# Case Study Task 3.1 – Assessor’s Checklist

*(This form is for the assessor’s use only)*

## **Purpose**

This *Assessor’s Checklist* lists the specific criteria that the candidate’s submission for **Case Study Task 3.1** must satisfactorily meet.

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Case Study Task 3.1.

## **Task Overview**

For this task, the candidate is required to complete the **Incident Report Form** in accordance with Lotus Compassionate Care’s guidelines and procedures, including:

* Specifying all unethical actions that you have observed/witnessed
* Providing an explanation of why the documented actions are unethical

In this task, the candidate will be assessed on their:

* Practical knowledge of unethical conduct.
* Practical skills relevant to documenting incidents in the workplace.

## **Instructions to the Assessor**

### Before the assessment

* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s Incident Report Form submission.
* For each criterion listed in this checklist:
  + Tick YES if you confirm the candidate’s submission satisfactorily meets the criterion.
  + Tick NO if you confirm the candidate’s submission does not satisfactorily meet the criterion.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will be helpful in addressing any area/s for improvement.

### After the assessment

* Complete all parts of the *Assessor’s Checklist*, including the *Assessor Declaration* on the last page of this form. Your signature must be handwritten.

## **Candidate Details**

|  |  |
| --- | --- |
| Candidate name |  |
| Title/designation |  |

## **Assessor Details**

|  |  |
| --- | --- |
| Candidate is assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| Resources required for the assessment | Lotus Compassionate Care’s Incident Report Form template |

## **Candidate Assessment Briefing**

|  |  |
| --- | --- |
| Date of assessment briefing |  |

|  |  |
| --- | --- |
| **The assessor confirms:** | **YES/NO** |
| 1. They have discussed with the candidate the workplace task they are required to complete for this assessment. | YES  NO |
| 1. The candidate understands they will be assessed while completing this workplace task, as well as any document(s) they will complete as part of this task. | YES  NO |
| 1. They have discussed with the candidate instructions how they are to undertake the workplace task. | YES  NO |
| 1. They have provided the candidate guidance on how they can satisfactorily complete the task. | YES  NO |
| 1. They have discussed with the candidate the criteria (listed below) they are required to meet to complete the task satisfactorily. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Assessor’s Checklist

| **The candidate’s Incident Report Form submission:** | **YES/NO** | **Assessor’s comments** |
| --- | --- | --- |
| 1. Records the following information:   **For a satisfactory performance, the information recorded must be consistent with the benchmark answers provided in the Assessor Guide.** |  |  |
| * 1. Details of the incident |  |  |
| 1. Name of facility | YES  NO |  |
| 1. Date of (or notification of) incident | YES  NO |  |
| 1. Name of person reporting the incident | YES  NO |  |
| 1. Time of (or notification of) incident | YES  NO |  |
| 1. Name of person incident is reported to | YES  NO |  |
| 1. Date & time reported | YES  NO |  |
| * 1. Details of the resident or community client |  |  |
| 1. Name of resident/client | YES  NO |  |
| 1. Date of birth (or age) | YES  NO |  |
| 1. Medical diagnosis and relevant history | YES  NO |  |
| 1. Sex | YES  NO |  |
| 1. Name of support worker assigned to client | YES  NO |  |
| 1. Date & time representative is notified | YES  NO |  |
| * 1. Incident Report |  |  |
| 1. Records observations relevant to the incident.   **For a satisfactory performance, the observations recorded must be consistent with the scenario provided.** | YES  NO |  |
| 1. Records explanations of why the recorded observations constitute an incident. | YES  NO |  |
| * 1. Details of witness/es |  |  |
| 1. Records the candidate’s name | YES  NO |  |
| 1. Records the address as N/A | YES  NO |  |
| 1. Records the phone number as N/A | YES  NO |  |
| 1. Records the signature of the person reporting | YES  NO |  |
| 1. Records the date that the document was signed | YES  NO |  |
| * 1. To be completed by the manager |  |  |
| 1. Does not record any information under this section of the form. | YES  NO |  |
| 1. Tick boxes under this section are not ticked or selected. | YES  NO |  |
| 1. Follows the Lotus Compassionate Care’s guidelines for documentation.   This includes: |  |  |
| 1. Putting a line through any errors, date and sign | YES  NO |  |
| 1. Using blue or black ink | YES  NO |  |
| 1. Writing neatly and legibly | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Incident Report Form submission for this workplace assessment task.  I confirm that the information recorded on this *Assessor’s Checklist* is true and accurately reflects the candidate’s submission for this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study - Assessor’s Checklist