# Case Study 2 Task 2.5 – 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 2 Task 2.5.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Case Study 2 Task 2.5.

## **Task Overview**

For this task, the candidate is required to facilitate a support activity for their client in each of the following areas:

* Bed bathing
* Shaving
* Changing the colostomy bag
* Assisting a person in taking pre-packaged medication
* Transferring from a wheelchair to a car
* Falls recovery, specifically transferring from floor to a wheelchair

They must:

* Follow the person’s individualised support/care plan.
* Follow the organisation’s policies and procedures for providing support.

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

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

* Practical knowledge of the person’s individualised support/care plan and relevant service standards, policies, and procedures.
* Practical skills relevant to providing individualised support.

## **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
  + Aids, devices/appliances, and equipment.
  + Facilities, resources, and equipment used to provide individualised support in the following areas:
    - Bed bathing
    - Shaving
    - Changing the colostomy bag
    - Assisting a person in taking pre-packaged medication
    - Transferring in and out of the car
    - Falls recovery
* Advise you on the time and location of 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

* 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 |  |
| Resources required for the assessment | Simulated environment where the candidate will complete this task  Organisational policies and procedures relevant to providing individualised support  Legislative requirements and written direction from the health professional relevant to taking pre-packaged medication  A volunteer to act as Henry  Henry’s individualised support plan/care plan  Aids, devices/appliances, and equipment used by the client  Facilities or equipment used to provide individualised support in the following areas:  Bed bathing  Shaving  Transferring a person in and out of a car  Falls recovery  Taking pre-packaged medication |

## **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 on 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

## **Part I. Bed Bathing**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| * 1. Doors are closed | YES  NO |  |  |
| * 1. Curtains/blinds are drawn | YES  NO |  |  |
| 1. The candidate makes sure the room’s temperature is comfortable for the client. |  |  |  |
| 1. The candidate closes the windows to avoid drafts. | YES  NO |  |  |
| 1. The candidate makes sure the room is warm. | YES  NO |  |  |
| 1. The candidate asks the client if they are comfortable with the temperature. | YES  NO |  |  |
| 1. The candidate changes the temperature of the room as needed. | YES  NO |  |  |
| 1. The candidate prepares the necessary materials, including: |  |  |  |
| 1. Toiletries | YES  NO |  |  |
| 1. Wash clothes | YES  NO |  |  |
| 1. Towels | YES  NO |  |  |
| 1. Washbasin | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Waterproof sheet to keep the bed dry | YES  NO |  |  |
| 1. Any flat surface to place the basin and other items on | YES  NO |  |  |
| 1. The candidate prepares the space, materials, and person for the bed bath. This includes: |  |  |  |
| 1. Placing the waterproof sheet beneath the client | YES  NO |  |  |
| 1. Filling up the washbasin with warm water | YES  NO |  |  |
| 1. Checking if another person is required for the bed bath, particularly for rolling the client onto their side | YES  NO |  |  |
| 1. Taking precautions to ensure the client cannot fall out of bed during the bath | YES  NO |  |  |
| 1. Washing and sanitising their hands and putting on gloves, if necessary. | YES  NO |  |  |
| 1. Placing basin and other items on a flat and secure surface | YES  NO |  |  |
| 1. The candidate provides support to the client during bed bathing. |  |  |  |
| 1. The candidate gets the client to lie on their back, with their legs slightly separated and arms loosely by their side. | YES  NO |  |  |
| 1. The candidate encourages the client to undress as much as they can. | YES  NO |  |  |
| 1. The candidate covers the client with a single sheet to maintain their privacy. | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate encourages the client to wash as much as they can by themselves and: | YES  NO |  |  |
| 1. The candidate assists them as they do so by finishing any incomplete areas for them. | YES  NO |  |  |
| 1. The candidate washes the face, neck, and armpits with the washcloth. | YES  NO |  |  |
| 1. The candidate washes their chest, stomach, and limbs one at a time. | YES  NO |  |  |
| 1. The candidate washes skin folds and between fingers and toes. | YES  NO |  |  |
| 1. The candidate pats the client’s body part dry with a towel as they go. | YES  NO |  |  |
| 1. The candidate rolls the client onto their side to wash and dry the back surfaces of their body. | YES  NO |  |  |
| 1. The candidate offers a bedpan or urinal. | YES  NO |  |  |
| 1. The candidate washes the private areas of the client last. | YES  NO |  |  |
| 1. The candidate changes the water prior to this process to ensure that the water used is clean. | YES  NO |  |  |

