## 252191 Practical Workplace Logbook

Attach the completed workplace logbook and workbook behind this page

### Acknowledgment of Receipt

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Learner) acknowledge receipt of my Workplace assignment workbook on this the

\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_

The process of on-the-job training has been explained to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Learner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Facilitator/Mentor/Supervisor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Facilitator/Mentor/Supervisor

### Indirect Evidence

Indirect Evidence is evidence produced about the learner from another source. This is usually in the form of reports of third party sources, i.e. sources other than the assessor.

Indirect evidence can be used to verify the authenticity of other forms of evidence. In addition, it may be necessary to corroborate these forms of evidence.

Sources of indirect evidence include:

* Team outputs
* Work completed at an earlier stage
* Performance appraisals
* Training records
* Testimonials
* Reviews and commendations
* Certificates and qualifications
* Medals, prizes and trophies
* Customer / client ratings

Please attach any indirect evidence you may have on the required outcomes within the PoE behind this page.

### 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 one or more of the 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| * A criminal case being opened, * Learner achievement certificate cancelled, withdrawn * Non processing of Learner Achievement submissions to the SETA pending the outcome of an investigation * De-registration as an Assessor/Moderator (where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 |

### Evidence Locator & Sign-off

| Evidence required  (Evidence required to support the practical components of the specific outcomes & assessment criteria, expressed in the context of the assessment)  U/S | Sources of evidence  (where/how the assessor can find the evidence) |  | | **Assessor’s comments in support of judgement**  **(where required)** | |
| --- | --- | --- | --- | --- | --- |
| **✓** | **X** |  |
| SO1, AC1 |  |  |  |  |
| SO1, AC2 |  |  |  |  |
| SO1, AC3 |  |  |  |  |
| SO1, AC4 |  |  |  |  |
| SO1, AC5 |  |  |  |  |
| SO1, AC6 |  |  |  |  |
| SO2, AC1 |  |  |  |  |
| SO2, AC2 |  |  |  |  |
| SO2, AC3 |  |  |  |  |
| SO2, AC4 |  |  |  |  |
| SO2, AC5 |  |  |  |  |
| SO2, AC6 |  |  |  |  |
| SO3, AC1 |  |  |  |  |
| SO3, AC2 |  |  |  |  |
| SO3, AC3 |  |  |  |  |
| SO3, AC4 |  |  |  |  |
| SO3, AC5 |  |  |  |  |
| SO3, AC6 |  |  |  |  |
| SO4, AC1 |  |  |  |  |
| SO4, AC2 |  |  |  |  |
| SO4, AC3 |  |  |  |  |
| SO4, AC4 |  |  |  |  |
| SO4, AC5 |  |  |  |  |
| SO4, AC6 |  |  |  |  |
| SO5, AC1 |  |  |  |  |
| SO5, AC2 |  |  |  |  |
| SO5, AC3 |  |  |  |  |
| SO5, AC4 |  |  |  |  |
| SO5, AC5 |  |  |  |  |
| SO5, AC6 |  |  |  |  |
| SO6, AC1 |  |  |  |  |
| SO6, AC2 |  |  |  |  |
| SO6, AC3 |  |  |  |  |
| S06, AC4 |  |  |  |  |
| SO6, AC5 |  |  |  |  |
| SO6, AC6 |  |  |  |  |

## Record Of Learning

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name: | | | | ID No |  | |
| Assessor's Name: | | | | Ass. Reg. No |  | |
| Moderator's Name: | | | | Mod. Reg. No |  | |
| Date: | | | |  | | |
| UNIT STANDARD | NQF LEVEL | CREDITS | DATE OF COMPLETION | SIGNATURE OF ASSESSOR | | SIGNATURE OF MODERATOR |
| 252191 | 4 | 4 |  |  | |  |

# ASSESSMENT REVIEW

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME of LEARNER** | | | | | **NAME of ASSESSOR** | | | | | |
| **VENUE** | | | | | **DATE of REVIEW** | | | | | |
| **UNIT STANDARD** | | 252191 Identify internal and external stakeholders | | | | | | | | |
| **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 were 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** |

