**105026: Occupational Certificate:**

**Financial Advisor**

**Module 3**

**Health Care Benefits Advisory Services**

**SAQA ID: 105030**

**NQF Level 5**

**72 credits**

**WORKPLACE PORTFOLIO OF EVIDENCE**

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# Section A: Background information

## **1. Introduction**

A portfolio of evidence (PoE) is a collection of documents that you must compile as evidence to demonstrate your competence against of the qualifications learning outcomes. Your PoE is a mandatory requirement in terms of the Occupational Certificate: Financial Investment Advisor.

It is the obligation of the registered Assessment Quality Partner (AQP, viz. INSETA), and any institution with it has entered into a Service Level Agreement (SLA), to assess and ratify the POE on behalf of the AQP. This includes auditing the learner’s PoE to ensure compliance.

The PoE must exhibit evidence of the workplace experience component of the qualification.

## **2. Portfolio construction**

A portfolio is a folder, file or collection of information which presents direct and indirect evidence of appropriate material:

An Arch lever file or suitable equivalent can be very useful as it clearly displays and protects your evidence. Do not cram it full of material; make it easy to turn pages and access content. Be selective with what you include, ensure that it is of a good quality and relevant.

Suitable evidence to include in your file can be divided into two main categories – direct and indirect evidence.

To render the PoE ‘user-friendly’ and to ensure that the assessor(s) can effectively assess and interpret the evidence, it is necessary that the PoE is constructed in such a way as to visually exhibit the three components, namely:

* Knowledge
* Practical and
* Workplace Experience.

Furthermore, it is recommended for standardization purposes (as far as possible) that a main index, sub index and contents page is added to the PoE.

**Direct evidence may include, inter-alia: -**

* Your performance as observed by your assessor;
* Projects or work-based assignments;
* Personal reports;
* Minutes of meetings, action plans, progress reports;
* Internal and external correspondence;
* Prior qualifications which relate directly to the units;
* Product evidence e.g. examples, samples, and photographs;
* Your responses to oral or written questions;
* Narratives;
* Video or authenticated audio tapes;

**Indirect evidence may include, inter-alia: -**

* Witness testimonies from people within or outside the organization;
* Achievement in related areas;
* Attendance on courses/training activities relevant to the learning outcomes in this portfolio;
* Membership of related professional bodies;
* Previously set exercises and assignments, tests and other forms of assessment that the applicant has achieved;
* Documents produced through work-related activities such as reports on underwriting activities and tasks undertaken;
* Reports by mentors and managers;
* Progress reports, results of performance appraisals, documentary evidence of problems identified (including any action taken), photographic records, witness statements.

Such indirect evidence will be primarily used to support or confirm direct evidence.

## **3. Cross-referencing**

It is vital that your evidence, especially written evidence, is referenced to the learning outcomes and assessment criteria that you are undertaking. A clear referencing system is important.

## **4. Suitability of evidence**

Your evidence should be valid, authentic, current, sufficient and relevant.

**a) Valid** – You must demonstrate the skills, knowledge and attributes as described in the associated assessment criteria. Validity is assured when the performance required matches the performance described in the assessment criteria.

**b) Authentic** - You must be able to explain and substantiate the evidence you put forward. It is important, therefore, to ensure you only submit evidence that represents YOUR OWN WORK. There must also a declaration that is completed at the end of your qualification to confirm your evidence is authentic.

**c) Current** – Your evidence must demonstrate current competency, legislation and practices. This requires the evidence to be from the present or the very recent past, not the evidence of decades ago. Currency means evidence needs to be checked to ensure it shows recent performance.

**d) Sufficient** - Your evidence must cover all aspects of the learning outcomes and assessment criteria for each module you are seeking to achieve. Sufficient does not mean a mass of evidence. It simply means collecting enough evidence to demonstrate competence.

**e) Relevant** - Any evidence must relate clearly to the qualification you are seeking to achieve. Assessors are only interested in evidence directly related to the requirements set out in the units. That is, evidence which clearly links to the specific outcomes in the PoE. You should avoid the inclusion of reference documents, training materials and other evidence that does not relate to the outcomes at all.

