

**Student** 118966 - Jaspreet Kaur  
**Intake** 2021 VIC CA C4AS MASTER - VIC 2021\_Certificate IV in Ageing Support  
**Assessment** CHCAGE005 - 2; Assessment Workbook - Provide Support to People Living with Dementia  
**Revision** 5  
**Attempt #** 1

**Status** Submitted

**Assessed By**

Information

## GENERAL INFORMATION ABOUT THIS ASSESSMENT WORKBOOK

Please review the attached Document

 [1\\_-Information-Regarding-this-Assessment-Tool-V1\\_0-Mar20.pdf](#)

## INSTRUCTIONS TO STUDENTS – HOW TO USE THIS TOOL

Please review the attached Document

 [2\\_-Instructions-to-Students-\\_-How-to-use-this-Tool-V1\\_0-Mar20.pdf](#)

## STUDENTS PLEASE NOTE:

- Your suitability for this program has been determined at your Pre Training Review and again at Enrolment. If at any point you feel that this program is not suitable you are able to withdraw at any time. If this is the case please notify your trainer.
- A zero tolerance to cheating and plagiarism is taken with InterCare Training.
- If you the student are found to have cheated on any forms of assessment, including plagiarism of another's work, you will be required to re-sit an alternative assessment under the supervision of an assessor to confirm competence in this unit.
- You must satisfy the requirements for competency within this Assessment Workbook to achieve a competency outcome.

**It is highly recommend that you keep a copy of all assessment work that you submit.**

**Evidence provided by you is retained for our records and not returned to you.**

## INDIVIDUAL ASSESSMENT MODES

The attached documentation provides information relating to the assessment.

Please review the attached Document

 [3\\_-Individual-Assessment-Modes-V1\\_0-Mar20.pdf](#)

## LEARNING GUIDES

Primary resource, Please review the attached document

 [02\\_CHCAGE005-Provide-support-to-people-living-with-dementia-\\_-Resource-\\_-IC.pdf](#)

## POWERPOINT PRESENTATION

 [01\\_CHCAGE005-provide-support-to-people-living-with-dementia-\\_-PowerPoint-Presentation.pdf](#)

## STUDENT ASSESSMENT DECLARATION

- ☒ I have undertaken sufficient activities within this unit of competency and I am ready to attempt the assessment required to demonstrate competency.
- ☒ I understand the assessment framework and requirements that will be used by an Assessor to make a formal judgement of my competency
- ☒ The work that I have submitted in this Assessment Workbook is my own.
- ☒ I understand that it is my responsibility to make a copy of my Assessment Workbook and any additional assessment evidence for my own records prior to submitting to my Assessor for marking.
- ☒ I understand the re-assessment process that will be followed if I am unsuccessful in gaining a satisfactory result in the required Assessment Modes.

### Student Declaration

Please tick the box below to confirm all of the information above

- ☒ I confirm all of the above

### Student Signature

If able please sign below:



## ASSESSMENT MODE ONE

### Assessment Mode Instructions:

Carefully read the assessment task requirements detailed below and complete as instructed. Completed Project and the required work sample evidence will need to be attached in the required section of this assessment.

Please ask your Assessor to clarify if needed.

The following Assessment tasks are individual assessment and **no group work is permitted**.

Assessment extensions can **only** be authorised by your Trainer.

Upon completion of this Assessment Mode's requirements, the Assessor must complete and sign the Assessment Mode Record of Result.

Student is also required to sign to confirmation feedback and understanding of Assessment outcome.

### Assessment Task 1:

#### Working with a basic understanding of dementia



1.

What is meant by the term Dementia?

***The suggested response for this question is approximately 30 - 50 words***

Dementia is the loss of cognitive functioning — thinking, remembering, and reasoning — to such an extent that it interferes with a person's daily life and activities. Some people with dementia cannot control their emotions, and their personalities may change.

#### Assessors Comments (\* if applicable)

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None

✓ Satisfactory

✗ Not Satisfactory

2.

For each of the following Dementia types, you are required to give a brief explanation **and** list the associated brain function impediments/affected areas of the brain:

***The suggested response for this question is approximately 10 - 30 words per dementia type and affects***

#### a) Alzheimer's disease:

A progressive disease that destroys memory and other important mental functions. Brain cell connections and the cells themselves degenerate and die, eventually destroying memory and other important mental functions.

#### Affects:

Memory loss and confusion are the main symptoms. No cure exists, but medication and management strategies may temporarily improve symptoms.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**b) Vascular Dementia:**

Vascular dementia is the second most common form of dementia after Alzheimer's disease. It's caused when decreased blood flow damages brain tissue. Blood flow to brain tissue may be reduced by a partial blockage or completely blocked by a blood clot.

**Affects:**

Symptoms can include problems with memory and concentration, confusion, changes in personality and behavior, loss of speech and language skills, and sometimes physical symptoms such as weakness or tremors. Vascular dementia tends to progress over time.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**c) Lewy Body disease:**

Lewy body disease is a disorder where round clumps of protein build up abnormally in the brain, causing the death of nerve cells.

**Affects:**

The Lewy bodies affect specific areas of the brain, which leads to symptoms affecting memory, thinking, movement and behaviour.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**d) Fronto temporal dementia:**

It is a common cause of dementia, is a group of disorders that occur when nerve cells in the frontal and temporal lobes of the brain are lost.

**Affects:**

This causes the lobes to shrink. FTD can affect behaviour, personality, language, and movement.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**e) Alcohol-related dementia:**

Alcohol related dementia, as the name suggests, is a form of dementia related to the excessive drinking of alcohol.

**Affects:**

This affects memory, learning and other mental functions.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**f) Human immunodeficiency virus-associated dementia**

HIV-associated dementia occurs when the HIV virus spreads to the brain.

