# Workplace Assessment Task 1 – 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 1.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 1.

## **Task Overview**

For this task, the candidate is required to access and carefully review the following:

* The individualised support/care plan of the person they will be supporting through Tasks 2 – 7.
* Organisational policies and procedures for providing support, including policies and procedures for:
  + Assembly of equipment, devices, and aids
  + Providing and monitoring individualised support
  + Duty of care
  + Dignity of risk
  + Maintaining client privacy and confidentiality
  + Health and safety
  + Infection control
  + Reporting and documentation
* They will need to follow these policies and procedures when completing Tasks 2 – 7.

Additionally, the candidate is required to meet with their supervisor to confirm whether they have understood these individualised support/care plan, policies, and procedures correctly.

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 confirming and clarifying the individualised support/care plan and relevant service standards, policies, and procedures.

## **Instructions to the Assessor**

### Before the assessment

* Contextualise the performance benchmarks outlined in this *Observation Form* so that they align with:
  + The context of direct support work in which the candidate will provide support – aged care, home and community care, disability, or community service.
  + Relevant legal and regulatory requirements and service standards, as well as those specific requirements from the relevant own state/territory.
  + Relevant policies, processes, and procedures from your RTO or the candidate’s organisation/workplace.
  + Individualised support plans, including the goals, needs, preferences of the clients whom the candidate will be supporting in this assessment.
* Organise workplace resources required for 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 |  |
| Direct support context | Aged care  Home and community  Disability  Community service  Others (please specify): |

|  |  |
| --- | --- |
| Resources required for the assessment | Direct support work environment in at least one aged care, home and community, disability, or community service organisation  Workplace supervisor  Organisational policies and procedures relevant to providing support including:  Assembly of equipment, devices, and aids  Providing and monitoring individualised support  Duty of care  Dignity of risk  Maintaining client privacy and confidentiality  Health and safety  Infection control  Reporting and documentation  Individualised support plans |
| Contextualisation | Assessor to specify below contextualisation they have done to this observation form.  State/territory legislation, regulations, and standards  Workplace systems, policies, and procedures  Equipment, tools, and facilities available in the candidate’s workplace/training organisation  Direct support context (indicated above)  Client’s individualised support plan, including their needs, preferences, and goals.  Others (please specify):  Summary:  Assessor to provide a summary of the contextualisation done here |

## **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

**IMPORTANT: The unit of competency *CHCCCS031 – Provide individualised support* *(Release 1)* requires the candidate to complete this task on three separate instances. In line with this requirement, the assessor must accomplish this Observation Form three times, once for each instance required.**

|  |  |  |  |
| --- | --- | --- | --- |
| This is the | First instance the candidate is completing this task | Second instance the candidate is completing this task | Third instance the candidate is completing this task |
| The candidate will access and review the individualised support plan of | Client A | Client B | Client A  Client B  Client C |
| Date of and time of assessment |  | | |
| Location of assessment  **Please do not provide the client’s home address.** |  | | |

## **Part I. Access and Review the Client’s Individualised Support Plan**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses the client’s individualised plan.   For a satisfactory performance, one of the following must be demonstrated and observed:  The supervisor provides the candidate with a copy of the client’s individualised plan.  The candidate accesses/retrieves the plan through the designated record-keeping and retrieval system in the workplace.  The assessor to specify below how the individualised plan is accessed in the candidate’s workplace: | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate reviews the information in the client’s individualised support plan, including: |  |  |  |
| 1. The client’s support requirements | YES  NO |  |  |
| 1. The client’s goals. | YES  NO |  |  |
| 1. The client’s needs. | YES  NO |  |  |
| 1. The client’s preferences. | YES  NO |  |  |
| 1. The client’s strengths. | YES  NO |  |  |
| 1. Support activities to be undertaken to assist the client in addressing their support requirements and goals, including: |  |  |  |
| * 1. Bed bathing | YES  NO |  |  |
| * 1. Dressing, undressing and grooming | YES  NO |  |  |
| * 1. Eating and drinking | YES  NO |  |  |
| * 1. Oral hygiene | YES  NO |  |  |
| * 1. Shaving | YES  NO |  |  |
| * 1. Showering | YES  NO |  |  |
| * 1. Toileting and the use of continence aids | YES  NO |  |  |
| * 1. Using slide sheets, hoists, slings and lifters | YES  NO |  |  |
| * 1. Transferring a person between bed and chair | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Transferring a person from seated to standing | YES  NO |  |  |
| * 1. Transferring a person in and out of a car | YES  NO |  |  |
| * 1. Falls recovery | YES  NO |  |  |
| 1. The aids, devices, and equipment required by the client. | YES  NO |  |  |
| 1. The candidate follows secure handling of the client’s individualised support plan to maintain the client’s privacy and confidentiality. |  |  |  |
| 1. The candidate does not leave the client’s individualised plan in public areas/spaces in the workplace. | YES  NO |  |  |
| 1. The candidate does not give the client’s individualised plan to unauthorised people in the workplace. | YES  NO |  |  |
| 1. The candidate does not disclose information from the plan to other people not involved in the client’s support services. | YES  NO |  |  |

