

Trainee's Assessment

Fill in a form

US 3483 V5

Level 1 Credits 2

Name _____

careerforce

Assessor's guide

This assessor's guide, like the trainee's assessment, contains:

- Instructions for the trainee
- Assessment task
- Checklist for form completion
- Sample forms
- Feedback form
- Assessment result sheet.

Tips for the trainee

Before you start this assessment you must read the instructions.

The following colours show different areas of this assessment:

- **Green boxes:** sections to be filled out and usually signed – by you or someone else such as an assessor, verifier or supervisor.
- **Purple boxes:** areas for the assessor to write in. Please do not write in these boxes.
- **Blue boxes:** tasks where you are asked to give a written answer.

A person assessed as competent in this unit standard is able to:

Outcome

Task and evidence

Fill in forms

1

One – Written answer (Blue)

Instructions for the trainee

- Your response to the assessment task needs to show the assessor that you have a full understanding of the topic. The assessor may require you to discuss your response.
- This assessment is “open book”, which means that you can use any information you wish when you are completing this assessment. This information may include learning materials, books, the internet and your organisation’s policies and procedures.
- Your answers are to be written. You must fill in three forms.
 - When you write your answer, use pen in the space provided. Initial any alterations you make. Please write your name on any additional pages and attach them to the assessment.
- If you require assistance with any aspect of the assessment, please contact your assessor.

Definitions of terms

The word **trainee** in this assessment refers to the person being assessed. Other terms that may be used are candidate, student or employee.

Workplace assessor or **assessor** means the person who will assess the trainee.

A **verifier** is a workplace supervisor or manager who understands the assessment, works closely with the trainee, and can confirm the trainee has performed the task competently.

Abbreviations

ER refers to the evidence requirements of the unit standard – the evidence (descriptions, explanations, documents etc) that you must provide, and/or the actions that you must do or demonstrate.

MER means “more evidence required”.

You are required to fill in **three forms**. Please read the instructions on each form before completing it.

You have a choice of forms to complete. Please check with your organisation as to **which three forms** to complete.

There are some forms you may complete in this assessment (Forms 1, 2, 3) and your organisation may ask you to complete one or more organisation forms such as a complaint, hazard and/or injury/incident/accident form. You may also use the job application completed when you applied for your present job. Other forms that you could use include passport application, bank or credit card application, hire-purchase application, insurance form, or tenancy agreement. Note: If you use your job application or an organisation form, these documents will be seen by your workplace assessor/verifier only.

Make sure your name is on each form. You also need to make sure that each form is completed correctly and meets all of the requirements in the “Checklist for form completion” below. Proof read each form and check it against this checklist, ticking off each box as you go.

Your assessor/verifier will complete the purple section of the “Checklist for form completion” to confirm that you have met all the requirements of this task. Your assessor/verifier will attach the relevant forms to this assessment.

Checklist for form completion Check each form against the following criteria.	Form 1	Form 2	Form 3
Is the form complete?			
Is information placed in the required spaces?			
Is the information in the form clear in meaning and accurate in detail?			
Are facts and any required opinions supplied?			
If any supporting evidence is required, is it supplied?			

Assessor’s/verifier’s use only
Notes and decision:



	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>
	<input type="radio"/>

My training (please print)

Trainee's name: _____

1 Have you started study towards your training?

For example reading a workbook, doing some practical work.

Please circle your answer

YES / NO

2 Do you know which unit standard to start with or to do next?

YES / NO

3 Do you have a training plan?

YES / NO / NOT SURE

4 Do you know what the timeframe and milestones or progress points are for your training?

YES / NO / NOT SURE

5 Do you have a study buddy and/or mentor to help you?

YES / NO

6 How do you like to learn? **(please tick the box)**

- On your own
- In a group
- Talking with others
- With a trainer, educator or tutor

7 If you know your assessor's name, **please write it here:**

8 If you have an email address, we can use to contact you, **please write it here:**

Please circle your answer

9 Is there a computer you can use at work?

YES / NO

10 Do you have a computer at home?

YES / NO

11 Have you done any learning online?

YES / NO

12 Have you visited our website www.careerforce.org.nz?

YES / NO

13 Did you know you can buy learning resources from our website?

YES / NO

14 How often do you use the internet? **(please tick the box)**

YES / NO

Daily Weekly Once a month Infrequently

15 Please indicate your computer ability.

Tick any activities which you can do on a computer



Watching movies and/or DVDs

Playing games

Using Trade Me

Using Facebook

Emails

Writing letters and reports

Skype calls

Researching information and/or surfing the web

Uploading photographs to a website

Study

Application form (sample)

Trainee's name: _____

Please fill in this form to show that you can provide personal details accurately.

