# Case Study Task 2 – Observation Form

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

## **Purpose**

This *Observation Form* lists the practical skills that the candidate must demonstrate/perform while completing **Case Study Task 1.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study Task 1.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to do the following for the incident and corresponding injuries that happened during the simulated emergency situation:

1. Respond to Robert’s immediate needs, following workplace procedures.
2. Write a report with all the necessary details relevant to the incident that happened and the injuries resulting from the incident according to your organisation’s procedures.
3. Report the incident and corresponding injuries to designated persons according to your organisation’s procedures.

In this task, the candidate will be assessed on:

* Their practical knowledge of incidents and injuries that can happen in the workplace.
* Their practical skills in reporting incidents and injuries to designated persons according to organisational procedures.

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to organisational procedures for reporting incidents and injuries in the workplace and discuss these with the candidate.
* Contextualise the criteria in this observation form to reflect these procedures.
* Organise workplace resources required for the candidate to complete this assessment.
* Discuss this assessment task with the candidate, including the practical skills they need to demonstrate during this task and the criteria for satisfactorily demonstrating each skill.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Observe the candidate as they complete the Case Study Task.
* For each practical skill listed in this observation form:
  + Tick YES if you confirm you have observed the candidate demonstrate/perform the practical skill.
  + Tick NO if you have not observed the candidate demonstrate/perform the practical skill.
* If you ticked YES, provide the date when you observed the candidate demonstrate the skill.
* Write specific comments on the candidate’s performance in each criterion. Your feedback/insights will help address any area/s for improvement.

### After the assessment

* Complete all parts of the *Observation Form*, 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 observed and assessed by |  |
| Training Organisation |  |
| Relevant qualifications held |  |

## **Context of the Assessment**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| The organisation’s procedures for reporting incidents in the workplace | Assessor to list relevant procedures here |
| The organisation’s procedures for reporting injuries in the workplace | Assessor to list relevant procedures here |
| Resources required for the assessment | Accident Report template  Designated persons to report incidents and injuries to  Volunteers to act as clients |

## **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 practical skills (listed below) they are required to demonstrate while completing this task. | YES  NO |
| 1. They have addressed the candidate’s questions or concerns about the workplace task and the assessment process. | YES  NO |

# Observation Form

**Instructions to the Assessor:** Before the assessment, the criteria listed below must be contextualised further to reflect your organisation's procedures for reporting incidents in the workplace. Adapt or add more criteria below to ensure it reflects your organisation's procedures for reporting incidents in the workplace.

| **During the activity:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate responds to Robert’s immediate needs according to organisational procedures:   Assessor to contextualise the sub-criteria below to indicate the procedures that the candidate followed to respond to Lucy’s immediate needs.  *Add more rows as necessary* |  |  |  |
| * 1. The candidate visually inspects Robert's body for any signs of injury. | YES  NO |  |  |
| * 1. The candidate asks Robert to describe any pain that he is feeling. | YES  NO |  |  |
| * 1. The candidate applies first aid to the area of injury. | YES  NO |  |  |
| 1. The candidate reports the incident according to organisational procedures:   *Add more rows as necessary* |  |  |  |
| * 1. Submits the accident report completed for the incident to the designated persons.   Assessor to specify who the designated persons are:  Supervisor  HSR representative  Others: | YES  NO |  |  |

| **During the activity:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reports the injuries related to the incident according to organisational procedures:   *Add more rows as necessary* |  |  |  |
| * 1. Submits the accident report with details of the injuries to the designated persons.   Assessor to specify who the designated persons are:  Supervisor  HSR representative  Others: | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report incidents and injuries according to organisational procedures.  I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of the workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form