

Confirmation of Completion of Workplace Learning Outcomes

Module description:

This module is designed as a follow-on from the BA Insurance Practice capstone project. The purpose of the module is to allow apprentices to consider their conclusions and recommendations from the capstone project in the context of implementation in their workplace or industry, in consultation with relevant personnel. The module is an integral part of the capstone project and provides apprentices with an opportunity for applied learning, which is directly relevant to their workplace or industry.

Before completing the feasibility study the apprentice must:

1. Present the findings and recommendations of the capstone project in the workplace or industry forum.
2. Conduct an interview with a relevant workplace manager or industry representative.

On completing the presentation and interview, the apprentice will use their findings to inform the implications and conclusions for their project and feasibility study. They will prepare a feasibility study using this template to identify resources required for implementation, benefits to the organisation/industry, challenges for implementation, timeframe and any impediments

Employer/Industry Representative Sign off:

Please complete the following information:

Apprentice Name:	
Employer Name:	
Capstone Project Title:	
Name of Employer Supervisor:	
Name of Industry Representative (if applicable):	

Presentation of findings & recommendations of Capstone Project in the workplace or Industry Forum:

Please provide the following information and sign as required:

Date of Presentation:	
Attendee(s) present:	

Employer/Industry Representative sign off:

I confirm that the above apprentice presented the findings and recommendations of their capstone project on the date listed above:

Employer/Industry Representative Name (PRINT):	
Employer/Industry Representative Signature:	
Employer/Industry Representative comments:	
Apprentice Signature:	
Date:	

Conduct an interview with relevant workplace manager or industry representative:

Please provide the following information and sign as required:

Date of interview:	
Attendee(s) present:	

Employer/Industry Representative sign off:

I confirm that the above apprentice conducted an interview following their presentation on the date listed above:

Employer/Industry Representative Name (PRINT):	
Employer/Industry Representative Signature:	
Employer/Industry Representative comments:	
Apprentice Signature:	
Date:	