# Workplace Assessment Task 8 – 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 8.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 8.

## **Task Overview**

For this task, while being observed by the assessor, the candidate is required to participate in a workplace debriefing. During the debriefing the candidate must:

* Report their levels of stress and fatigue to designated persons according to workplace procedures
* Discuss actions to address their individual needs

In this task, the candidate will be assessed on:

* Their practical skills relevant to reporting own levels of stress and fatigue to designated persons according to workplace procedures.
* Their practical skills relevant to addressing own individual needs through a workplace debriefing

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with workplace documents relevant to procedures for workplace debriefing and reporting levels of stress and fatigue to designated persons and discuss these with them.
* 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 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 |  |
| The organisation’s procedures relevant to workplace debriefing and reporting levels of stress and fatigue to designated persons | Assessor to list relevant procedures here |
| Resources required for the assessment | Meeting minutes template  Copy of Reflective Journal from Task 7  Designated persons to report levels of stress and fatigue to |

## **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 workplace debriefing and reporting levels of stress and fatigue to designated persons. Adapt or add more criteria below to ensure it reflects your organisation's procedures for workplace debriefing and reporting levels of stress and fatigue to designated persons.

| **During the workplace debriefing:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate follows organisational procedures for reporting their levels of stress and fatigue. |  |  |  |
| 1. The candidate reports to the designated person/s.   Assessor to specify who the candidate should report to:  Supervisor  Human resources officer  Others: | YES  NO |  |  |
| 1. The candidate discusses their reflection on their stress and fatigue levels based on their reflective journal. | YES  NO |  |  |
| 1. The candidate discusses workplace experiences and individual needs related to these. |  |  |  |
| 1. The candidate shares about their own workplace experiences and the impact of these on their wellbeing. | YES  NO |  |  |
| 1. The candidate shares how their workplace experiences affected their individual needs.   Individual needs may include the need for rest, counselling, training, and/or additional supervision and guidance. | YES  NO |  |  |

| **During the workplace debriefing:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses ways to address the individual needs identified. |  |  |  |
| 1. The candidate shares possible strategies to address needs (e.g. self-care strategies, support services etc.) | YES  NO |  |  |
| 1. The candidate seeks advice from designated persons to address individual needs. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report their levels of stress and fatigue.  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