

FSKWTG008 – Student Assessment Pack

Assessment Cover Sheet - Knowledge Questions

Name of student	
Name of assessor	
Unit/s (code and name)	FSKWTG008 Complete routine workplace formatted texts
Method of assessment	Written <input type="checkbox"/> Verbal <input type="checkbox"/>

Instructions

- This assessment consists of 8 questions
- Answers must be clear, concise and in your own words
- All notes and responses to be done in the spaces provided
- You must answer all questions correctly to be deemed satisfactory in this assessment
- Re-assessment of any incorrect responses will be undertaken verbally and noted on the assessment
- Identified special needs students may be able to undertake this assessment in a slightly different way please speak with your assessor if you believe that you are eligible for a modified assessment item

Student Declaration

I declare that no part of this assessment has been copied from another person's work with the exception of where I have listed or referenced documents or work and that no part of this assessment has been written for me by another person.

Signed:

Date:

EDUCATIONAL ADJUSTMENTS MADE

Formatting	<input type="checkbox"/> Altered print size and layout <input type="checkbox"/> Audio Provided <input type="checkbox"/> Images to support text <input type="checkbox"/> Simplified language	
Time	<input type="checkbox"/> Extra Time <input type="checkbox"/> Rest Break <input type="checkbox"/> Administered in segments	
Assistive Technology	<input type="checkbox"/> Word Processor <input type="checkbox"/> Speech to text <input type="checkbox"/> Calculator	
Environmental	<input type="checkbox"/> Alternate location <input type="checkbox"/> Reduced audience <input type="checkbox"/> Support person present	
Other		
Assessor Safety Declaration	I confirm that I have completed a Safety Audit of the assessment environment prior to the commencement of the assessment process.	Yes <input type="checkbox"/> No <input type="checkbox"/>

☐ Satisfactory
☐ Not Satisfactory

Due date for reassessment (if required):

Feedback to student:

Assessor Signature:		Date:	
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1. A workplace document contains information that relates to the workplace, or that you use in the workplace. It is important to recognise different workplace documents as well as understand what they are used for. For each of the following forms identify the audience and the purpose of the form.			Satisfactory/ Not Yet Satisfactory
Form or Document	Audience	Purpose	
Personal details form			<input type="checkbox"/> S <input type="checkbox"/> NYS
Tax File Number Declaration Form			<input type="checkbox"/> S <input type="checkbox"/> NYS
Timesheet			<input type="checkbox"/> S <input type="checkbox"/> NYS
Visitor logbook			<input type="checkbox"/> S <input type="checkbox"/> NYS
1. When writing business letters, you will mainly use Open Punctuation, what does this mean?			
			<input type="checkbox"/> S <input type="checkbox"/> NYS
2. When writing emails what 2 language guidelines should you follow?			
			<input type="checkbox"/> S <input type="checkbox"/> NYS
3. When spelling words with which you are unfamiliar, explain how you would use a Visual Strategy to help you.			
			<input type="checkbox"/> S <input type="checkbox"/> NYS
4. It is important to organise and sequence information so that your gain the interest of the reader and the information is easy to understand. What are 3 common methods for sequencing information?			
			<input type="checkbox"/> S <input type="checkbox"/> NYS
5. Before you finalise any document, who should you ask for approval?			
			<input type="checkbox"/> S <input type="checkbox"/> NYS

6. Completion of workplace forms

- When proofreading a document, why would a spell checker not be sufficient?
- Outline two techniques you can use to proofread, review and revise your document
- To improve on your work, who should you ask to review your draft and give you feedback?

☐ S☐ NYS

7. For each of the following determine if the sentence has suitable grammar and vocabulary for workplace texts:

Sentence	Suitable grammar and vocabulary for workplace texts		If no, rewrite the sentence, using acceptable grammar and vocabulary	
	Yes	No		
Gr8, tks for the info.				<input type="checkbox"/> S <input type="checkbox"/> NYS
The datas are collated in the spreadsheet.				<input type="checkbox"/> S <input type="checkbox"/> NYS
The issues has been investigated.				<input type="checkbox"/> S <input type="checkbox"/> NYS
The customer and me spoke about the issue.				<input type="checkbox"/> S <input type="checkbox"/> NYS
We are literally sorry for the inconvenience.				<input type="checkbox"/> S <input type="checkbox"/> NYS