## **Part II. Shaving**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a private space. |  |  |  |
| 1. Doors are closed | YES  NO |  |  |
| 1. Curtains/blinds are drawn | YES  NO |  |  |
| 1. The candidate prepares for the support activity. |  |  |  |
| 1. The candidate gathers the necessary materials for the activity.   The assessor to specify the materials required (tick all that apply).  Electric or blade razor  Shaving cream  Aftershave or body lotion  Sink or other clean water sources  Towels  Mirror  Others: | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate prepares the space.   This involves ensuring that: |  |  |  |
| 1. all types of razors are free from chips or rust on the blades | YES  NO |  |  |
| 1. electric razors are not used around water or where oxygen is used | YES  NO |  |  |
| 1. used razor blades are always disposed | YES  NO |  |  |
| 1. the location is well-lit and has enough space for the client to shave. | YES  NO |  |  |
| 1. The candidate assists the client in shaving.   This involves: |  |  |  |
| 1. Encouraging the client to shave as much as possible on their own. | YES  NO |  |  |
| 1. Instructing the client on the safe and correct handling of the use of razors beforehand. | YES  NO |  |  |
| 1. Wearing disposable gloves when assisting the client in shaving. | YES  NO |  |  |
| 1. Assisting the client to check their skin for moles, birthmarks, or cuts. | YES  NO |  |  |

| **During this task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Assisting the client in preparing the materials for the activity: |  |  |  |
| 1. plugging the electric razor into an outlet. | YES  NO |  |  |
| 1. Instructing the client on how to safely turn on the electric razor. | YES  NO |  |  |
| 1. Explaining the safety of using the razor away from water. | YES  NO |  |  |
| 1. Assisting the client to use a mirror while shaving their face or under their arms. | YES  NO |  |  |
| 1. Using gentle, even pressure as the electric razor moves over the client’s skin. | YES  NO |  |  |
| 1. Demonstrating to the client to run their hand over the shaved area to locate any missed hair. | YES  NO |  |  |
| 1. Demonstrating how to clean hair from the blades as needed during the activity. (The device must be unplugged when doing this) | YES  NO |  |  |
| 1. Assisting them in applying the body lotion/aftershave. | YES  NO |  |  |
| 1. Offering the client, a mirror. | YES  NO |  |  |
| 1. Cleaning and storing all the materials used for the activity. | YES  NO |  |  |
| 1. Encouraging the client to wash their hands after shaving. | YES  NO |  |  |