**Affects:**

Symptoms of HIV-associated dementia include loss of memory, difficulty thinking, concentrating, and or speaking clearly, lack of interest in activities and gradual loss of motor skills.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**g) Huntington's disease:**

Huntington's disease (HD) is a progressive brain disorder caused by a defective gene.

**Affects:**

This disease causes changes in the central area of the brain, which affect movement, mood and thinking skills.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**h) Creutzfeldt-Jakob disease:**

It is a fatal degenerative disease affecting nerve cells in the brain, causing mental, physical, and sensory disturbances such as dementia and seizures. It is believed to be caused by prions and hence to be related to BSE and other spongiform encephalopathies such as kuru and scrapie.

**Affects:**

Over time, people with CJD withdraw from friends and family and eventually lose the ability to recognise or relate to them. They also lose the ability to care for themselves and many eventually slip into a coma.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**i) Pick's disease:**

Pick's disease is a specific type of frontotemporal dementia, a degenerative brain disease that usually affects people under 65.

**Affects:**

This condition most often affects a person's behaviour, but sometimes disrupts the ability to speak or understand others.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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**j) Parkinson's disease:**

Parkinson's disease is a brain disorder that causes unintended or uncontrollable movements, such as shaking, stiffness, and difficulty with balance and coordination.

**Affects:**

Symptoms usually begin gradually and worsen over time. As the disease progresses, people may have difficulty walking and talking.

**Assessors Comments (\* if applicable)**

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None	✓ Satisfactory	✗ Not Satisfactory
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Assessment Task 1 - Continued

**3.**

What are three of the risk factors associated with dementia?

***The required response for this question is three (3) risk factors***

Age - The risk rises as you age, especially after age 65. However, dementia isn't a normal part of ageing, and dementia can occur in younger people.

Family history - Having a family history of dementia puts you at greater risk of developing the condition. However, many people with a family history never develop symptoms, and many people without a family history do. There are tests to determine whether you have certain genetic mutations.

Down syndrome - By middle age, many people with Down syndrome develop early-onset Alzheimer's disease.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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**4. a)**

What are the 3 (three) commonly referred to phases/stages of dementia?

Provide 4 examples from each stage.

***The required response for this question is three (3) phases and four (4) examples for each***

**Phase/Stage 1:**

Provide 4 examples

Early Dementia - The person has early difficulties, with subtle effects and changes often this phase is only apparent in hindsight.

Four examples are :

1. Appear more apathetic, with less sparkle.
2. Be unable to adapt to change
3. Show poor judgement and make poor decisions
4. Be unwilling to try new things.

**Phase/Stage 2:**

Provide 4 examples

Moderate Dementia - At this stage the problems are more apparent and disabling.

Four examples are :

1. The person has increasing difficulty with daily living skills like handling money or driving.
2. Confuses time and place.
3. Has reduced capacity for independence
4. Gets upset with too many choices

**Phase/Stage 3:**

Provide 4 examples

Advanced Dementia - The person with dementia is severely disabled and needs total care.

Four examples are :

1. Immobile or has difficulty with mobility
2. Less communicative - having difficulty understanding or using speech.
3. Confused - Looking for people and place from the past.
4. Incontinent

None

✓ Satisfactory

✗ Not Satisfactory

**Assessor's Comments (if applicable):**

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**4. b)**

Describe in your own words, how 'plaques and tangles' affect the cells of the brain and how they eventually lead to cell death.

***The suggested response for this question is approximately 50 – 100 words***

In the brain cells of people with Alzheimer's disease, tau proteins don't function properly and instead form protein tangles inside the cell. The presence of plaques around a neuron causes them to die, possibly by triggering an immune response in the immediate area. Tangles form inside of neurons and interfere with the cellular machinery used to create and recycle proteins, which ultimately kills the cell.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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5.

What are the differences between dementia, delirium and depression?

**The suggested response for this question is approximately 30 - 50 words or 3 detailed bullet points**

Depression, dementia and delirium have some features in common. Depression and delirium, particularly hypoactive delirium, may present with apathy, withdrawal and tearfulness. Delirium occurs suddenly (over a matter of hours or days) and the symptoms tend to fluctuate throughout the day; depression describes a negative change in mood that has persisted for at least two weeks; and the onset of dementia is generally slow and insidious. Differentiating depression from dementia and delirium requires knowing the characteristic features of each condition and establishing the patient's premorbid cognitive status and mood.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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6.

What does the Alzheimer's Association do for people with dementia and their carers?

Use the following website to find your answer

**The suggested response for this question is approximately 30 - 50 words**

<http://www.fightdementia.org.au>

The Alzheimer's Association works to address this crisis by providing education and support to the millions who face dementia every day, while advancing critical research toward methods of treatment, prevention and, ultimately, a cure.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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7.

a) What is Wernicke's encephalopathy?

**The suggested response for this question is approximately 10 - 30 words**

Wernicke syndrome, also known as Wernicke encephalopathy, is a neurological disease characterised by three main clinical symptoms: confusion, the inability to coordinate voluntary movement (ataxia) and eye (ocular) abnormalities.

b) If left untreated, what can it turn into?

**The suggested response for this question is approximately 10 - 30 words**

If not treated quickly, Wernicke's encephalopathy can cause permanent brain damage and be followed by the ongoing symptoms of Korsakoff's syndrome. This condition results in severe short-term memory loss. Wernicke's encephalopathy usually develops suddenly.



c) What are some of the presenting signs and symptoms of this disease?

**The suggested response for this question is approximately 10 - 30 words or 2 – 4 detailed bullet points**

1. Confusion and loss of mental activity that can progress to coma and death.
2. Loss of muscle coordination (ataxia) that can cause leg tremor.
3. Vision changes such as abnormal eye movements (back and forth movements called nystagmus), double vision, eyelid drooping.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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8.