Assessment Cover Sheet – Project


Name of student			
Name of Assessor			
Unit/s (code and name)	FSKWTG008 Complete routine workplace formatted texts		
Method of assessment	Project		
Instructions			
<ul style="list-style-type: none"> • This assessment consists of 2 activities • Answers must be clear, concise and in your own words • You will require access to a computer, internet, and office software e.g., Word • You must answer all questions or complete the activities correctly to be deemed competent in this unit • Re-assessment of any incorrect responses will be undertaken verbally and noted on the assessment • Identified special needs students may be able to undertake this assessment in a slightly different way please speak with your assessor if you believe that you are eligible for a modified assessment item 			
Student Declaration			
I declare that no part of this assessment has been copied from another person's work with the exception of where I have listed or referenced documents or work and that no part of this assessment has been written for me by another person.			
Signed:		Date:	
EDUCATIONAL ADJUSTMENTS MADE			
Formatting	<input type="checkbox"/> Altered print size and layout <input type="checkbox"/> Audio Provided <input type="checkbox"/> Images to support text <input type="checkbox"/> Simplified language		
Time	<input type="checkbox"/> Extra Time <input type="checkbox"/> Rest Break <input type="checkbox"/> Administered in segments		
Assistive Technology	<input type="checkbox"/> Word Processor <input type="checkbox"/> Speech to text <input type="checkbox"/> Calculator		
Environmental	<input type="checkbox"/> Alternate location <input type="checkbox"/> Reduced audience <input type="checkbox"/> Support person present		
Other			
Assessor Safety Declaration	I confirm that I have completed a Safety Audit of the assessment environment prior to the commencement of the assessment process.		Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory		Due date for reassessment (if required):	
Feedback to student:			
Assessor Signature:			Date:


ACTIVITY 1

Task 1: Training Request

As you are a fairly new staff member at Bluey'sHQ you feel you could benefit from training in using MS Office products, such as Word, PPT and Excel.

1. Review the Training Request Form. Outline the following:		
What is the purpose of the form?		<input type="checkbox"/> S <input type="checkbox"/> NYS
Who should complete the form?		<input type="checkbox"/> S <input type="checkbox"/> NYS
Who will you send the form to?		<input type="checkbox"/> S <input type="checkbox"/> NYS
2. Your manager (Hellen Highwater) has asked you to complete the Training Request form. You will need to: <ul style="list-style-type: none"> Identify where you can undertake this training (see brochure on next page) <ul style="list-style-type: none"> When, where, costs etc Identify why you should take this training <ul style="list-style-type: none"> Benefit to business What you will learn What skills and knowledge you will develop? How you can apply the training to your current area of work (Marketing & Design. When completing the form, ensure you use: <ul style="list-style-type: none"> Professional business vocabulary Correct punctuation and grammar Review your form to ensure you have included all the necessary details and it is free from errors Ask your trainer to review your form and provide feedback on improvements Update your form in line with feedback and submit the final document 		<input type="checkbox"/> S <input type="checkbox"/> NYS



 1300 888 724
 8.30am to 5.30pm AEST (Mon-Fri)

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Word Intermediate Course

★★★★★ (4.86 out of 5) 669 Student Reviews

About the Course

This 1 day course extends on the basics of Microsoft Word and helps students create more complex and varied documents. Existing skills and knowledge are enhanced by covering more complex aspects of formatting, building blocks, tables and lists, and introduces new features such as mail merge, sections, styles, Themes, Word Art and more.

Who should do this course?

This course is suitable for participants with some Microsoft Word experience and who wish to take their skills to the next level. Upon successful completion of this course, participants will have enough skills to be able to work with tables, create drawings, perform mail merges and improve productivity with a range of automation features.

Prerequisites

Participants should have already completed Word Beginner course before attending this course or have equivalent skills.

COURSE DETAILS

\$385

incl GST

Duration: 1 Days


Max. Class Size: 10

Avg. Class Size: 5

Study Mode: [Classroom](#) [Online Live](#)

Level: Intermediate

Times: 9.00am - 5.00pm approx

 [Download Course PDF](#)

[Enquire](#)

[Book Now](#)
[Pay Later](#)

Course Dates

Sydney Class Dates

[Book Now](#)

Level 11, 32 Walker Street, North Sydney, NSW 2060

09 May 23	Tue	Classroom
11 May 23	Thu	Online Live
30 May 23	Tue	Online Live
08 Jun 23	Thu	Classroom
22 Jun 23	Thu	Online Live
10 Jul 23	Tue	Classroom

Melbourne Class Dates

[Book Now](#)

Level 12, 379 Collins Street, Melbourne, VIC 3000

11 May 23	Thu	Online Live
25 May 23	Thu	Classroom
30 May 23	Tue	Online Live
21 Jun 23	Wed	Classroom
22 Jun 23	Thu	Online Live
10 Jul 23	Mon	Online Live

Brisbane Class Dates

[Book Now](#)

Level 6, 371 Queen Street, Brisbane, QLD 4000

11 May 23	Thu	Online Live
30 May 23	Tue	Online Live
01 Jun 23	Thu	Classroom
22 Jun 23	Thu	Online Live
11 Jul 23	Tue	Classroom
10 Jul 23	Mon	Online Live

3. Draft an email to your Manager and include an image of it in your submission (you can use the snipping tool), ensure your email:

- Includes a subject line and signature block
- Use appropriate language for internal email (less formal)
- Outlines what the attachment is for.

