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| **Candidate Name/s**:**Group assessment****S11****ID: Number/s:** |

**Group Assessment S11**

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| **Assessment Description:** |  **Prepare and actively participant in validation process** |
| **Due date:** | Week 10 of program  |

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| **Purpose of Assessment:** To build your knowledge and skill in how to prepare for validation, contribute to the validation processes and outcomes.Having already prepared for and contributed to the validation of the simple assessment tools in assessment task S9, this validation will be based on validating the assessment conducted for RPL in assessment Task S10 |

**Assessment Method:**

The entire workshop group will be required to actively participate in the validation of the assessment processes undertaken in assessment S10.

Workshop participants will be asked to plan for and follow the instructions, processes and procedures aligned to the Validation Meeting report template.

All participants will be assessed by observation using the assessment marking guide by the facilitator / assessor during the activity. Participants will be assessed on their ability to contribute and participate in all validation and improvement processes.

**Instructions:**

The workshop group will have 75 minutes to prepare for validation, contribute to the validation process and collectively discuss, agree / disagree and record their findings.

Recommendations for improvement and changes arising from the validation process are to be submitted to the workshop for further discussion and prioritisation.

**Validation Meeting Report**

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| RTO: |  | **Region:** |  |
| Members Present: |  |
| **Meeting Date:** |  | Assessment context: | On-the-job |
| Unit(s) of Competency/Qualification: |  |
| List the documents presented for validation where appropriate: |
| Trainer Guidelines: | **Assessment Tools:** | **Examples of Assessment Evidence:** |
|  |  |  |
| Summary of results |
| **Trainer Guidelines:** | **Validated Yes No** **Comments** |
| **Assessment Tools:** | **Validated Yes No** **Comments** |
| **Assessment Evidence:** | **Validated Yes No** **Comments** |
| **Continuous Improvements:** | **Validated Yes No** **Comments** |
| Training Officer | Signature | Date | Copy to be sent to Training Department |

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| **Assessment Task Decision:** | **Meets requirements****Further evidence required** |
| **Comments:** |

**Assessor: Date:**

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| ***Assessment task covers criteria from:******TAEASS403B – Participate in assessment validation******TAEASS502B – Design & develop assessment tools*** | ***Elements 1,2,3******Elements 4*** | ***Checked*** |