Using the website below or any other relevant website, find out about current research that is being conducted about dementia and write a short description about one that you have found interesting.

**The suggested response for this question is approximately 50 - 150 words**

<http://www.fightdementia.org.au>

Research about the causes of Dementia - There is still much we don't know about the role of genes in Alzheimer's disease and other dementias, but researchers continue to study this area. In most cases, dementia occurs sporadically, is not directly caused by a single gene and has no clear pattern of family inheritance. However, in a minority of cases, Alzheimer's disease and some other types of dementia can be directly caused by an inherited gene mutation. The biological causes of Alzheimer's disease are not fully understood and research continues to examine factors involved in the development of Alzheimer's disease. Perhaps 40-50% of what causes Alzheimer's disease is thought to be attributable to our genes. That means that at least half of the cause is not genetic, but unknown. Gene mutations that directly cause Alzheimer's disease (discussed further below) are very rare and account for only around 5% of cases. One strong risk factor gene (discussed further below) has been identified that may account for 25-40% of cases. Genome wide association studies (GWAS) are now being undertaken to identify other risk factor genes, which may account for another 5% of the cause. That still leaves at least half of all cases where the cause is unknown and means a great deal more research is needed to understand why some people develop Alzheimer's disease and others do not.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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9.

What is the role of Dementia Behaviour Management Advisory Service (DBMAS)?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 bullet points**

DBMAS provides free support and advice to service providers and individuals caring for people living with dementia. DBMAS helps where behavioural and psychological symptoms of dementia are affecting a person's care.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Comments (if applicable):**

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10.

What is Cognitive Dementia and Memory Service (CDAMS)?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

The Cognitive, Dementia and Memory Service (CDAMS) is a specialist multidisciplinary diagnostic, referral and educational service for people experiencing memory loss or changes to their thinking (cognition), and for those who care about them.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor Comments (\*if applicable)**

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11.

What is younger onset dementia?

**The suggested response for this question is approximately 30 - 50 words**

Younger onset dementia, also known as early onset dementia, is any form of dementia in people under the age of 65. Although dementia is much less common in people under 65, it can be diagnosed in people in their fifties, forties and even thirties.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor Comments (\*if applicable)**

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12.

Give an example of mixed dementias.

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

A person living with mixed dementia will show symptoms of at least two different types of dementia. Usually, mixed dementia consists of the two most common types: Alzheimer's disease and vascular dementia. For example, a person with mixed dementia may show symptoms of both Alzheimer's and vascular dementia.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Comments (if applicable):**

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13.

Give examples for how the following will effect someone with dementia.

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a)

Environment

People with dementia generally will be less likely to become agitated and distressed if they can have regular access to fresh air and exercise and a quiet space away from others as needed. The garden can be a safe and secure environment if designed properly.

**b)**

Noise

Too much noise, such as from the TV or radio, will cause behaviour problems, including anxiety and agitation in a person who has dementia. This agitation can lead to falls and injuries to the patient.

**c)**

Open Spaces

Carefully planned outdoor environments are valuable for people with dementia because they support independence and mobility, maximising abilities and wellbeing. Views of and access to enclosed outdoor areas can give people options for privacy and sociability.

**d)**

Lighting

Good lighting can help dementia patients by allowing them to easily see what is around them. Being more aware of their surroundings help them to identify signs, see other's faces and even make them more willing and able to participate in activities.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessor Comments (\*if applicable)**

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Assessment Task 2:

**Supporting individual needs of people with dementia using a person-centred approach to care.**



## Example

Our family has been working with the challenges of dementia for almost 20 years as we have watched Lyn – ‘wife’, and ‘mumma’ – lose capacity to perform in a number of significant areas. Today, Lyn requires attention and assistance most of the time, particularly with dressing, eating and much of life’s normal activities. She tends to panic and sometimes gets abusive when she feels insecure and uncertain. But these symptoms of her dementia certainly haven’t stopped her from continuing to engage in activities that she has always enjoyed

Through this time, we have been grateful for lots of love and support provided from a number of sources including, family, friends and neighbours, Alzheimer’s Australia and Catholic Community Care. They have all contributed in a number of important ways. For instance, Lyn has had a lifelong interest in art and music. Even though her ability to paint is decreasing, earlier on in her diagnosis she was able to attend Art and Music Therapy at Alzheimer’s Australia, which she enjoyed greatly. We encouraged her to paint, and we have lots of artworks to show for it. She got much of her inspiration from the view from our dining room window. Often comments were added, many of them of a humorous nature, which for us was nice to see. They were all signed off with her maiden name as she no longer related to her married name. It didn’t matter though, because we knew she found joy in being able to paint, and we wanted her to be able to make use of the skills she still had.

Other activities that Lyn finds enjoyable include: playing the piano, attending Tai Chi classes once a week, walking around the garden and around the block, sitting in the sun and playing ball together. We have an outside ball as well as an inside ball. The ball throwing often results in smiles and laughter, no matter what the mood may have been beforehand. Our neighbours have also been very supportive and keep an eye out for Lyn as sometimes she wanders off down the street. She wears a bracelet as part of the Safety House program, organised through Alzheimer’s Australia that gives our contact details in case she does become lost.

Lyn also spends two days a week at Chantal, a service provided by Catholic Community Services (CCS). She enjoys her time there. They often take the group out for lunch or a walk, and when the weather is appropriate, they even go sailing. CCS also provides transport to and from Chantal and take Lyn out for some one-on-one time one morning a week. Early on, they used photos from Lyn’s life to prepare a DVD for her to watch to spark memories of earlier moments in her life. We truly appreciate what CCS do. We have found the staff to be professional in what they do and most empathetic in supporting Lyn no matter what the challenges may be.