☐ S
☐ NYS

TRAINING REQUEST FORM

* All fields must be completed in order for any training requests to be approved.

Name of Employee		Position	
Name of Manager			

Name of Programme / Qualification	
Method of Study (e.g. distance, classroom etc)	
Study Time Required (if any)	
Training Provider	
Start Date and Date of Completion	
Length of Programme	
Total cost of Programme	

PART ONE – To be completed by Job Holder and discussed with Line Manager

Business Case (How will this programme benefit the individual, their line manager and the business?):

--

What are you expecting to learn on this course (your objectives)?

--

What preparation will you do before attending the course?

--

What skills/knowledge will be developed as a result of attending this training?

--

What will help you to apply the knowledge you gain to your area of work?			
Do you require any assistance in attending the course, including access, language, reading, writing or other? If the answer is YES, provide details:			
Most full day courses include refreshments. Do you have any dietary requirements? If the answer is YES, provide details:			
Employee Signature		Date	
PART TWO – To be completed by Line Manager			
Line Managers Supporting Comments:			
Manager Signature		Date	

Please return the form to HR Services (keep a copy for your own records)

Insert image of your draft email:

ACTIVITY 2

The following incident occurred at the following workplace at 10 am this morning: Bluey'sHQ, 36 Bryants Rd, Shailer Park Qld 4128, ABN: 21 254 645 326, Ph: 0439753496

The incident:

Sean went to retrieve a file from the metal filing cabinet. The bottom draw had been left open, and without bothering to close the draw he opened the top draw of the filing cabinet to retrieve a file. The cabinet began to tip, and Sean quickly caught it and put it upright. Sean also noticed a sharp edge on the filing cabinet just below where he caught it. As there was no injury, he didn't bother to report the incident to his supervisor.

Later that day Letitia cut her hand steadying the same filing cabinet. She put a Band-Aid on her cut but as the injury was only minor, she did not report it. The next day Letitia called in sick and was off work for the following two weeks with a bad infection that had developed from the cut.

A few days later, Jordan, the Junior Admin Officer required medical treatment when the cabinet fell on him. He opened the top drawer of the filing cabinet and the cabinet overbalanced and fell on him. He tried to catch the cabinet and broke his left wrist, after visiting the Dr, Jordan had his arm put in plaster. He had two days off work and could only manage minor duties for the following 4 weeks.

Staff Details:

Jordan Burrows

- Administration Officer
- Address: 267 Nottingham Road, Calamvale, Q, 4115
- Mobile: 0418487125
- DOB: 26/03/1994

You may add or create additional information that you require to complete this assessment. Ask your trainer if unsure of what is required.

Instructions:

<p>1. Referring to the Bluey'sHQ Incident Injury Form included in this assessment answer the following:</p> <table border="1" data-bbox="153 1308 1337 1507"> <tr> <td data-bbox="153 1308 628 1350">What is the purpose of the form?</td> <td data-bbox="628 1308 1337 1350"></td> </tr> <tr> <td data-bbox="153 1350 628 1393">Who will read this form?</td> <td data-bbox="628 1350 1337 1393"></td> </tr> <tr> <td data-bbox="153 1393 628 1507">What designates required fields for completion (i.e.: how do you know where to write information)?</td> <td data-bbox="628 1393 1337 1507"></td> </tr> </table>	What is the purpose of the form?		Who will read this form?		What designates required fields for completion (i.e.: how do you know where to write information)?		<input type="checkbox"/> S <input type="checkbox"/> NYS
What is the purpose of the form?							
Who will read this form?							
What designates required fields for completion (i.e.: how do you know where to write information)?							
<p>2. Complete the Bluey'sHQ Incident Injury Form</p> <ul style="list-style-type: none"> • Use business language that is relevant to completing the form • When filling in the incident details: <ul style="list-style-type: none"> ○ Use simple sentence structure (including: Capital letters, full stops and other punctuation as required) ○ Sequence information in logical order (eg: what was the issue, what happened next) • Proofread to ensure <ul style="list-style-type: none"> ○ the form is free from spelling and grammatical errors ○ you have used the required punctuation ○ you have completed all required fields ○ the information you have provided is correct ○ you have included all required information 	<input type="checkbox"/> S <input type="checkbox"/> NYS						