## Assessor Review

Assessors must review the assessment process by completing this document. Please attach any additional information if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Criteria** | | **YES** | **NO** |
| Was the assessment preparation adequate? | |  |  |
| Was the learner informed of the assessment and policies? | |  |  |
| Design/prepare the assessment tools & - documentation according to ETQA and company QMS correct? | |  |  |
| Integration into work or learning: Was the assessment as unobtrusive as possible? | |  |  |
| Was maximum use made of naturally occurring events & readily available evidence? | |  |  |
| Systematic Process: Was the assessment process properly planned & structured? | |  |  |
| Involvement of the learner: Was the learner involved throughout the assessment process? | |  |  |
| Did the learners contribute to the planning of assessment & the collection of evidence? | |  |  |
| Open: Did the learners understand the assessment process and the criteria, which apply? | |  |  |
| Environment: A supportive, non-threatening environment is created for assessment. | |  |  |
| Was the assessment Valid? | |  |  |
| Was the assessment Reliable? | |  |  |
| Was the assessment Consistent? | |  |  |
| Was the assessment Authentic? | |  |  |
| Was the assessment Sufficient? | |  |  |
| Was the assessment Current? | |  |  |
| Was the feedback given? | |  |  |
| Completed the result of the assessment according to the requirements of the organization and/or employer, as well as the relevant ETQA. | |  |  |
| Records & assessment instruments have to be kept for quality assurance purposes, as well as possible appeals. | |  |  |
| What did you as assessor do well? | | | |
| What did you as assessor not do well? | | | |
| Did you identify any weaknesses in the design of the assessment? If so, suggest improvements | | | |
| Quality of the unit standard: is it fit for the purpose it was designed for? If not, please make suggestions for improvements | | | |
| Additional comments | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Assessor signature | Date | | |

## Candidate Feedback Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | ID No. |  |
| Assessor's Name |  | | | | Reg. No. |  |
| Unit Standard Title | 252191 Identify internal and external stakeholders | | | | | |
| **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: | 252191 Identify internal and external stakeholders | | | |
| 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 | |  | | |

## 

## Assessor's Report

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate's Name |  | | | | | | ID No. |  |
| Assessor's Name |  | | | | | | Reg. No. |  |
| Unit Standard Title | 252191 Identify internal and external stakeholders | | | | | | | |
| **ASSESSMENT DECISION** | | | | | | | | |
| Specific Outcome | | C | | | NYC | Comments | | |
| Identify internal and external stakeholders | |  | | |  |  | | |
| Describe stakeholders' relationship with the organisation | |  | | |  |  | | |
| Describe the stakeholders' relationships to each other | |  | | |  |  | | |
| 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 | | 252191 Identify internal and external stakeholders | | | | | | | |
| **MODERATION DECISION** | | | | | | | | | |
| Specific Outcome | | | C | NYC | Comments | | | | |
| 1 | Identify internal and external stakeholders | |  |  |  | | | | |
| 2 | Describe stakeholders' relationship with the organisation | |  |  |  | | | | |
| 3 | Describe the stakeholders' relationships to each other | |  |  |  | | | | |
| Feedback to Assessor | | | | | **OVERALL MODERATION DECISION** | | | Competent | Not Yet Competent |
| Non compliance | | | | | Corrective measures | | | | |
| Date of Moderation | | | | |  | | | | |
| Signature of Moderator | | | | | Signature of Assessor | | | | |
| Date | | | | | Date | | | | |

# 

# MODERATION

#### Moderation Of Assessments Must Be Planned In Order To:

* Identify the outcomes as per unit standards
* Identify the evidence to be collected
* Identify steps of a logical process
* Design an appropriate assessment (criteria and tool)
* Review success or adjustments to be made to the assessments
* Provide appropriate feedback and set targets and action plans
* Pre-Assessment Moderation

This occurs prior to assessment taking place and includes moderation of:

* Assessor suitability/qualifications
* Assessment guidelines which are explained to all assessors in bi-weekly meetings
* Standardised assessment tools which are reviewed in assessor meetings
* Guidelines for organising evidence (see Portfolio of Evidence guidelines)
* Assessor/candidate appeals process
* The assessor must consult with the moderator to ensure that the assessment instrument is valid, reliable and practicable. The moderation model will be the assessor moderator comparison, so as to ensure that the assessment instrument is fit for purpose and that the assessment plan is adequate in order to achieve the outcomes of the assessment process.