Over the past 20 years of supporting my wife through her dementia journey, there have been two important points that I have learnt. First of all, there is no solution to dementia. It has to be managed differently for each person. Second, don’t hesitate in asking for assistance. People are keen to help and have the freedom to say no if they are not able to assist.

Caring for someone with dementia is not easy. There are new challenges each day. We try to work out what the needs are moment by moment and respond accordingly. We are learning to think outside the square and do things differently to ensure that life is kept at its optimal best for Lyn and others involved.

(Story taken from [www.dementiadaily.org.au](http://www.dementiadaily.org.au) and is part of a collection of stories that were used in September 2014 as part of ‘Dementia month’)

1.

Using the person centred approach, how did staff provide activities for Carolyn?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

We need to make sure to provide services to Lyn based on her personal interests such as she had a lifelong interest in art and music so we can encourage her to paint. Other activities that Lyn finds enjoyable includes: playing the piano, attending Tai Chi classes once a week, walking around the garden and around the block, sitting in the sun and playing ball together.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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2.

How could you make sure that Lyn’s physical, emotional and social needs are met if you were the person providing care to her?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

We can encourage her to go for a walk, can talk to her, we can encourage her to engage in the activities she likes to do, will encourage her to engage with family and friends and can encourage her to participate in gatherings.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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3.

Detail the most effective way/s to maximise communication and engagement with Lyn.

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

We can use eye contact to make her feel connected so that she can communicate effectively, can use her name to ensure she is engaged in the communication and not lost.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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4.

When Lyn signed off her paintings using her maiden name, why did the family members or others not correct her into using her married name?

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

It didn't matter to the family members, because they knew she found joy in being able to paint, and they all wanted her to be able to make use of the skills she still had.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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5.

Provide an example of where people in Lyn's life have promoted her dignity and independence by assisting and encouraging her with a familiar skill.

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

They encouraged her to paint, encouraged her to attend Art and Music Therapy at Alzheimer's Australia, they not showed objection when she showed her art work with maiden name. She also spends two days a week at Chantal, a service provided by Catholic Community Services (CCS). She enjoys her time there. They often take the group out for lunch or a walk, and when the weather is appropriate, they even go sailing.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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6.

a) If you were to work with Lyn, how would you establish and maintain a trusting relationship with her?

***The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points***

By keeping her routine, respecting her personal belief, by accepting her personal behaviour, by accepting her limitations, can sit with her to watch the DVD and can listen to her while she is talking.

None	✓ Satisfactory	✗ Not Satisfactory
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### Assessor's Comments:

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b) How would you find out about her likes and dislikes?

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

It can be find out by observing her and by talking to her family, can refer to care plan to know more about her, what activities she enjoy and what she avoid can be noted through her family and while communicating to her.

None	✓ Satisfactory	✗ Not Satisfactory
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### Assessor's Comments

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c) What would you need to know about her in order to provide centred care?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

It is required to know her likes, dislikes, abilities, limitations, diet, health conditions, capacity to remember, routine and hobbies.

None	✓ Satisfactory	✗ Not Satisfactory
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### Assessors Comments (\* if applicable)

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### Assessment Task 3:

### Communication strategies to maximise engagement of the person with dementia



1.

How you can assist a person with dementia to communicate effectively?

**The required response for this question is 3 detailed examples**

1. Speak clearly and slowly, using short sentences.
2. Make eye contact with the person when they're talking or asking questions.
3. Give them time to respond, because they may feel pressured if you try to speed up their answers.
4. Encourage them to join in conversations with others, where possible.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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**2.**

Write whether touch could be used in each of these situations. If you answer 'no', suggest what you could do instead.

**a) To offer Mrs Davidson emotional support you touch her hand but she pulls away from you.**

Should touch be used?

Yes	No
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If no, what could you do instead?

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

*I will try to communicate with her , I will keep positive body language and will give her personal space.*

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

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**b) Mr Jones reaches out to touch your hand as you walk past his chair.**

Should touch be used?

Yes	No
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If no, what could you do instead?

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None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

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**c) Mr Beck always takes a step back from you if you stand very close to him.**

Should touch be used?

Yes	No
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If no, what could you do instead?

*It should not be used because they don't like if I am going close to them and they are not feeling comfortable so I will not do that.*

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

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**d) True or False**

Place a tick in the correct box

	True	False
Dementia is a normal part of ageing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
You should always give a person with dementia time to respond to what you are saying	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If a person has dementia this means that they have gone 'crazy'	<input type="checkbox"/>	<input checked="" type="checkbox"/>
You should help a person with dementia by finishing off their sentences for them	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Always tell a person with dementia what they 'cant do' rather than what they 'can do'	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If someone with dementia forgets something that just happened you have to try to get them to remember	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with dementia don't understand what is going on around them anymore	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with dementia are still the same person they were before the dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Different types of dementia affect people in different ways	<input checked="" type="checkbox"/>	<input type="checkbox"/>
55% of our communication is through our body language	<input checked="" type="checkbox"/>	<input type="checkbox"/>

None

☒ Satisfactory☐ Not Satisfactory**Assessors Comments (\* if applicable)**

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Assessment Task 4:



## Use reminiscences frequently to connect with clients



1.

What is meant by the term reminiscence in relation to clients with Dementia?

***The suggested response for this question is approximately 30 - 50 words***

Reminiscence means sharing life experiences, memories and stories from the past. Typically, a person with dementia is more able to recall things from many years ago than recent memories, so reminiscence draws on this strength. So many of our conversations and interactions rely on short-term memory.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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2.

Refer back to Lyn's story in Assessment task 2 and identify the types of reminiscence that was used by the Alzheimer's Australia and Catholic Community Services.

