**MARK SHEET: PROMOTE VOLUNTEERING WITHIN YOUR ORGANISATION AND TO VOLUNTEERS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Centre Number: | | | Centre Name: | | | | | |
| Learner Registration No: | | | 1. Learner named below confirms authenticity of submission. 2. ILM uses learners’ submissions – on an anonymous basis – for assessment standardisation. By submitting, I agree that ILM may use this script on condition that all information which may identify me is removed.   However, if you are unwilling to allow ILM use your script, please refuse by ticking the box: 🗆 | | | | | |
| **Criteria** | | **Strengths** | | | **Areas for Improvement** | | **Assr**  **mark** | **QA mark** |
| **Understand the need to promote volunteering**   * Identify the types of people who volunteer. * Define the volunteer roles in the organisation. * Describe the knowledge, skills and experience required of the volunteers. * Identify the key motivations people have in volunteering. * Describe the communication methods needed to access groups of potential volunteers. | |  | | |  | | / 40  Marks  (min 20) |  |
| **Be able to promote volunteering to key people in the organisation**   * Identify the value volunteers make to the organisations goals. * Communicate with internal stakeholders the role of volunteers in the organisation. | |  | | |  | | / 30 marks  (min 15) |  |
| **Be able to help people in the organisation support volunteers**   * Identify people’s attitudes to volunteering. * Explain how to help individuals to support volunteers and their contribution to the organisation. * Communicate these in the organisation. | |  | | |  | | / 30 marks  (min 15) |  |
| **Assessor’s decision** | | | | **Quality assurance use** | | | | |
| **Total marks** | **Outcome**  ***(circle as applicable)*** | | | **Total marks** | | **Outcome**  ***(circle as applicable)*** | | |
| **Total 50 + overall, AND minimum in each section** | **PASS/referral** | | | **Total 50 + overall, AND minimum in each section** | | **PASS/referral** | | |
| **Section referral if applicable:** | | | | **Date of IQA check:** | | | | |
| **Name of assessor:** | | | | **Name of IQA:** | | | | |
| **Assessor signature and date:** | | | | **IQA signature:** | | | | |
| **ILM EV signature:** | | | | **Date externally verified (where applicable):** | | | | |