#### Post Assessment Moderation

Post-assessment moderation must take place at the end of the assessment process, once feedback has been given to the candidate.

Post-assessment moderation must check specifically that the evidence on which the decision of competence is based is valid, authentic, current and sufficient. Until post-assessment moderation has taken place, the assessment process is incomplete, as there is a chance that the moderator may disagree with the assessor regarding the decision reached in terms of competence.

Even so, the candidate needs to be cautioned that external moderation/verification needs to take place prior to candidate achievement being confirmed and recorded on the National Candidate Record Database.

The focus in post-assessment moderation is also to address continuous improvement of assessment activities and tools. The moderator needs to critically evaluate the review process and ensure that candidate consultation in the review process was both meaningful and constructive i.e. avoid simplistic yes/no questions which give little qualitative data.

25% of all assessment sampling across the board is moderated. The samples are representative of assessments conducted by each assessor and for each project

# WORKPLACE ASSIGNMENT WORKBOOK

|  |  |
| --- | --- |
| **NAME** |  |
| **CONTACT ADDRESS** |  |
|  |
| **Code** |  |
| **Telephone (H)** |  |
| **Telephone (W)** |  |
| **Cellular** |  |
| **Learner Number** |  |
| **Identity Number** |  |
|  | |
| **EMPLOYER** |  |
| **EMPLOYER CONTACT ADDRESS** |  |
|  |
| **Code** |  |
| **Supervisor Name** |  |
| **Supervisor Contact Address** |  |
|  |
| **Code** |  |
| **Telephone (H)** |  |
| **Telephone (W)** |  |
| **Cellular** |  |

### Introduction to the Practical Workplace Logbook

Congratulations completing the program. As part of your training you are required to keep a logbook of all practical on the job training and exposure you receive during the learning process.

You will now be assigned to a mentor who will oversee your off-site training, usually referred to as on-the-job training.

The mentor will assist and advise you on the practical aspects of the job, how to fit into the company, what is expected of you as an employee and as a future supervisor.

This Practical Workplace Logbook must be used as a guide to enable learners to achieve the specific outcomes, including the critical cross-field outcomes of the unit standard for this Learning Programme.

The purpose of the Logbook is to indicate to learners and their workplace coaches / mentors / assessors the practical skills to be developed and to be demonstrated by them in the workplace in order for them to meet the requirements of the specific outcomes and critical cross-field outcomes listed in the unit standard.

Learners must be able to prove their competence at the prescribed skills by being given the opportunity to participate in and perform the tasks / responsibilities that will expose them to the specific outcomes and critical cross-field outcomes and associated skills.

Workplace coaches / mentors / assessors must assess competence in the workplace by looking for evidence in a learner to perform the different tasks in a manner that meets the requirements of the unit standard.

Workplace coaches / mentors / assessor must also ensure that the workplace:

* Is conducive to fair and objective assessments
* Enables the learner to apply and demonstrate skill and knowledge
* Allows the learners to feel comfortable to learn and to be assessed
* Is supportive of the learning interventions

|  |  |
| --- | --- |
| **Organisation Name** |  |
| **Programme Coordinator** |  |
| **Coordinator Contact Details** |  |
| **Training Provider** |  |
| **Provider Role:**   * Manage delivery * Manage assessment * Manage full provision |  |
| **Programme Nature and Name**   * Qualification * Learnership * Learning Programme * Skills Programme |  |
| **Programme Duration (Notional Hours)** |  |
| **Workplace Component (Notional Hours)** |  |

| **Criteria** | **Met** | **Not Yet Met** |
| --- | --- | --- |
| The learner is familiar with all required workplace exposure for this learning programme, and has access to the logbook requirements |  |  |
| The employer / organisation is familiar with all required workplace exposure for this learning programme and has access to the logbook requirements |  |  |
| All required assessment instruments and resources are available in advance to the employer to carry out workplace assessments |  |  |

