
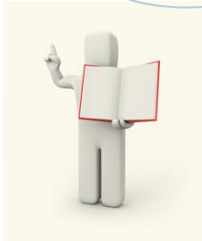




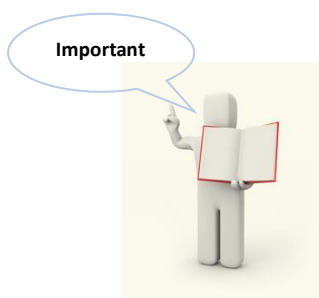
**Further Education and Training Certificate
Hairdressing - 65729 - Level 4**

WORKPLACE LOG BOOK

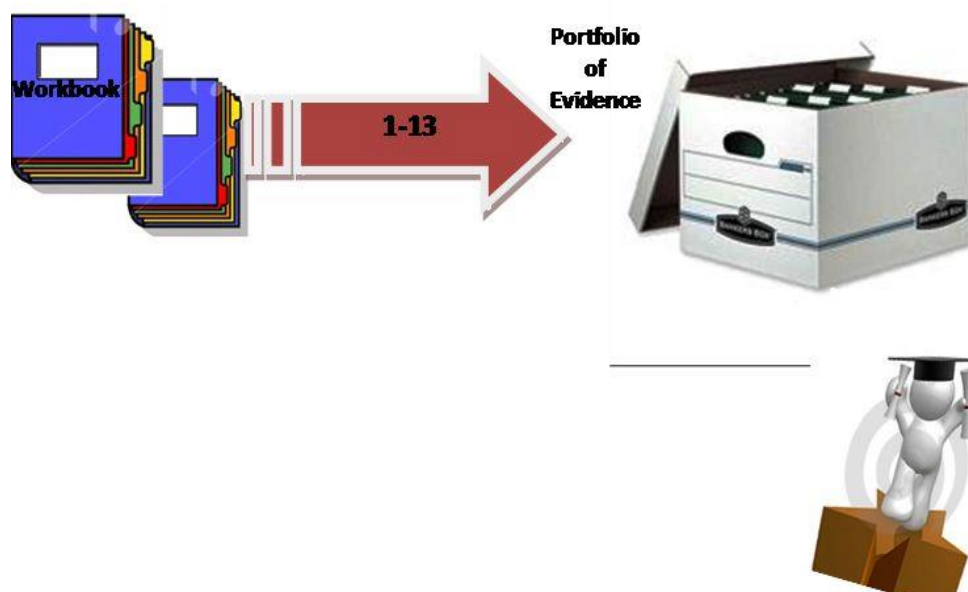
Learning Material for Learners

<p>Learner Guide</p>	<p>This is the learner's textbook and reference material, which provides the learner with all the information he or she will require to meet the exit level outcomes.</p>
	<p>The Workbook and Workplace Guide supports the Learner Guide and assists the learner in applying what was learnt.</p> <p>This is done through a variety of “Activities” that the learner is required to complete.</p> <p>The learner will find four different categories of activities:</p> <ul style="list-style-type: none">☑ Classroom Activities☑ Knowledge Activities☑ Skills Application Activities☑ Activities to collect Natural Occurring Evidence <p>The completed activities will provide evidence of the learner's understanding; will confirm the learner's knowledge and the learner's ability to apply the information, as well as showing the learner's ability to apply the skills acquired in the workplace.</p> <p>Important</p>  <p>It is therefore important that the learner complete all the activities in the workbook and workplace guide.</p> <p>Once the learner has completed all the activities, it is submitted to the Training Provider for assessment by a registered Assessor.</p> <p>The learner will receive detailed reports from the Assessor and will have an opportunity to revise activities and resubmit it for assessment.</p> <p>Reports</p> <p>All the reports that will be used by the facilitator, assessor and</p>

	moderator to evaluate and assess the learner are included in the workbook and workplace guide.
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Keep the learner's completed Workbook and Workplace Guide in safe and secure environment. All the completed workbooks for each skills programme together provides the evidence for the learner to obtain the qualification.



LOGBOOK

This log book has been included to record all time spent on the report and assignment as well as other activities related to this QUALIFICATION. Time spent completing an activity should be signed off by a supervisor, mentor or witness where possible.

Learner Name:		ACTIVITY NUMBER
Course Name	Further Education and Training Certificate Hairdressing - 65729 - Level 4	
Unit Standard Name	262522 Perform hair braiding and dreadlock techniques	1
Unit Standard Name	262563 Prepare for and finish off salon services	2
Unit Standard Name	246740 Care for customers	3
Unit Standard Name	14667 Describe and apply the management functions of an organization	4
Unit Standard Name	262501 Perform a hair perming service	5
Unit Standard Name	262584 Perform an advanced hair colouring service	6
Unit Standard Name	114592 Produce business plans for a new venture	7
Unit Standard Name	262500 Research and plan for the equipping of a salon	8
Unit Standard Name	262519 Supervise the functions of a hairdressing salon	9

