# Workplace Assessment Task 7 – 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 **Workplace Assessment Task 7** must satisfactorily meet.

This form is to be completed by the candidate’s assessor to document their assessment of the candidate’s submission in Workplace Assessment Task 7.

## **Task Overview**

For this task, the candidate is required to reflect on the following:

1. Ways to maintain currency of safe work practices in regard to workplace systems, equipment and processes in own work role
2. Own levels of stress and fatigue while working in direct client care

In this task, the candidate will be assessed on:

* Their practical knowledge of the following:
  + Ways to maintain currency of safe work practices
  + Stress and fatigue associated with working in direct client care
* Their practical skills in the following:
  + Reflecting on ways to maintain currency of safe work practices in regard to workplace systems, equipment and processes in own work role
  + Reflecting on own levels of stress and fatigue while working in direct client care

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to the organisation’s procedures for reflecting on own levels of stress and fatigue and discuss these with the candidate.
* Organise workplace resources required for the candidate to complete this assessment.
* Contextualise the criteria in this assessor’s checklist to be consistent with the organisation’s procedures for reflecting on own levels of stress and fatigue.
* 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 Reflective Journal 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 |  |
| The organisation’s procedures relevant to reflecting own levels of stress and fatigue | Assessor to list relevant procedures here |
| Resources required for the assessment | Reflective journal 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 Reflective Journal submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Indicates the candidate’s reflection on their stress levels as they work in direct client care, including: |  |  |
| * 1. Causes of stress in the workplace (e.g. heavy workload, poor working conditions etc.) | YES  NO |  |
| * 1. Situations that they were recently involved in that caused stress (e.g. confrontations with clients, lack of support from colleagues etc.) | YES  NO |  |
| * 1. How they felt as a result of the stressors that they mentioned | YES  NO |  |
| * 1. Symptoms of stress that they have been feeling recently (e.g. anxiety, irritability, loss of concentration etc.) | YES  NO |  |
| * 1. Actions that they can take to reduce their own stress levels | YES  NO |  |
| * 1. Support that they need from their colleagues and supervisors in order to reduce their stress levels | YES  NO |  |
| 1. Indicates the candidate’s reflection on their fatigue levels as they work in direct client care, including: |  |  |
| 1. Causes of fatigue in the workplace (e.g. shift schedules, prolonged physical activity, lack of opportunity to rest etc.) | YES  NO |  |
| 1. Signs of fatigue that they have been feeling recently (e.g. exhaustion, slow reflexes, loss of concentration etc.) | YES  NO |  |
| 1. Actions that they can take to reduce their own fatigue levels | YES  NO |  |
| 1. Support that they need from their colleagues and supervisors in order to reduce their fatigue levels | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Reflective Journal submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Indicates candidate’s reflection on safe work practices including: |  |  |
| 1. Workplace systems associated with each practice | YES  NO |  |
| 1. Workplace equipment associated with each practice | YES  NO |  |
| 1. Workplace process associated with each practice | YES  NO |  |
| 1. How to maintain currency of practice | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Reflective Journal 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 Workplace Assessment - Assessor’s Checklist