## Responsibilities

### Responsibilities of the learner

include:

* One hundred percent commitment to the learning process. Learners are encouraged to study any additional source of information relevant to this learning process.
* Doing all assignments contained in this logbook as well any tasks and assignments received from your mentor or supervisor to whom you have been assigned.
* Although the mentor is responsible to sign off all sections completed, it is the learner’s responsibility to ensure that all paperwork is completed and handed in for filing on his/her record of learning. It should be clearly stated to learners that a 100% complete record of learning, as prescribed by this logbook, is their sole responsibility. Any document missing from the record may result in your not being declared competent.
* Discuss any problems that you may have with your mentor.

### Mentor

Congratulations on your appointment as a mentor to the learner. This is a very responsible assignment because you have been tasked with the responsibility of rounding off the learner’s practical exposure.

You must ensure that you are familiar with all aspects of the work covered in this logbook because you must keep a daily account of the learner’s performance.

You are also required to report to the skills development facilitator, or as agreed between yourself, the coordinator and the learner regarding the learner’s progress. Your responsibilities as mentor are as follows:

* Attend the mentoring course
* Study the logbook and acquaint yourself with its content and format
* Remember this logbook is the learner’s full record of learning and workplace exposure. All activities which the learner participates in must be recorded, and all documents produced in relation to this learnership must form part of the record of learning
* Get all the learners together and explain its purpose to them and also what is required of them
* Remember the mentor is the creator of learning and exposure opportunities. You should therefore not confine the learner’s exposure to this logbook alone
* Continuously guide them in doing the assignments and arranging the planned exposure with the relevant departments
* File all duplicate records of learning on a file for each learner
* Send all original records to the training provider at the end of end of each month. The Seta also requires that copies be held at the companies
* This logbook need not be followed chronologically, but please note that the learner is required to work through the entire logbook by the end of the learning period

### Responsibilities of the Employer

* Creating an atmosphere conducive to learning
* Giving learners ample access to the working environment. Remember that learners should be productive employees to get practical exposure to all aspects of the transport operation as required by the learnership
* Ensure that learners, mentors and assessors attend all training required and arrange and pay travelling and accommodation costs
* Ensure availability of sufficient mentors and workplace assessors

### Training Provider Responsibility

* Provide all practical learning material in electronic and/or hard copy, depending on the circumstances
* Provide training for mentors and workplace assessors if required and provide the learning material
* Visit employers to monitor progress and provide guidance and feedback.
* Provide an online and telephonic support system to all mentors and learners

# SUMMATIVE WORKPLACE ASSESSMENTS

### Observational Assessment Guide

**The assessor to complete the following:**

**Remember to cover all range items!**

Assessor to write observations or make clear references to evidence attached in the spaces provided.

1. Stakeholder requirements are clarified for the defined tasks. (SO1 AC5)

|  |
| --- |
| Dates: |
| Observe the learner liaising with the stakeholders to clarify the tasks to be carried out in sufficient detail. |

1. Actions to improve stakeholder inter-relationships are implemented according to existing organisational procedures. (SO3 AC4)

|  |
| --- |
| Dates: |
| Observe the learner effectively implementing the required actions and planned procedures to improve and build onto the successful relationships between the stakeholders. |

**FOR ASSESSOR**

File Checked:

|  |  |
| --- | --- |
| Date | Assessor Signature |
|  |  |
|  |  |

This is to verify that the learner has completed all the above and has achieved competence.

Assessor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessor Reg. No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to verify that the assessor has observed me in the workplace.

Learners Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Learners Reg No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learners Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Logbook 252191 | | | | | | |
| **Date** | **Assignment No** | | **Start** | | **Finish** | **Total Hours** |
| *e.g.*  *12/9/2014* | *1* | | *10:00* | | *14:00* | *4* |
|  |  | |  | |  |  |
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|  |  | |  | |  |  |
| Date | Learner Signature | Date | | Mentor/Supervisor Signature | | |
|  |  |  | |  | | |