## **Part II. Access and Review Relevant Policies and Procedures**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses service policies and procedures relevant to assisting the client in accessing support services and resources.   At least one below must be addressed/demonstrated:  The supervisor provides the candidate with a copy of these service policies, procedures, protocols, OR  The candidate accesses the policies, procedures, and protocols from the designated record-keeping and retrieval system in the workplace.  The assessor to specify below how policies, procedures, and protocols are accessed in the candidate’s workplace:  e.g. Intranet, SharePoint, etc. | YES  NO |  |  |
| 1. The supervisor provides the candidate with a copy of these service policies, procedures, protocols; OR | YES  NO |  |  |
| 1. The candidate accesses the policies, procedures, and protocols from the designated record-keeping and retrieval system in the workplace.   The assessor to specify below how policies, procedures, and protocols are accessed in the candidate’s workplace:  e.g. Intranet, SharePoint, etc. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate accesses the following service policies and procedures, including policies and procedures for: |  |  |  |
| 1. Assembly of equipment, devices, and aids | YES  NO |  |  |
| 1. Providing and monitoring individualised support | YES  NO |  |  |
| 1. Duty of care | YES  NO |  |  |
| 1. Dignity of risk | YES  NO |  |  |
| 1. Maintaining client privacy and confidentiality | YES  NO |  |  |
| 1. Health and safety | YES  NO |  |  |
| 1. Infection control | YES  NO |  |  |
| 1. Reporting and documentation | YES  NO |  |  |
| 1. The candidate reviews the following service policies and procedures, including policies and procedures for: |  |  |  |
| 1. Assembly of equipment, devices, and aids. | YES  NO |  |  |
| 1. Providing and monitoring individualised support | YES  NO |  |  |
| 1. Duty of care | YES  NO |  |  |
| 1. Dignity of risk | YES  NO |  |  |
| 1. Maintaining client privacy and confidentiality | YES  NO |  |  |
| 1. Health and safety | YES  NO |  |  |
| 1. Infection control | YES  NO |  |  |
| 1. Reporting and documentation | YES  NO |  |  |

## **Part III. Confirm Understanding with Supervisor**

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate holds the discussion with the supervisor in a private space, i.e. no other people can hear the discussion about the client’s individualised plan.   Assessor to specify where the discussion was conducted: | YES  NO |  |  |
| 1. The candidate reviews the individualised plan with their supervisor. |  |  |  |
| 1. The candidate summarises the contents of the plan based on their understanding, including: |  |  |  |
| * 1. The client’s support requirements | YES  NO |  |  |
| * 1. The client’s goals. | YES  NO |  |  |
| * 1. The client’s needs. | YES  NO |  |  |
| * 1. The client’s preferences. | YES  NO |  |  |
| * 1. The client’s strengths. | YES  NO |  |  |
| * 1. Support activities to be undertaken to assist the client in addressing their support requirements and goals, including: |  |  |  |
| * Bed bathing | YES  NO |  |  |
| * Dressing, undressing and grooming | YES  NO |  |  |
| * Eating and drinking | YES  NO |  |  |
| * Oral hygiene | YES  NO |  |  |
| * Shaving | YES  NO |  |  |
| * Showering | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * Toileting and the use of continence aids | YES  NO |  |  |
| * Using slide sheets, hoists, slings and lifters | YES  NO |  |  |
| * Transferring a person between bed and chair | YES  NO |  |  |
| * Transferring a person from seated to standing | YES  NO |  |  |
| * Transferring a person in and out of a car | YES  NO |  |  |
| * Falls recovery | YES  NO |  |  |
| 1. The aids, devices, and equipment required by the client. | YES  NO |  |  |
| 1. The candidate asks their supervisor if they understood the plan correctly. | YES  NO |  |  |
| 1. The supervisor confirms the candidate has understood the individualised plan correctly. | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate clarifies with the supervisor any client requirements that are outside of the scope of their own role and responsibilities. |  |  |  |
| 1. The candidate lists client requirements that they think are outside the scope of their role and responsibilities. | YES  NO |  |  |
| 1. The candidate asks the supervisor whether the client requirements they listed are outside the scope of their role and responsibilities. | YES  NO |  |  |
| 1. The supervisor confirms the client requirements they listed are outside the scope of their role and responsibilities. | YES  NO |  |  |
| 1. The candidate reviews policies and procedures to be followed during the support activity with the supervisor. |  |  |  |
| 1. The candidate summarises these policies and procedures based on their understanding.   The candidate summarises policies and procedures for: |  |  |  |
| * 1. Assembly of equipment, devices, and aids. | YES  NO |  |  |
| * 1. Providing and monitoring individualised support | YES  NO |  |  |
| * 1. Duty of care | YES  NO |  |  |
| * 1. Dignity of risk | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Maintaining client privacy and confidentiality | YES  NO |  |  |
| * 1. Health and safety | YES  NO |  |  |
| * 1. Infection control | YES  NO |  |  |
| * 1. Reporting and documentation | YES  NO |  |  |
| 1. The candidate asks their supervisor if they understood these policies and procedures correctly. | YES  NO |  |  |
| 1. The supervisor confirms the candidate has understood these policies and procedures correctly. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above:   * Access and review individualised support plans and policies and procedures, and * Meet with their supervisor to confirm that they have understood the individualised support plan and policies and procedures correctly.   I confirm that the information recorded on this *Observation Form* is true and accurately reflects the candidate’s performance during their completion of this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Workplace Assessment – Observation Form