## **Part III. Taking Pre-Packaged Medication**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |
| Pre-packaged medication to be taken by the client/administered to the client. |  |
| Written directions from the health professional to be followed by the candidate |  |
| Organisational policies and procedures to be followed by the candidate. |  |
| Legislative requirements to be followed by the candidate. |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses and reviews the written directions from the client’s health professional.   The assessor to specify how the candidate accesses these written directions (at least one is required):  The supervisor provides the candidate with a copy of the health professional’s written directions.  The candidate accesses the written directions through the client’s individualised support plan (or other similar records)  Medication schedule) | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate checks that they are assisting the **right person.**   The candidate does this by: |  |  |  |
| 1. Confirming with the client their name against the name indicated on the pre-packaged medication. | YES  NO |  |  |
| * + 1. The assessor checks and confirms the name matches. | YES  NO |  |  |
| 1. Confirming with the client their date of birth against the date of birth indicated on the pre-packaged medication. | YES  NO |  |  |
| 1. The assessor checks and confirms the date of birth matches. | YES  NO |  |  |
| 1. Checking the medical record number (MRN) against the MRN on the pre-packaged medication. | YES  NO |  |  |
| 1. The assessor checks and confirms the MRN matches. | YES  NO |  |  |
| 1. The candidate checks that they have **the right medication.**   The candidate does this by reviewing the medication name three times: |  |  |  |
| 1. When retrieving the medication from storage. | YES  NO |  |  |
| 1. When the medication is being prepared. | YES  NO |  |  |
| 1. When the medication is brought to the client. | YES  NO |  |  |
| 1. The assessor checks and confirms that it is the right medication. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate checks that they have **the right dose** by inspecting the dosage on the pre-packaged medication against the directions from the client’s health professional. |  |  |  |
| 1. The assessor checks and confirms that the dose is correct. | YES  NO |  |  |
| 1. The candidate assists the client in taking the pre-packaged medication at the **right time/timing.**   Assessor to specify the correct time the medication is to be taken/administered:  After meals  Before meals  Two times a day  Three times a day  AM and PM  Every after       hour/s. |  |  |  |
| 1. The assessor checks and confirms that the timing is correct. | YES  NO |  |  |
| 1. The candidate assists the client in taking the pre-packaged medication through the **right route.**   Assessor to specify the correct route the medication is to be taken/administered:  Orally  Ocular route  Nasal route  Otic route  Injection |  |  |  |
| 1. The assessor checks and confirms that the administration route is correct. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in taking the pre-packaged medication for the **right reason.** |  |  |  |
| 1. The assessor checks and confirms that the client takes the medication for the right reason (e.g., client who has hypertension takes medication for their hypertension) | YES  NO |  |  |
| 1. The candidate documents the administration of the pre-packaged medication.   The assessor to specify where the candidate documented the administration:  Medication chart  Progress notes | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures for assisting a person in taking their pre-packaged medication.   The assessor to contextualise the criteria below so that they align with the policies and procedures of the candidate’s organisation. |  |  |  |
| 1. Checking expiration date. | YES  NO |  |  |
| 1. Disposing expired medication. | YES  NO |  |  |
| 1. Documentation of administration in the medication chart. | YES  NO |  |  |
| 1. Consulting with the health professional directly if there are issues or concerns regarding the directions provided. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate follows legislative requirements for assisting a person in taking their pre-packaged medication.   The assessor to contextualise the criteria below so that they align with the relevant legislative requirements. |  |  |  |
| 1. Right to be educated   The candidate explains the following to the client: |  |  |  |
| 1. The medication they are taking | YES  NO |  |  |
| 1. The ingredients and potential side effects of the medication | YES  NO |  |  |
| 1. Why they are taking the medication | YES  NO |  |  |
| 1. How the medication will help them | YES  NO |  |  |
| 1. Right to refuse medication   **If the client did not refuse the medication, this part of the observation form might be simulated with a volunteer.** |  |  |  |
| 1. The candidate did not force the client to take the medication if they refused. | YES  NO |  |  |
| 1. The candidate documented the client’s refusal to take the medication, including their reasons. | YES  NO |  |  |
| 1. The candidate notified the supervisor upon the client’s refusal to take the medication. | YES  NO |  |  |

