## Completion of Competency Record

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| **Student Name** | David Nolan | | | |
| **Unit Code and Title** | FSKNUM003 use whole numbers and money up to one thousand for work | | | |
| After assessment instrument have been completed, the competency record should be completed and signed by the assessor, the workplace supervisor (if applicable) and student. If competency is not achieved at the first attempt, strategies to address gaps in performance need to be identified and times for reassessment arranged. | | | | |
| **Assessment Tasks (please list)** | | | | **Result** |
| **Knowledge questions** | | | | Satisfactory  Not Satisfactory |
| **Project** | | | | Satisfactory  Not Satisfactory |
|  | | | | Satisfactory  Not Satisfactory |
| **The evidence presented is:** |  | **Valid Sufficient Authentic Current** | | |
| **Feedback to student** |  | | | |
| **Final Result** | **Competent**  **Not Competent** | | **Date** |  |
| **Student Declaration**  I declare all assessments submitted are my own work with the exception of where I have listed or referenced documents or work. | | | **Assessor Declaration**  I declare that I have conducted valid assessments fairly, flexibly and reliably. | |
| Signature: REDACTED | | | Signature: | |

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| **Supervising Assessor Declaration (to be completed by a qualified TAE assessor)**  I observed the Assessor conduct valid assessments fairly, flexibly and reliably.  I verify that assessment outcome as determined by the assessor is verified. | |
| Signature: | Date: |
| A pair of glasses  Description automatically generated with medium confidence |  |

**Self-Reflection – TAEASS402 – Assess competence**

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| Thinking about the processes you have followed to assess competency: | Yes | No | Opportunities for improvement  (what would you change in the future) |
| **Did you prepare fully for the assessment by** | | | |
| * Understanding the assessment process |  |  |  |
| * Being aware of any legal and ethical requirements |  |  |  |
| * Being aware of the requirements of the Unit of Competency being assessed |  |  |  |
| * Having access to marking guides and checklists |  |  |  |
| * Discuss and agree on the assessment plan with the candidate |  |  |  |
| * Identify any specialist support required and organise this if necessary |  |  |  |
| **Did you gather quality evidence by** | | | |
| * Using the agreed assessments methods and tools – involving a range of activities |  |  |  |
| * Apply the principles of assessment |  |  |  |
| * Apply the rules of evidence |  |  |  |
| **Did you support the candidate by** | | | |
| * Communicating effectively – providing appropriate feedback |  |  |  |
| * Making reasonable adjustments if required |  |  |  |
| * Addressing any WHS risks to a person or equipment immediately |  |  |  |
| **Did you make assessment decisions by** | | | |
| * Collecting and evaluating the evidence |  |  |  |
| * Using judgement to determine if sufficient and valid evidence has been submitted |  |  |  |
| * Using marking guides and exemplars |  |  |  |
| * Following the assessment plan |  |  |  |
| **Did you record and report the assessment decision by** | | | |
| * Recording the outcome on the assessment coversheet, providing feedback on this activity and signing all documentation |  |  |  |
| * Completing the Completion of Competency Record, providing overall feedback and signing all documentation |  |  |  |
| **Did review the assessment process by** | | | |
| * Discussing the assessment outcome with the candidate or other stakeholders |  |  |  |
| * Completing an assessment trial and review |  |  |  |
| * Considering other changes you would make when doing this assessment in future. |  |  |  |

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| **Knowledge Assessment** | | | | | | |
| Name of student | **David Nolan** | | | | Date |  |
| Name of Assessor |  | | | | | |
| Unit/s (code and name) | FSKNUM003 Use whole numbers and money up to one thousand for work | | | | | |
| Method of assessment | Knowledge questions | | | | | |
| **Instructions** | | | | | | |
| * This assessment consists of 12 activities * Answers must be clear, concise and in your own words * All writing, notes and responses to be done in the spaces provided, in pen * 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 | | | | | | |
| **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: xxxxxxxxxxxxxxxx Date: | | | | | | |
| **EDUCATIONAL ADJUSTMENTS MADE** | | | | | | |
| Formatting | Altered print size and layout  Audio Provided  Images to support text  Simplified language | | | | | |
| Time | Extra Time  Rest Break  Administered in segments | | | | | |
| Assistive Technology | Word Processor  Speech to text  Calculator | | | | | |
| Environmental | Alternate location  Reduced audience  Support person present | | | | | |
| **Satisfactory**  **Not Satisfactory** | | | **Due date for reassessment**  **(if required):** |  | | |
| **Feedback to student:** | | | | | | |
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| **Assessor Signature:** | |  | | | | |

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| **Assessment Project** | | | | | | |
| Name of student | **David Nolan** | | | | Date |  |
| Name of Assessor |  | | | | | |
| Unit/s (code and name) | FSKNUM003 Use whole numbers and money up to one thousand for work | | | | | |
| Method of assessment | **Project** | | | | | |
| **Instructions** | | | | | | |
| * This assessment consists of 3 activities * Answers must be clear, concise and in your own words * All writing, notes and responses to be done in the spaces provided, in pen * 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 | | | | | | |
| **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: xxxxxxxxxxxxxxxx Date: | | | | | | |
| **EDUCATIONAL ADJUSTMENTS MADE** | | | | | | |
| Formatting | Altered print size and layout  Audio Provided  Images to support text  Simplified language | | | | | |
| Time | Extra Time  Rest Break  Administered in segments | | | | | |
| Assistive Technology | Word Processor  Speech to text  Calculator | | | | | |
| Environmental | Alternate location  Reduced audience  Support person present | | | | | |
| **Satisfactory**  **Not Satisfactory** | | | **Due date for reassessment**  **(if required):** |  | | |
| **Feedback to student:** | | | | | | |
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| **Assessor Signature:** | |  | | | | |

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| Attachment 1: - Email Evidence  **From:** Jack Sharpe <jack.sharpe@flightcentre.com.au> **Sent:** Thursday, 13 June 2019 2:05 PM **To:** Jenny  **Subject:** email to confirm flights    Dear Jenny  Thank you for inquiring about return flights from Emerald to Brisbane.  I have found the best price for you, flying Virgin Airlines.  Departing Emerald 16/6/2019 at 18.10 and arriving in Brisbane at 19.35.  Your return flight from Brisbane is 19/6/2019 at 16:00 and arriving in Emerald at 17:30.  The total cost of the return flights including GST and any booking fees are $426.31  If you would like to book these flights please let me know by return email.  Regards  Jack Sharpe  Flight Centre  Attachment 2: Screen capture of flights found |  |