This form is a sample only and will **not** be used.

Join up to a Video Store

Become a member of our video store. Joining is easy and only takes a few minutes – just fill in the application form below.

Please fill in the entire form.

We respect your privacy. We will not share or sell your details.

Personal Details

Title (Mr, Mrs, Ms, Miss).....

First name.....

Last name.....

Date of birth.....

Gender - Male / Female (please circle your gender)

Postal address

We'll use this address information to send you videos.

Street address.....

Suburb.....

City.....

Post Code.....

If you don't know your post code, put four zeros.

Contact details (provide at least one phone number)

Home phone.....

Work phone.....

Mobile phone.....



Form 3 (Optional)

Hazard form (sample)

Please fill in this form to show that you can complete a hazard form.

This form is a sample only and the information will not be used.

Fill in this form for your workplace or the place that you live.

Your workplace may include a person's home.

Give details of **at least one hazard** and the **location** of where the hazard is.

Write the action you think should be taken to provide a solution to this hazard.



Hazard Identification Form

Address of place where the hazard is located:

Street address: _____

Town/city: _____ Date reported: _____

I have recognised a potential hazard in the following areas:

Location of the hazard	Details of the hazard	Suggested action to be taken
<i>Example</i> Front entrance	<i>Example</i> Front door mat has a curled edge. It is a tripping hazard.	<i>Example</i> Replace door mat.
Bathroom/toilet		
Bedroom		
Kitchen		
Other		
Your Name: _____		

Instructions for the trainee

When you have finished the assessment

- Please give your completed assessment and any additional material to your assessor. You might like to make a copy for your records.
- When you have been assessed as having achieved this unit standard, the results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.
- Your assessor will give your assessment material back to you. Please keep it safe.
- If you wish to appeal against the assessment result or process, you should complete an "Appeal of Trainee Assessment Result Form". This form can be downloaded from the Shortcuts/Forms/Trainee Forms section of the Careerforce website www.careerforce.org.nz
- **Please complete the trainee's declaration below.**

Trainee's declaration

I was told about and understood the assessment requirements.

I have prepared my answers myself.

I agree that this document can be photocopied for the purpose of moderation, as part of quality control processes.

I agree that once the assessment decision has been made, my personal details and results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.

Trainee's signature:

Trainee's name (please print):

Date:

US 3483 V5 – Fill in a form

Please complete this feedback form to help us to improve our assessments.

Please respond to the questions with a tick in the relevant circle and with comments in the boxes

	Yes	No	Sometimes
Did you think the assessment booklet was well laid out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you find the assessment questions easy to understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you most like about this assessment?

What did you least like about this assessment?

If you could change something to improve this assessment, what would it be?

Additional comments:

Contact details (optional)

Name:

Workplace:

Phone:

Email:

When you have completed this page, please pull it out, fold it in three, secure it with tape and send it (Freepost) to:
Careerforce, PO Box 25 255, Christchurch 8144 Fax (03) 371 9285

Freeport Authority CONSULT

Careerforce

PO Box 25 255

Christchurch 8144

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Assessment result sheet (please print)

Trainee's information (completed by trainee)	
Name:	
Employer:	
NZQA number (NSN) if known:	Date of birth:

Trainee's performance summary (completed by assessor)

Assessment tasks

Task One

Achieved



Comments/feedback to the trainee

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Assessment result

I have assessed the trainee and confirm:



The requirements have been met to demonstrate competency in 3483 V5.

Name:

Assessor's number:

Signed:

Date:

For the credits to be registered on the New Zealand Qualifications Framework, send a copy of this form to:
Client Services, Careerforce, PO Box 25 255, Christchurch 8144

Client Services
Careerforce
PO Box 25 255
Christchurch 8144