## **Part IV. Changing the Colostomy Bag**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a safe and secure space. | YES  NO |  |  |
| 1. The candidate prepares the following materials: |  |  |  |
| 1. Disposal bag | YES  NO |  |  |
| 1. Bowl of warm water | YES  NO |  |  |
| 1. Cleaning cloth | YES  NO |  |  |
| 1. Dry towel | YES  NO |  |  |
| 1. New colostomy bag | YES  NO |  |  |
| 1. Anti-adhesive spray | YES  NO |  |  |
| 1. The candidate washes their hands. | YES  NO |  |  |
| 1. The candidate instructs the client to wash their hands. | YES  NO |  |  |
| 1. The candidate sprays anti adhesive on the area around the stoma. | YES  NO |  |  |
| 1. The candidate removes the bag gently from the client’s stoma by doing the following: |  |  |  |
| 1. Asking the client to press down from the area above their stoma | YES  NO |  |  |
| 1. Slowly peeling the bag off | YES  NO |  |  |
| 1. The candidate disposes of the used bag properly. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate cleans the surrounding skin using a cleaning cloth and warm water. | YES  NO |  |  |
| 1. The candidate dries the stoma using a clean towel. | YES  NO |  |  |
| 1. The candidate places a new bag over the stoma by rolling the bag over the stoma from the bottom. | YES  NO |  |  |
| 1. The candidate washes their hands. | YES  NO |  |  |
| 1. The candidate instructs the client to wash their hands. | YES  NO |  |  |

## **Part V. Transferring A Person in and Out of a Car**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate facilitates the activity with the client in a safe and secure space. | YES  NO |  |  |
| 1. The candidate assists the client in transferring from a wheelchair to a car.   This involves: |  |  |  |
| 1. Positioning the client alongside the car. |  |  |  |
| * 1. The client should be behind the door of the car side they will enter. | YES  NO |  |  |
| 1. Informing the client about the transfer and what they will do. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Talking them through the process while transferring them into the car. | YES  NO |  |  |
| 1. Ensuring that the brakes of the wheelchair have been applied. | YES  NO |  |  |
| 1. Moving the client’s legs from the footrests of the wheelchair. | YES  NO |  |  |
| 1. Detaching the footrests from the wheelchair | YES  NO |  |  |
| 1. Letting the client know that they will begin the transfer. | YES  NO |  |  |
| 1. Placing their legs apart with the client’s legs in between their legs. | YES  NO |  |  |
| 1. Getting as close as possible so that they avoid arching their back. | YES  NO |  |  |
| 1. Placing their arms underneath the armpits of the client and laying their hands on their back. | YES  NO |  |  |
| 1. Making sure that their knees are bent and their back is straight to avoid injury. | YES  NO |  |  |
| 1. Lifting the client into a standing position. | YES  NO |  |  |
| 1. Taking small steps backward, keeping their arms and hands in the same position until they are positioned behind the car door.   The client should be positioned beside the car seat. | YES  NO |  |  |
| 1. Letting the client choose whether they want to hold onto the car for extra support. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Turning the client until their back is facing the passenger seat. | YES  NO |  |  |
| 1. Re-positioning the client’s arms and hands. | YES  NO |  |  |
| 1. Slowly lowering the client onto the seat, bending their knees as they go. | YES  NO |  |  |
| 1. Placing their right arm underneath their legs once the client is seated. | YES  NO |  |  |
| 1. Swinging the client’s legs into the car using their right arm. | YES  NO |  |  |
| 1. Encouraging the client to buckle their seat belt once the client is comfortable. | YES  NO |  |  |
| 1. Ensuring that the client’s hands, arms, and legs are inside the car.   Once they are secured, the car door should be closed. | YES  NO |  |  |
| 1. The candidate assists the client in getting out of the car.   This involves: |  |  |  |
| 1. Positioning the client’s wheelchair and position it alongside the car. | YES  NO |  |  |
| 1. Ensuring that the brakes of the wheelchair have been applied. | YES  NO |  |  |
| 1. Opening the car door and asking the client to unbuckle their seatbelt. | YES  NO |  |  |
| 1. Informing the client about the transfer and what they will do. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Supporting the client’s back using their left arm, laying their left-hand flat on the far side of their back. | YES  NO |  |  |
| 1. Positioning their right arm underneath your client’s legs. | YES  NO |  |  |
| 1. Swinging the client’s legs out of the car. | YES  NO |  |  |
| 1. Ensuring to keep the client’s back straight as much as possible to make sure they are comfortable. | YES  NO |  |  |
| 1. Moving their arms underneath the client’s armpits, with their hands flat on their back. | YES  NO |  |  |
| 1. Lifting the person out of the car seat. | YES  NO |  |  |
| 1. Ensuring that the client’s head does not hit the roof of the car. | YES  NO |  |  |
| 1. Getting the client to take a few steps back until they can feel the chair on the back of their legs once they are both standing | YES  NO |  |  |
| 1. Getting the client to grasp the arm of the chair and lean forward. | YES  NO |  |  |
| 1. Allowing the client to sit on the wheelchair slowly, using armrests for support. | YES  NO |  |  |
| 1. Making sure that their knees are bent, and their back is straight to avoid injury. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Attaching the footrests to the wheelchair. | YES  NO |  |  |
| 1. Positioning the client’s feet on the footrest once they are attached. | YES  NO |  |  |
| 1. Removing the brakes before moving the client with the wheelchair once the client is seated comfortably. | YES  NO |  |  |