Incident/Injury Form

Reported by:		Date:		Time:	
INCIDENT DETAILS: (what happened and how)					
INJURED PERSON DETAILS:					
Name					
Position:					
Address:					
Date of Birth:					
Contact Number:					
INJURY DETAILS:					
Nature of injury (e.g.: burn, cut, sprain):					
Cause of injury (e.g.: fall, slip/trip):					
Location on body (e.g.: back, right upper arm):					
Agency (e.g.: another person, hot water, bookcase):					

Did the injured person stop work?	<input type="checkbox"/> Yes - If yes for how long _____ <input type="checkbox"/> No																																																																																				
Outcome (tick all that apply)	<input type="checkbox"/> Treated by Doctor <input type="checkbox"/> Hospitalised <input type="checkbox"/> Returned to normal work <input type="checkbox"/> Alternative duties <input type="checkbox"/> Rehabilitation																																																																																				
MANAGER TO COMPLETE:																																																																																					
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<p>Risk Rating = Likelihood x Severity</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td rowspan="6" style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">S e v e r i t y</td> <td style="text-align: center;">Catastrophic</td> <td style="text-align: center;">5</td> <td style="background-color: #90EE90; text-align: center;">5</td> <td style="background-color: #FFFF00; text-align: center;">10</td> <td style="background-color: #FFDAB9; text-align: center;">15</td> <td style="background-color: #FF0000; text-align: center;">20</td> <td style="background-color: #FF0000; text-align: center;">25</td> </tr> <tr> <td style="text-align: center;">Significant</td> <td style="text-align: center;">4</td> <td style="background-color: #90EE90; text-align: center;">4</td> <td style="background-color: #FFFF00; text-align: center;">8</td> <td style="background-color: #FFDAB9; text-align: center;">12</td> <td style="background-color: #FF0000; text-align: center;">16</td> <td style="background-color: #FF0000; text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">Moderate</td> <td style="text-align: center;">3</td> <td style="background-color: #90EE90; text-align: center;">3</td> <td style="background-color: #90EE90; text-align: center;">6</td> <td style="background-color: #FFFF00; text-align: center;">9</td> <td style="background-color: #FFDAB9; text-align: center;">12</td> <td style="background-color: #FFDAB9; text-align: center;">15</td> </tr> <tr> <td style="text-align: center;">Low</td> <td style="text-align: center;">2</td> <td style="background-color: #90EE90; text-align: center;">2</td> <td style="background-color: #90EE90; text-align: center;">4</td> <td style="background-color: #90EE90; text-align: center;">6</td> <td style="background-color: #FFFF00; text-align: center;">8</td> <td style="background-color: #FFFF00; text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">Negligible</td> <td style="text-align: center;">1</td> <td style="background-color: #90EE90; text-align: center;">1</td> <td style="background-color: #90EE90; text-align: center;">2</td> <td style="background-color: #90EE90; text-align: center;">3</td> <td style="background-color: #90EE90; text-align: center;">4</td> <td style="background-color: #90EE90; text-align: center;">5</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">Improbable</td> <td style="text-align: center;">Remote</td> <td style="text-align: center;">Occasional</td> <td style="text-align: center;">Probable</td> <td style="text-align: center;">Frequent</td> </tr> <tr> <td></td> <td></td> <td></td> <td colspan="5" style="text-align: center;">Likelihood</td> </tr> </table> <div style="margin-top: 10px;"> <table style="display: inline-table; vertical-align: top;"> <tr><td style="padding: 2px;">Catastrophic</td><td style="background-color: #FF0000; width: 15px; height: 10px; display: inline-block;"></td><td style="padding: 2px;">STOP</td></tr> <tr><td style="padding: 2px;">Unacceptable</td><td style="background-color: #FFDAB9; width: 15px; height: 10px; display: inline-block;"></td><td style="padding: 2px;">URGENT ACTION</td></tr> <tr><td style="padding: 2px;">Undesirable</td><td style="background-color: #FFFF00; width: 15px; height: 10px; display: inline-block;"></td><td style="padding: 2px;">ACTION</td></tr> <tr><td style="padding: 2px;">Acceptable</td><td style="background-color: #90EE90; width: 15px; height: 10px; display: inline-block;"></td><td style="padding: 2px;">MONITOR</td></tr> <tr><td style="padding: 2px;">Desirable</td><td style="background-color: #008000; width: 15px; height: 10px; display: inline-block;"></td><td style="padding: 2px;">NO ACTION</td></tr> </table> </div>				S e v e r i t y	Catastrophic	5	5	10	15	20	25	Significant	4	4	8	12	16	20	Moderate	3	3	6	9	12	15	Low	2	2	4	6	8	10	Negligible	1	1	2	3	4	5											1	2	3	4	5				Improbable	Remote	Occasional	Probable	Frequent				Likelihood					Catastrophic		STOP	Unacceptable		URGENT ACTION	Undesirable		ACTION	Acceptable		MONITOR	Desirable		NO ACTION
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