# Section B: Candidate’s Information

## **1. Personal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name/s |  | | | |
| Surname |  | | | |
| Candidate’s previous surname |  | | | |
| Occupation |  | | | |
| Identity number |  | | | |
| Home language |  | | | |
| Disability   * None * Sight (even with glasses) * Hearing (even with a hearing aid) * Communication (talking, listening * Physical (moving, standing, grasping) * Intellectual, retarding (difficulties in learning) * Emotional (behavioural or psychological) * Multiple * Disabled but unspecified |  | | | |
| Equity:   * Black: African * Black: Coloured * Black: Indian/Asian * White |  | | | |
| Gender:   * Male * Female |  | | | |
| Postal Address of Candidate (Home) |  | | | |
| Physical Address of Candidate (Home) |  | | | |
| Home telephone number | ( ) | | | |
| Home fax number | ( ) | | | |
| Cell number |  | | | |
| Home e-mail Address |  | | | |
| Do you have access to Internet at home? | Yes |  | No |  |

## **2. Workplace Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer |  | | | |
| Mentor / manager |  | | | |
| Designation of Mentor / Manager |  | | | |
| Employee number |  | | | |
| Postal Address of Employer |  | | | |
| Physical Address of Employer |  | | | |
| Work fax number | ( ) | | | |
| Work telephone number | ( ) | | | |
| Work E-mail Address |  | | | |
| Do you have access to Internet at work? | Yes |  | No |  |

## **3. Qualification/part qualification to be assessed against**

|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE OF QUALIFICATION/PART QUALIFICATION** | **NQF NUMBER** | **NQF LEVEL** | **CREDITS** |
| Occupational Certificate:  Financial Advisor, Healthcare Benefits Advisory Services |  | 5 | 72 |

## **4. Motivation why you (the candidate) believe that you are ready for assessment against the qualification / part qualification as specified above.**

I think I am ready for assessment because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **5. Educational Background**

(In date order: from the oldest to the latest)

|  |  |  |
| --- | --- | --- |
| **QUALIFICATIONS**  **(RECOGNISED QUALIFICATIONS)** | **PROVIDER NAME** | **YEAR QUALIFIED** |
|  |  |  |
|  |  |  |
|  |  |  |

## **6. Special Requirements**

|  |  |
| --- | --- |
| **List of requirements** | **Descriptions** |
| Requires interpreter (if so, indicate language you prefer) |  |
| Any physical requirements  (E.g. Blind, deaf etc.) |  |
| Any other special needs |  |

## **7. Work Experience**

(List previous occupations/jobs from the most recent to the oldest)

|  |  |  |  |
| --- | --- | --- | --- |
| **ORGANISATION** | **DEPARTMENT** | **JOB TITLE** | **YEARS** |
|  |  |  |  |
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|  |
| --- |
| **CANDIDATE’S CURRICILUM VITAE** |

*(Insert CV after this page)*

|  |
| --- |
| **A COPY OF CERTIFIED ID DOCUMENT** |

*(Insert copy of ID document after this page)*

|  |
| --- |
| **COPIES OF RELEVANT CERTIFICATES** |

*(Insert certificates after this page)*

|  |
| --- |
| **SUPPLEMENTARY INFORMATION**  (Any information that is useful but has not been asked for) |

*(Insert information after this page*)

# Section 3: Assessment Instrument (For the candidate)

## **1. Workplace Evidence Collection**

You are required to collect evidence in the workplace against each assessment criterion below.

Take time to understand the requirements of each assessment criterion so that you provide suitable and relevant evidence.

**Please remember:   
The types of evidence listed in the last column are intended only as a guideline. You are encouraged to use your discretion in selecting evidence which *is relevant to your particular organisation* and circumstances.**

