**RPL TOOLKIT – INSTRUMENT 03 – MAPPING MATRIX (EXIT LEVEL OUTCOMES)**

*To be completed by the SDP RPL Assessor*

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| **RPL Candidate Details** | | **SDP Details** | |
| **Candidate Name** |  | **SDP Entity Name** |  |
| **Candidate ID No.** |  | **SDP Representative Name** |  |
| **RPL Occupational Qualification Title** | Occupational Certificate: Mortician | **SDP QCTO Accreditation No.** |  |
| **SAQA ID** | 104621 | **Assessor Name** |  |
| **Credits and NQF Level** | 150, L3 | **Assessor Registration No.** |  |

*This matrix maps the modules to the assessment criteria for all SAQA registered occupational qualification exit level outcomes*

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| **Exit Level Outcomes Competency** | **Evidence Provided** | **Portfolio Reference** | **Assessor Comments** |
| 1. Communicate effectively with the bereaved, including counselling. |  |  |  |
| 2. Remove and conduct pre-cooling preparation of the deceased. |  |  |  |
| 3. Complete documentation and administration relevant to the mortician. |  |  |  |
| 4. Coffin and prepare the deceased for a visitation. |  |  |  |
| 5. Plan, prepare and deliver a professional funeral/memorial service, including burial, cremation or repatriation. |  |  |  |
| 6. Provide after-services relevant to the mortician subsequent to interment. |  |  |  |

**Assessment Decision**

|  |  |
| --- | --- |
| **Competent / Not Yet Competent** |  |
| **Recommendations for Gap Training** |  |
| **RPL Assessor/SME Name** |  |
| **Signature** |  |
| **Date** |  |

**Assessor Declaration**

I, the undersigned RPL Assessor and registered Subject Matter Expert, confirm that the mapping matrix has been completed accurately and reflects my professional judgement of the candidate’s competence against the requirements of the registered Occupational Qualification. All decisions recorded are based on valid, authentic, current and sufficient evidence, supported by appropriate means of verification and documentary proof. I declare that the mapping was conducted fairly, transparently and in accordance with Services SETA and QCTO assessment requirements.

**Assessor/SME Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services SETA Constituent Registration No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_