Activity	Start Date	End Date	Total No of Hours	Sign Off by Supervisor / Manager / Mentor / Witness		
				Name & Surname	Relationship to Learner	Signature
1. Perform hair braiding and dreadlock techniques						
2. Prepare for and finish off salon services						
3. Care for customers						
4. Describe and apply the management functions of an organization						
5. Perform a hair perming service						
6. Perform an advanced hair colouring service						
7. Produce business plans for a new venture						
8. Research and plan for the equipping of a salon						
9. Supervise the functions of a hairdressing salon						
FEEDBACK SECTION						
Comments from Learner:						

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JUDGEMENT REPORT

Meet the requirements:	<input type="checkbox"/>	Do not meet the requirements:	<input type="checkbox"/>
Requires additional evidence:	<input type="checkbox"/>	Requires another assessment:	<input type="checkbox"/>
Can continue to the next assessment:	<input type="checkbox"/>	Requires another assessment by another assessment:	<input type="checkbox"/>
Action required:		By when:	

Assessor's feedback remarks

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Declaration by Learner

I, _____ declare that I am satisfied that the feedback given to me by the Assessor was relevant, sufficient and done in a constructive manner. I accept the assessment judgment and have no further questions relating to this particular assessment instrument.

Learner Name & Signature Date	Assessor Name & Signature Date	Moderator Name & Signature Date

Learner Name:		ACTIVITY NUMBER
Course Name	Further Education and Training Certificate Hairdressing - 65729 - Level 4	
Unit Standard Name	119472 Accommodate audience and context needs in oral/signed communication	ATTITUDES AND ATTRIBUTES ASSESSMENT TOOL
Unit Standard Name	119457 Interpret and use information from texts	
Unit Standard Name	119467 Use language and communication in occupational learning programmes	
Unit Standard Name	119465 Write/present/sign texts for a range of communicative contexts	
Unit Standard Name	9015 Apply knowledge of statistics and probability to critically interrogate and effectively communicate findings on life related problems	
Unit Standard Name	119462 Engage in sustained oral/signed communication and evaluate spoken/signed texts	
Unit Standard Name	119469 Read/view, analyse and respond to a variety of texts	
Unit Standard Name	9016 Represent analyse and calculate shape and motion in 2-and 3-dimensional space in different contexts	
Unit Standard Name	119471 Use language and communication in occupational learning programmes	
Unit Standard Name	7468 Use mathematics to investigate and monitor the financial aspects of personal, business, national and international issues	
	119459 Write/present/sign for a wide range of contexts	

ATTITUDES AND ATTRIBUTES ASSESSMENT TOOL/CRITICAL CROSS-FIELD OUTCOMES (CCFO)

Learner's Name		ID		NLRD No	
Assessor's Name	TSM DEODUTT	Co			

- Use this rating scale to judge the learner's **CCFO** competence according to the unit standard.
- The learner's entire performance and all the stages of learning, as well as all gathered evidence must be considered for this section.
- It is advised that the assessor consult with facilitators, mentors, coaches and supervisors in order to ensure that an objective rating is allocated.
- A rating between 1 and 5 should be given, as follows:

Rating	Description
1	No evidence can be found
2	The evidence found is weak and this is still a major development area for the learner
3	The evidence found meets the average expectation for a learner on this level
4	The evidence found is of a high quality and exceeds the average standard expected
5	The evidence found is outstanding and the learner attitudes and traits are very well developed

- Learner must be given constructive feedback on each rating.

- Ensure that you apply the exact same methodology for each learner in order to ensure that VACS principles are adhered to.
- The benchmark for learner competence in this tool **is 3:5 in EVERY CCFO.**

At the end of this step, an assessment feedback form is provided which must be completed and signed by the assessor, learner and moderator, where applicable.

Attitudes and Attributes Assessment Tool	
Use the rating table ABOVE in this assessment:	
CCFO Criteria	Rating
Identifying – The learner can identify problems and deficiencies correctly.	
Working in a Team – The learner is able to work well as member of a team.	
Organising – The learner works in an organised and systematic way whilst performing all tasks and tests.	
Collecting – The learner is able to collect the correct and appropriate information and samples as per the instructions and procedures that he or she was taught.	
Communicating – The learner is able to communicate his or her knowledge orally and in writing, in a way that shows what knowledge he or she has gained.	
Science – The learner bases tasks and answers on scientific knowledge learnt in the module.	

Demonstrating – The learner is able to show and perform the tasks required correctly.	
Contributing – The learner is able to link the knowledge, skills and attitudes that he or she has acquired in this module of learning to specific duties in their job or in the community where he or she lives.	




ASSESSMENT FEEDBACK REPORT

FEEDBACK & REMARKS

SUPERVISOR COMMENTS :
REMEDIAL / IMPROVEMENT AREAS

 SUPERVISOR SIGNATURE ASSESSOR SIGNATURE LEARNER SIGNATURE

Natural Occurring Evidence

USID	SO/AC	Type of Activity	What to do	Reference to Evidence Requirements (Model Answers)
		 <p>Research Information</p>	Collect evidence	
		 <p>Research Information</p>	Collect a sample	
		 <p>Research Information</p>	Collect a sample.	