# Workplace Assessment Task 2.3 – 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 **Workplace Assessment Task 2.3.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 2.3.

## **Task Overview**

For this task, the candidate is required to meet with their supervisor, HR manager or other appropriate person that was identified in *Preliminary Task – Before Proceeding With Workplace Assessment Task 2.1 – 3.2* to discuss the issues they have identified.

In this task, the candidate will be assessed on:

* Practical skills relevant to reporting issues in the workplace

## **Instructions to the Assessor**

### Before the assessment

* 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 Workplace Assessment 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 |  |
| Workplace supervisor |  |
| Workplace policy and procedures for reporting breaches | Policy  Assessor to specify the policy here  Procedures  Assessor to specify the procedures here |
| Resources required for the assessment | Meeting Minutes template, or the organisation’s template for recording meeting minutes  Organisation/workplace (or similar environment) where the candidate will complete this assessment.  Current legislation, regulations and codes of practice  Organisation policies, procedures and protocols  Issues Log submission from Workplace Assessment Task 2.2 |

## **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

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |

**TO THE ASSESSOR: The criteria below is not based on any specific workplace activity. Before the assessment, you must adapt and contextualise the criteria below so that they align with the workplace activity that the candidate must perform as part of this assessment, as specified in** ***Preliminary Task: Before Proceeding With Workplace Assessment Task 2.1 – 3.2*.**

| **During the meeting with the supervisor, HR manager or other appropriate person:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses the issue/s they have identified corresponding to a potential breach of legal requirements.   This includes |  |  |  |
| * 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| * 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| * 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| * 1. Stating the legal requirement/s that will be breached | YES  NO |  |  |
| * 1. Stating the possible impact that the issue may have on the company | YES  NO |  |  |
| * 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| * 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| * 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| * 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate discusses the issue/s they have identified corresponding to an actual breach of legal requirements.   This includes |  |  |  |
| 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| 1. Stating the legal requirement/s that were breached | YES  NO |  |  |
| 1. Stating the actual impact that the issue had on the company | YES  NO |  |  |
| 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate discusses the issues they have identified corresponding to a potential breach of ethical requirements.   This includes |  |  |  |
| 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| 1. Stating the ethical requirement/s that will be breached | YES  NO |  |  |
| 1. Stating the possible impact that the issue may have on the company | YES  NO |  |  |
| 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate discusses the issues they have identified corresponding to a potential ethical dilemma.   This includes |  |  |  |
| 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| 1. Stating the ethical requirement/s that will be breached | YES  NO |  |  |
| 1. Stating the possible impact that the dilemma may have on the company | YES  NO |  |  |
| 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate discusses the issue/s they have identified corresponding to a potential conflict of interest.   This includes |  |  |  |
| 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| 1. Stating the ethical requirement/s that will be breached | YES  NO |  |  |
| 1. Stating the possible impact that the issue may have on the company | YES  NO |  |  |
| 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate discusses the issue/s they have identified corresponding to an actual conflict of interest.   This includes |  |  |  |
| 1. Stating the description of the events and observations relevant to the issue. | YES  NO |  |  |
| 1. Stating the name of all people/ personnel involved | YES  NO |  |  |
| 1. Stating the time when the events or observations were noticed by the candidate | YES  NO |  |  |
| 1. Stating the ethical requirement/s that will be breached | YES  NO |  |  |
| 1. Stating the possible impact that the issue may have on the company | YES  NO |  |  |
| 1. Stating the actions taken by the candidate in response to the issue | YES  NO |  |  |
| 1. Asking the supervisor, HR manager or appropriate person if they have any questions regarding the issue being discussed. | YES  NO |  |  |
| 1. Answering questions regarding any aspect of the issue being discussed. | YES  NO |  |  |
| 1. Confirming with the supervisor, HR manager or appropriate person if they need to perform any additional actions to resolve the issue. | YES  NO |  |  |
| 1. The candidate confirms all action items that must be performed to fully address all issues reported. |  |  |  |
| 1. The candidate enumerates all action items discussed. | YES  NO |  |  |
| 1. The candidate asks who will be assigned to carry out each action item. | YES  NO |  |  |
| 1. The candidate asks the due date for each action item. | YES  NO |  |  |
| 1. The candidate records all important information regarding the meeting into the Minutes Meeting Template, or the organisation’s template for recording meeting minutes. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, meet with their supervisor, HR manager or other appropriate person to discuss the issues they have identified.  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 Workplace Assessment – Observation Form