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

She had a lifelong interest in art and music and Art and Music Therapy at Alzheimer's Australia provided her opportunity to enjoy what she likes . They encouraged her to paint and made her happy. Catholic Community Services (CCS) often take the group out for lunch or a walk, and when the weather is appropriate, they even go sailing. CCS also provides transport to and from Chantal and take Lyn out for some one-on-one time one morning a week. Early on, they used photos from Lyn's life to prepare a DVD for her to watch to spark memories of earlier moments in her life. Staff was very professional in what they do and most empathetic in supporting Lyn no matter what the challenges may be.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

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Assessment Task 5:

## Using validation strategies to relieve distress and agitation in clients with dementia



Velda has recently moved into a Residential Aged Care facility. She has coped well with the transition, but occasionally becomes very confused and anxious. During these times, she repeatedly says she wants to go home. She is very concerned about who is caring for her three cats and two dogs.

1.

Using the validation technique, what could you do to help alleviate Velda's concerns / anxiety?

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

Validation Therapy advocates that, rather than trying to bring the person with dementia back to our reality, it is more positive to enter their reality. In this way empathy is developed with the person, building trust and a sense of security. This in turn reduces anxiety.

None

✓ Satisfactory

✗ Not Satisfactory

Assessors Comments (\* if applicable)

-

Assessment Task 6:

**Provide activities that are appropriate to the individual, reflecting their cultural likes and dislikes, in order to bring back pleasurable memories**



1.

Briefly outline how you would gather information about important people or events in the life of a person with dementia; to assist them with maintaining relationships?

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

I will talk to the family and to the client. I will look at photos and items in their room. I can ask family as well to bring items from home.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

2.

When gathering information about important people or events in the life of a person with dementia, what might you need to consider if the person with dementia was of Aboriginal and Torres Strait Islander culture?

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

I will be mindful with the person's cultural beliefs when asking questions. While gathering any information I will not talk about any person who passed away due to any disease. Before communicating with the client I will learn about their culture first.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

Assessment Task 7:

**Ensure all activities provided focus on ensuring the safety and comfort of the client balanced with autonomy and risk taking.**



You work in a Residential Aged Care facility and one of the residents is a lovely elderly lady named Mary who has dementia. She is very impulsive and has difficulty understanding instructions.

You have almost finished showering Mary when another carer knocks and asks for you to help transferring another resident with the lifting machine. You hand Mary the shower hose and tell her not to move you will be back in a minute.

You go and help the other carer and when you return you find Mary on the floor in the bathroom moaning.

1.

Identify the potential risks of showering someone with dementia.

***The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points***

Feeling out of control and powerless may add to a person's lack of cooperation with bathing. The person with dementia may fall, fear drowning, particularly if water is being passed over their head. Prepare the bath ahead of time. Check the water level.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

2.

How would you manage this risk?

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

1. Never leave a confused or frail person alone in the tub or shower.
2. Always check the water temperature before he or she gets in the tub or shower.
3. Use a hand-held showerhead.
4. Use a rubber bath mat and safety bars in the tub.
5. Use a sturdy shower chair to support a person who is unsteady and to prevent falls.

None	✔ Satisfactory	✘ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

3.

How would this affect your Duty of Care?

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

If client gets injury during shower and some other hazard happens it will be considered as the breach of duty care.

None	✔ Satisfactory	✘ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

4.

What procedure do you now need to follow when finding Mary on the floor.

**The suggested response for this question is approximately 20 - 40 words or 2 – 3 detailed bullet points**

I will not leave her alone and stay in the bathroom, I will wait for instruction from my supervisor. I will make sure to document everything in the progress notes and will mention that retraining is required for the staff performing the duty at that time.

None	✔ Satisfactory	✘ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

Assessment Task 8:

Providing support and guidance to family carers and significant others where appropriate to assist them to understand the disease, its impact on the person and some approaches to providing care.



1.

Using the website below research information sheets that are available to families and carers of people with dementia. In a separate document summarize three (3) of these, one (1) must include information for CALD client and / or the primary carer.

Attach your summary to the evidence upload point.

***The suggested summary for each of the three (3) information sheets is approximately 30 – 50 words per sheet***

<http://www.fightdementia.org.au>

## Evidence Upload 1

You are able to upload your information sheets here.

 [Helpsheet\\_CaringForSomeone01\\_Communication\\_english.pdf](#)

07/06/2022 19:27

### Evidence Upload 1 - Student Summary

***The suggested summary for this information sheets is approximately 30 – 50 words.***

Communication Information Sheet - This help sheet explains some of the changes that occur as a result of dementia and suggests ways that families and carers can help.

None

✓ Satisfactory

✗ Not Satisfactory

Assessors Comments (\* if applicable)

-

## Evidence Upload 2

You are able to upload your information sheets here.

 [Helpsheet\\_CaringForSomeone03\\_SafetyIssues\\_english.pdf](#)

07/06/2022 19:28

### Evidence Upload 2 - Student Summary

***The suggested summary for this information sheets is approximately 30 – 50 words.***

Safety issues Information Sheet - This help sheet discuss some of the safety issues that need to be considered when caring for someone with dementia. It provides some tips for safety checklist for use by families and carers.

None

✓ Satisfactory

✗ Not Satisfactory

### Assessors Comments (\* if applicable)

-

## Evidence Upload 3

You are able to upload your information sheets here.

 [Helpsheet\\_AboriginalAndTorresStraitIslanderPeople03\\_InformationForFamilyAndFriends\\_english.pdf](#)

07/06/2022 19:30

### Evidence Upload 3 - Student Summary

***The suggested summary for this information sheets is approximately 30 – 50 words.***

Help sheet for Aboriginal and Torres Strait Islander people - It includes information for family and friends. It can be difficult to explain about dementia, if you, or someone close to you is affected by this condition. This help sheet is designed for people with dementia and their families to provide information about dementia. It will give an explanation of what dementia is , how it affects people and way to help.

