance around each of the specific outcomes | | |  |  | |  | |
| A composite statement of outcomes which expresses applied competence in the particular component of practice | | |  |  | |  | |
| Overall Moderation Decision | |  | | | | | |
| Feedback to Assessor | |  | | | | | |
| Action Required | |  | | | | | |
| Date of Moderation | |  | | | | | |
| Signature of Moderator | |  | | | | | |
| Signature of Assessor | |  | | | | | |
| Signature of Candidate | |  | | | | | |