***YOU MAY INCLUDE OTHER EVIDENCE OVER AND ABOVE THE SUGGESTED EVIDENCE BELOW, PROVIDED THAT IT COVERS THE RELEVANT ASSESSMENT CRITERIA***

| **Assessment criteria** | **Evidence requirements** |
| --- | --- |
| Manage costs in a specific case with due regard for quality Guidelines for Work Experience | Select one complex and one simple claim that was submitted to the medical scheme.  For the simple claim you need to analyse the costs and quality of benefits provided to the client  For the complex claim, you need to analyse and determine whether the medical procedure or treatment provided to the patient were beneficial or not  Select one claim that is under investigation and make a recommendation of how the claim must be dealt with.  For the claims above, you are supposed to submit claim support documents by the providers and the clients. These must be accompanied by a report for the requirements above  *(All evidence must be authenticated and signed by the Mentor)* |
| Investigate industry initiatives to quality control medical providers | Research international models for quality assurance of medical providers.  Analyse current South African quality assurance initiatives.  Suggest ways of providing the most effective outcome for the patient at the least possible cost.  Analyse the impact of legislation on the rights of providers and patients.  Compile the evidence for your research together with the relevant references  *(All evidence must be authenticated and signed by the Mentor)* |
| Demonstrate knowledge and understanding of the investment strategy of a selected medical scheme | Analyse the claims history of a selected medical scheme.  Analyse events and trends that impact on the finances of a medical scheme.  Explain the guidelines for investment in terms of current legislation.  Apply knowledge of investment in order to evaluate a proposed investment portfolio.  Compile the evidence for your research together with the relevant references  *(All evidence must be authenticated and signed by the Mentor)* |

All evidence must be filed behind this page. Ensure that you place dividers between the evidence of each assessment criterion.

# Section D: Assessor Documents (For Assessor)

### 1. Judgment on collected evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CANDIDATE** |  | **NAME OF ASSESSOR** |  |
| **DATE OF JUDGEMENT** |  | | |
| **MODULE TITLE** |  | | |

| **ASSESSMENT PRINCIPLES** | **TYPES OF EVIDENCE** | | |
| --- | --- | --- | --- |
| Direct: | Indirect | Supplementary / Historical |
| Requirements met  C/NYC | Requirements met  C/NYC | Requirements met  C/NYC |
| **Validity:**  The evidence submitted was valid; i.e. the assessment must be fit for purpose |  |  |  |
| **Authenticity:**  The evidence submitted was attributable to the person being assessed |  |  |  |
| **Sufficient:**  All the required workplace assessment criteria have been met. |  |  |  |
| **Current:**  The evidence submitted related to current and latest developments in terms of underwriting practices and processes, current legislation etc. |  |  |  |
| **Relevant:**  The evidence submitted specifically addressed the workplace assessment criteria as required. |  |  |  |

|  |
| --- |
| **ADDITIONAL FEEDBACK FROM ASSESSOR:** |

|  |
| --- |
| **DECLARATION BY CANDIDATE** |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and surname of candidate) 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 judgement and have no further questions relating to this particular assessment instrument. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **CANDIDATE** | **ASSESSOR** | **MANAGER / *MENTOR* OF CANDIDATE** | **INTERNAL MODERATOR** |

### 2. Judgment on Observed evidence

|  |
| --- |
| **BEHAVIOURAL OBSERVATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CANDIDATE** |  | **NAME OF ASSESSOR** |  |
| **VENUE WHERE OBSERVATION WILL TAKE PLACE** |  | **TIME** |  |
| **MODULE TITLE** |  | | |

| **ASSESSMENT CRITERIA** | | **DESCRIPTION OF BEHAVIOUR OBSERVED** | **REQUIREMENTS MET** | | | **ACTION REQUIRED IF CANDIDATE DOES NOT MEET REQUIREMENTS** |
| --- | --- | --- | --- | --- | --- | --- |
| **YES** | | **NO** |
|  | |  |  | |  |  |
|  | |  |  | |  |  |
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| --- |
| **ASSESSOR’S FEEDBACK REMARKS:** |
| **COMMENTS FROM LEARNER:** |

## **3. Overall Assessment Decision**

(To be completed by the Assessor)

|  |  |
| --- | --- |
| The candidate has submitted evidence that is valid, relevant, current, sufficient and authentic against the listed specific outcomes and covered all range statements (Yes/No) |  |

|  |  |
| --- | --- |
| The candidate is **competent** in all the assessment criteria listed (Yes/No) |  |

|  |  |
| --- | --- |
| The candidate is **not yet competent** in the following assessment criteria: | The following items needed some **corrective action or improvement:** |