CALD is the acronym for 'culturally and linguistically diverse'. There are some aged care facilities which offer CALD specific services. They may have staff or a client that speak a foreign language, organise specific cultural activities or meet spiritual needs, asking questions in a way that the person understands, which may mean asking questions in a different way until you find the way that is best, some people will prefer a worker who speaks their language and understands their culture, while others will prefer someone from outside their community.

None

✓ Satisfactory

✗ Not Satisfactory

### Assessors Comments (\* if applicable)

-

Assessment Task 9:

07/06/2022 19:45

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Record ID: 10442975

## Behaviours of Concern / Challenging behaviours



1.

a) List three (3) behaviours of concern / challenging behaviours that people with dementia may display.

**The suggested response for this question is three (3) challenging behaviours**

Behavioral disturbances in dementia are often globally described as “agitation” including verbal and physical aggression, wandering, and hoarding. These symptoms create patient and caregiver distress, and lead to nursing home placement.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

-

b) In reference to dementia, what is meant by the term BPSD?

**The suggested response for this question is approximately 10 - 25 words**

Agitation, aggression, psychosis, and other behavioural and psychological symptoms of dementia (BPSD) are the leading causes for assisted living or nursing facility placement. <sup>1</sup> Left untreated, these symptoms can accelerate functional decline and reduce quality of life.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

2.

What could trigger angry or hostile behavior in a person with dementia?

**The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points**

Aggression can be caused by many factors including physical discomfort, environmental factors and poor communication. If the person with Alzheimer's is aggressive, consider what might be contributing to the change in behaviour.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

3.

How would you deal with behaviours of concern or challenging behaviours?

**The suggested response for this question is approximately 50 - 100 words or 5 – 10 detailed bullet points**

1. A calm, unstressed environment in which the person with dementia follows a familiar routine can help to avoid some difficult behaviours
2. Try to keep the environment familiar. People with dementia can become upset if they find themselves in a strange situation or among a group of unfamiliar people where they feel confused and unable to cope
3. The frustration caused by being unable to meet other people's expectations may be enough to trigger a change in behaviour
4. If behaviour becomes difficult, it is best not to attempt any form of physical contact such as restraining, leading them away or approaching from behind.
5. It may be better to leave them alone until they have recovered, or call a friend or neighbour for support
6. Try not to take it personally
7. Try not to use a raised voice
8. Avoid punishment. The person may not remember the event and is therefore not able to learn from it
9. Speak slowly, in a calm and reassuring voice
10. Try not to become provoked or drawn into an argument

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

Assessment Task 10:

**Negotiating goals/aiming to achieve maximum quality of life**



Matthew has begun urinating in unusual places. There have been several instances with one family of another resident finding him urinating in their father's room.

Staff raised these behaviours as a concern. The specific behaviours were observed and documented accordingly. Staff realized for their brainstorming that Matthew is not actually incontinent but must be having problems interpreting where or what a toilet is.

1.

Suggest two (2) possible strategies to reduce Matthew's behavior.

**The suggested response for this question is approximately two (2) strategies 20 - 40 words each**

We can make the toilet roll easily identifiable or visible, we can schedule his toileting time, can do a behaviour assessment, we have to make sure client is wearing appropriate clothes which are easy to remove at the time of toileting.

None

✓ Satisfactory

✗ Not Satisfactory



**Assessors Comments (\* if applicable)**

-

**2.**

Where would you record your observations of Matthew's behavior?

***The suggested response for this question is approximately 20 - 40 words or 2 – 4 detailed bullet points***

We can keep record in progress charts, keep behaviour notes, can keep toileting chart, can write in a communication book.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

**3.**

What process would be necessary to review Matthew's behavior?

***The suggested response for this question is approximately 30 - 50 words or 2 – 5 detailed bullet points***

Can see his progress, by checking his behaviour chart on regular basis, by checking his progress notes, by observing him to reassure and encourage him to do the appropriate things.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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Assessment Task 11:

**Monitoring own stress levels whilst working with people with dementia / self-care strategies and seeking support if required.**



**1.**

Caring for people with dementia can be stressful and tiring. Why do you think this is so?

***The suggested response for this question is approximately 20 - 50 words or 3 – 5 detailed bullet points***

The physical and emotional demands of caring for someone with dementia can be high. As the amount of care that is needed increases, more time and energy is required from the carer. If you are caring for a person with dementia, you need to look after yourself or the demands may wear you down.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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2.

Briefly outline how a carer's emotional state (ie. tired / depressed), may impact on the care they provide to a resident / client with dementia.

**The suggested response for this question is approximately 20 - 50 words or 2 – 5 detailed bullet points**

If the carer is tired or stressed, it can become harder to care for a person with dementia. It is important for carers to continue activities they enjoy. Carers may experience feelings of guilt, grief, loss or anger.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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3.

a) What strategies could you use if a person with dementia was continually screaming your name and verbally abusing you during every shift?

**The suggested response for this question is approximately 20 - 50 words or 2 – 5 detailed bullet points**

We can stay calm and not give attention to them, can take some timeout, can change area of working with other staff member.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

-

b) How would you cope with this over time if this was happening every time you were rostered on?

**The suggested response for this question is approximately 10 - 30 words**

Can seek for counselling to relieve the emotional stress, will try to not to take it personally.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor's Response (if applicable):**

-

c) Who would you seek support from in your workplace?

**The suggested response for this question is approximately 10 - 30 words or 1 – 3 detailed bullet points**

Can talk to a good friend, coworker, supervisor, can talk to the facility counsellor if it is available, can use employ assistant program.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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4.

How might you provide support and guidance to your buddies suffering work related stress?