## **Part VI. Falls Recovery**

|  |  |
| --- | --- |
| Date of and time of assessment |  |
| Location of assessment  **Please do not provide the client’s home address.** |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate assists the client in falls recovery.   This involves: |  |  |  |
| 1. Reassuring the client when they fall. They may be in pain or embarrassment due to what happened. | YES  NO |  |  |
| 1. Checking the client for any injuries. | YES  NO |  |  |
| 1. Observing the vital signs of the client. | YES  NO |  |  |
| 1. Providing treatment as needed. | YES  NO |  |  |
| 1. Calling for help from other staff or supervisors, as necessary. | YES  NO |  |  |
| 1. Notifying the client’s support team and supervisors. | YES  NO |  |  |

| **During this workplace task:** | | **YES/NO** | **Date observed** | | **Assessor’s comments** | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The candidate provides recovery support to the client in accordance with their individualised support plan.   Including: |  | | |  | |  |
| 1. Instructions on how to support the client in falls recovery. | YES  NO | | |  | |  |
| 1. The client’s support requirements in relation to fall recovery. | YES  NO | | |  | |  |
| 1. Whom to notify if the client had a fall. | YES  NO | | |  | |  |
| 1. The candidate transfers the candidate to a wheelchair.   The candidate: |  | | |  | |  |
| 1. Explains the process that they will follow to transfer the client to the wheelchair | YES  NO | | |  | |  |
| 1. Confirms that the client is comfortable and ready to be transferred | YES  NO | | |  | |  |
| 1. Positions the hoist close to the person | YES  NO | | |  | |  |
| 1. Attaches the sling to the hoist using the appropriate connectors | YES  NO | | |  | |  |
| 1. Ensures that the hoist and sling are secure | YES  NO | | |  | |  |
| 1. Places the sling under the client such that it supports their body and allows them to be lifted comfortably | YES  NO | | |  | |  |
| 1. Uses the hoist to lift the client gently off the ground | YES  NO | | |  | |  |
| 1. Slowly moves the hoist towards the wheelchair | YES  NO | | |  | |  |
| 1. Lowers the person gently into the seat | YES  NO | | |  | |  |

| **During this workplace task:** | | **YES/NO** | **Date observed** | | **Assessor’s comments** | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Checking the person if they are seated comfortable | YES  NO | | |  | |  |
| 1. Releasing the hoist and moving it away | YES  NO | | |  | |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, provide individualised support to the client in each of the following areas:   * Bed bathing * Shaving * Changing the colostomy bag * Assisting a person in taking pre-packaged medication * Transferring in and out of the car * Assisting Henry in falls recovery   I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during the completion of this task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Observation Form