# Case Study 1 Task 1.3 – 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 1 Task 1.3** 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 1 Task 1.3.

## **Task Overview**

For this task, the candidate is required to conduct risk management prior to facilitating the required support activities.

The risk management they conduct must include the following:

* Identifying hazards and risks associated with these hazards.
* Assessing the risks identified.
* Eliminating or minimising the risks identified.
* Seeking assistance for hazards and risks that are beyond the scope of their role and responsibilities.
* Reporting these outcomes to the supervisor.

The candidate must be observed by the assessor and supervised by the supervisor while completing this task.

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

* Practical knowledge of hazards and risks in individualised support.
* Practical skills relevant to risk management, including identifying hazards, assessing risks, eliminating and minimising risks, and referring risks.

## **Instructions to the Assessor**

### Before the assessment

* Organise access to the environment and resources required to complete this assessment, including:
  + One volunteer to act as the client
* Advise you on the time and location of the assessment.
* Discuss with you the requirements listed in the Assessor’s Checklist prior to the assessment.
* Discuss with you the practical skills listed in the Observation Form prior to the assessment.
* Brief you on your role in this assessment.
* Brief your volunteer/s on their role in the assessment.
* Address your queries and concerns regarding this task.

### During the assessment

* Review the candidate’s progress notes 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 |  |
| Workplace supervisor |  |
| Direct support context | aged care  home and community  disability  community service  Others (please specify): |
| Resources required for the assessment | Simulated environment where the candidate will complete this assessment  A volunteer to act as the workplace supervisor  A volunteer to act as the other support staff in the organisation  Abraham’s individualised support plan/care plan  Resources to conduct risk management, including but not limited to:  Areas to inspect  Risk management templates or forms, e.g., hazard identification form, risk register, safety checklists, etc. (or similar documents) |

## **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 Risk Assessment Document submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Documents the hazards they identified |  |  |
| * 1. The assessor confirms these are consistent with the actual hazards identified in the site/area inspected. | YES  NO |  |
| 1. Documents the risks associated with the hazards identified. |  |  |
| * 1. The assessor confirms the risks identified are relevant to the actual hazards identified in the site/area inspected. | YES  NO |  |
| 1. Indicates the likelihood of an accident occurring as a result of each hazard   E.g.,   * Almost certain * Likely * Possible * Unlikely * Rare |  |  |
| * 1. The assessor confirms these are consistent with the likelihood of risks arising actual hazards present in the site/area inspected. | YES  NO |  |
| 1. Indicates the potential consequence occurring as a result of each hazard   E.g.,   * Negligible * Minor * Moderate * Major * Severe |  |  |
| * 1. The assessor confirms these are consistent with the consequences of risks arising actual hazards present in the site/area inspected. | YES  NO |  |

|  |  |  |
| --- | --- | --- |
| **The candidate’s Risk Assessment Document submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Indicates the risk rating for each hazard identified based on its likelihood and consequence   E.g.,   * Low * Medium * High * Very high | YES  NO |  |

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

End of Case Study – Assessor’s Checklist