**The suggested response for this question is approximately 20 - 40 words or 2 – 4 detailed bullet points**

If any of the coworker says they are not feeling good I can listen to them to provide support. I can inform them about the support available to help them.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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Assessment Task 12:

**Use family carers and significant others as a resource to assist in developing appropriate activities by accessing information about client reminiscences and routines**



Anna, an 82 year old widow with early onset dementia, had lived at the facility for four years. She loved talking about golf and gardening. During the day, Anna weeded and hosed the shared garden while telling fantastic stories about her golfing days to anyone who would listen. As her dementia worsened so did her memory, gait and balance. One day, while she was hosing, Anna tripped and fell. The large cut on her scalp needed stitches and she had a black eye.

Staff thought she might break her hip next, so they gave her hip protectors and the manager told them to supervise Anna whenever she gardened. Anna refused to wear the hip protectors and was unhappy with staff telling her when she could go outside. Because her short-term memory was poor she forgot to tell staff when she wanted to go into the garden. Anna kept gardening until she had another fall, breaking her hip and tearing the skin on her arms and legs.

Fearing she would injure herself again, staff put Anna into a chair with a table insert to stop her walking as often as she had in the past. She was very agitated, her dementia worsened and it was harder to understand what she said. A staff member spoke to Anna's doctor about these changes and he prescribed a tranquiliser. Over time, Anna stopped talking altogether and for hours sat motionless in her chair. Her days of gardening and storytelling had come to an end.

1.

What is your duty of care when supporting Anna?

**The suggested response for this question is approximately 15 - 40 words**

It will be my responsibility to make sure that she is safe, I will ensure the safety and comfort of the Anna, can provider her person centred approach, will try to identify any behaviour of concern and will identify if any hazard.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

-

2.

What should have been done when Anna first fell?

**The suggested response for this question is approximately 20 - 50 words or 2 – 5 detailed bullet points**

Anna's garden should be accessed as a potential hazard, she can be assessed for the shoes she usually wear. She may need to use walking stick when she is in Garden.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

3.

List three (3) support people/services that may be able to assist you when working with Anna.

SUPPORT PERSON	BRIEF DESCRIPTION OF ROLE
Example: Previous Carers	Can provide you with information about any behaviours that a person may have
Family Member	Can provide information about the medical history of client and background.
Physiotherapist	Can assess with the mobility, physical movement, can check their balance.
GP (Doctor)	Can review level of dementia, can review medication.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

4.

Have staff modelled the least restrictive approach to Anna's care? If not, what did they do instead?

**The suggested response for this question is approximately 20 - 40 words or 2 – 4 detailed bullet points**

Yes, staff have modelled the least restrictive approach to Anna's care. They were preventing her from getting injury by going out and they were only allowing the activities which she likes the most.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

5.

What is meant by the term restraint?

Provide three (3) different examples of each type of restraint.

**The required response for this question is three (3) examples with a detailed description of 20 – 30 words each**

1. The act of stopping or holding back : the state of being stopped or held back.
2. A force or influence that stops or holds back.
3. Control over thoughts or feelings you're angry, but show restraint.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

6.

What is the difference between physical support and physical restraint?

**The suggested response for this question is approximately 20 - 40 words or 2 – 4 detailed bullet points**

Authorisation is not required for non-coercive physical assistance or support to enable activities of daily living or for therapeutic purposes. This is distinct from physical restraint, which restricts or subdues the movement of a person for the primary purpose of behavioural control.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

7.

What is the impact of social devaluation on Anna (and indeed all people with dementia)?

**The suggested response for this question is approximately 50 - 100 words or 5 – 10 detailed bullet points**

They may feel they are no longer in control and may not trust their own judgement. They may also experience the effects of stigma and social 'demotion' - not being treated the same way by people - as a result of their diagnosis. All of this can have a negative impact on the person's self-esteem. Dementia may also have an indirect effect on someone's self-esteem by affecting other areas of a person's life. Health issues, financial circumstances, employment status and, importantly, relationships with those around them may suffer.

None

✓ Satisfactory

✗ Not Satisfactory

**Assessors Comments (\* if applicable)**

-

Assessment Task 13:

## The social model of disability



1.  
Why is it important to contribute to team discussions on client support planning and review?

***The suggested response for this question is approximately 30 - 50 words or 3 – 5 detailed bullet points***

A team performance discussion lets all team members: Get the same information, at the same time. Contribute to planning, reviewing and assessing the performance of their team. Understand how their work fits into and supports the 'big picture' of strategic goals.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessors Comments (\* if applicable)**

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Assessment Task 14:

## Policies and Procedures



1.  
Why is it important to follow policies and procedures for the following protocols:

***The suggested response for this question is approximately 10 - 30 words or 1 – 3 detailed bullet points per response***

a) safety procedures

Policies & procedures can prevent workplace incidents with the correct safety measures in place if or when an incident occurs. They keep organisations from overlooking incidents, preventing them from turning into a crisis.

None	✓ Satisfactory	✗ Not Satisfactory
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b) completing documentation

It is important to minimize as much risk as possible. Documentation is a great tool in protecting against lawsuits and complaints. Documentation help ensure consent and expectations. It helps to tell the narrative for decisions made, and how yourself or the client responded to different situations.

None	✓ Satisfactory	✗ Not Satisfactory
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c) reporting incidents

Incident reporting systems enable you to: Minimise risk. Ensure that employees know how to report an incident. Ensure employees take care of the health and safety of themselves and others. Help you identify trends and incident types.

None	✓ Satisfactory	✗ Not Satisfactory
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d) treating clients as individuals

It is important to follow policies and procedures for treating clients as individuals because as a person they have their own needs.

None	✓ Satisfactory	✗ Not Satisfactory
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**Assessor comments ( \*if applicable)**

-

Assessment Task 15:

**Indications of neglect or abuse**



1.

Older people may be vulnerable to all forms of abuse.

Discuss with your class why this might be the case, then provide three (3) examples of each of the following types of abuse.

***The required response for this question is three (3) detailed examples for each section***

**a)**

Physical

Bruising, Pushing, Slapping, False Feeding.

None	✓ Satisfactory	✗ Not Satisfactory
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b)

Financial

Forcing someone to sign or change their will and sign financial documents. Withdrawing money from client account without their consent, taking or someone stealing from their home.

None	✓ Satisfactory	✗ Not Satisfactory
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c)

Social

Not talking to a person, stop interacting with them, isolating them.

None	✓ Satisfactory	✗ Not Satisfactory
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d)

Sexual

Interfering with person body, Stopping the elderly by not allowing them to express their sexuality.

None	✓ Satisfactory	✗ Not Satisfactory
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e)

Emotional

Not talking to the person, making them feel anxious and distress.

None	✓ Satisfactory	✗ Not Satisfactory
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f)

Neglect

Leaving the person in same clothing and bedding, not repositioning a person and not giving them their medications.

None	✓ Satisfactory	✗ Not Satisfactory
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### Evidence Upload

You are able to upload audio, video and any other evidence to support your task here , if required.

-

### Assessors Comments (\* if applicable)

-

Assessment Complete



# Well Done!

**You have now completed  
all the Assessment Tasks  
in this workbook.**

**Your Trainer will advise  
you on the next step in  
completing your course.**

Please note that the following pages in this workbook are  
Work Sample Evidence, Reasonable Adjustment,  
Feedback on the Assessments and Overall Mode One  
Assessment Outcome, these are only to  
be completed if required.

**Please click below to save and  
submit this workbook.**

### Evidence Upload for Work Sample

Here you are able to upload evidence of your work sample, this can be photographs, video or audio evidence along with any file required.

-

### Work Sample Evidence

Please identify the evidence that you upload in the table below

Attachment Number	Attachment Description	Attached Yes	Attached No
1.	-	<input type="checkbox"/>	<input type="checkbox"/>
2.	-	<input type="checkbox"/>	<input type="checkbox"/>
3.	-	<input type="checkbox"/>	<input type="checkbox"/>
4.	-	<input type="checkbox"/>	<input type="checkbox"/>
5.	-	<input type="checkbox"/>	<input type="checkbox"/>

### Students Comments

-

### Assessors Comments (\* if applicable)

-

Reasonable Adjustment Information

### Reasonable Adjustment Information

Reasonable Adjustment details applied to this student

### Confirmation of verbal responses if required

☐ I declare that the student and I have verbally answered, clarified and provided the responses as listed above.

### Verbal Response Upload

A audio recording along with any support evidence if required can be uploaded to the training record here.

-

### What reasonable adjustment was made:

-

**Why this adjustment was made:**

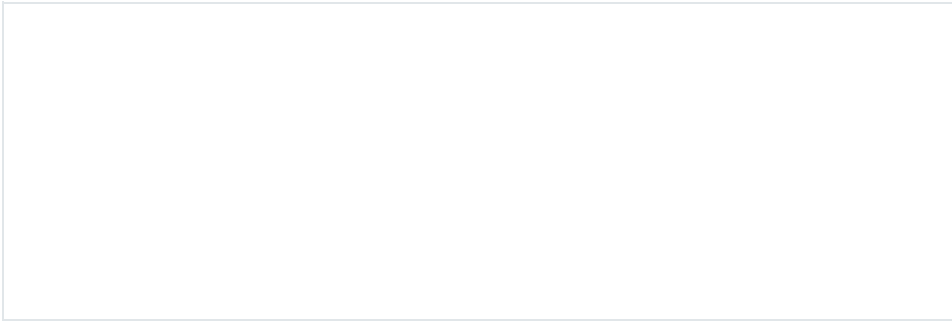
-

**Assessor Declaration**

☐ I confirm that the reasonable adjusts have been made as listed above.

**Assessor Signature**

If able please sign below:

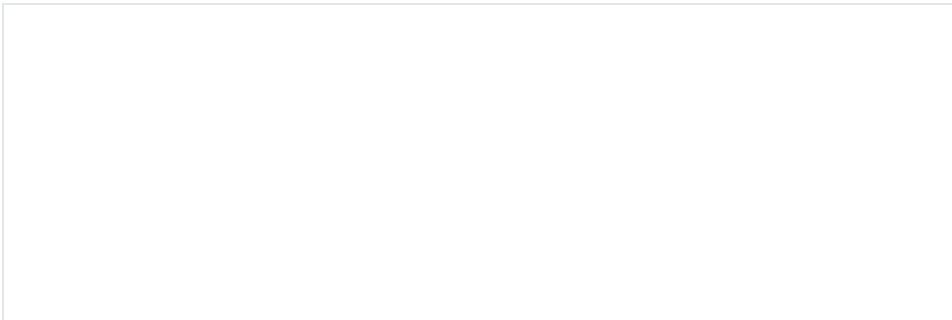


**Student Declaration**

☐ I agree with the reasonable adjustment made as listed above and I was consulted in the adjustments made to suit my individual needs.

**Student Signature**

If able please sign below:



**Feedback on the Assessments**

**Feedback Form Instructions:**

In an effort to continuously improve our Assessments, please feel free to document any feedback or suggestions you may have.

This feedback will be used by our programs and quality teams for further review and consideration.

**Feedback:**

-

**Overall Mode One Assessment Outcome**

Assessment Guide

Assessment Guide	
Satisfactory Outcome	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is satisfied that all requirements have been met.
Not Satisfactory Outcome	The Assessor has reviewed the Assessment Workbook against the requirements of the Assessment Mode and is not satisfied that all requirements have been met.

Student Instructions

You are able to SAVE this assessment if required and this will allow you continue to make changes,  
Once complete please SUBMIT this assessment.

Overall Assessment Outcome

None