# Workplace Assessment Task 7 – 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 7.**

This form is to be completed by the candidate’s assessor to document their observations on the candidate’s performance in Workplace Assessment Task 7.

## **Task Overview**

For this task, the candidate is required to meet with their supervisor to report the outcomes of their monitoring in Task 6. In this meeting, the candidate must report the following to the supervisor:

* The client’s feedback on support activities and whether they are meeting their needs
* Any changes or improvements that can be made in the support activities according to the client’s feedback
* Any potential or actual risks to the client’s health, safety, and wellbeing
* The client’s additional needs and unmet needs
* Gaps in assistive technology, including the aids, devices, equipment used during the support activities

In consultation with your supervisor, they must also organise and facilitate referrals for the additional and unmet needs they have identified.

Referrals may be to other health professionals, e.g. psychologists, physiotherapists, nurses, podiatrists, professionals for pain management, etc.

When completing this task, the candidate must follow their organisation’s policies and procedures for reporting clients’ progress and referrals.

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 reporting and referring outcomes of your monitoring with your client

## **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  Progress notes completed in Task 6  Organisational policies and procedures  Other health professionals for referring client’s additional/unmet needs, e.g. the client’s general practitioner, psychologist, physiotherapist, nurse, for pain management |
| 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. Report Client’s Progress To 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 discusses the following with their supervisor: |  |  |  |
| * 1. Client’s progress in the support activity/ies conducted. | YES  NO |  |  |
| * 1. Level or degree of participation in the support activity/ies | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| * 1. Changes in the client’s physical health and wellbeing, e.g. concerning changes in physical appearance. | YES  NO |  |  |
| * 1. Changes in the client’s mental health and wellbeing. | YES  NO |  |  |
| * 1. Changes in the client’s emotional health and wellbeing. | YES  NO |  |  |
| * 1. Changes in the client’s behaviour | YES  NO |  |  |
| * 1. Situations of potential risks to the client’s health, safety and wellbeing | YES  NO |  |  |
| * 1. Situations of actual risks to the client’s health, safety and wellbeing. | YES  NO |  |  |
| * 1. Reportable incidents that occurred during the support activity/ies. | YES  NO |  |  |
| * 1. Behaviours of concern, and: | YES  NO |  |  |
| * + 1. What happened before | YES  NO |  |  |
| * + 1. What happened during | YES  NO |  |  |
| * + 1. What happened after | YES  NO |  |  |
| * 1. Indicators of additional needs | YES  NO |  |  |
| * 1. Indicators of unmet needs | YES  NO |  |  |
| * 1. Gaps in assistive technology needs, e.g. any pain or discomfort as a result of using aids, equipment, and devices | YES  NO |  |  |

| **During this workplace task:** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate consults with the supervisor about whom to refer the client’s additional and unmet needs. | YES  NO |  |  |
| 1. The candidate consults with the supervisor process for referring the client’s additional and unmet needs. | YES  NO |  |  |

## **Part II. Refer Client’s Additional and Unmet Needs**

|  |  |
| --- | --- |
| Additional need to be referred |  |
| Unmet need to be referred |  |
| Health professional to be contacted | Nurse  The client’s general practitioner  Psychologist  Physiotherapist  Others (Please specify): |
| Policies and procedures for referrals |  |

| **During this workplace task (while being supervised by the supervisor):** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate refers the client’s additional and unmet needs with other health professionals through:   (Assessor to specify the mode of communication/referral, at least one must be ticked)  Face-to-face meeting  Phone call  Conference call  Email  Others (assessor to specify): | YES  NO |  |  |

| **During this workplace task (while being supervised by the supervisor):** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. The candidate discusses with the health professional: |  |  |  |
| 1. The client’s additional needs. | YES  NO |  |  |
| 1. The client’s unmet needs. | YES  NO |  |  |
| 1. The candidate seeks the health professional’s advice on how the following can be addressed. |  |  |  |
| 1. The client’s additional needs. | YES  NO |  |  |
| 1. The client’s unmet needs. | YES  NO |  |  |
| 1. The candidate follows organisational policies and procedures for referring the client’s additional and unmet needs.   The assessor to contextualise the list below to align with the referral policies and procedures implemented in the candidate’s organisation: |  |  |  |
| 1. Consulting with supervisor for references to other health professionals and service providers who may help them deliver support to clients. | YES  NO |  |  |
| 1. Privacy and confidentiality, including: |  |  |  |
| * 1. Reviewing with the supervisor which information is to be disclosed to other services and professionals. | YES  NO |  |  |
| * 1. Requesting the client’s permission to disclose their information for referrals purposes. | YES  NO |  |  |
| * 1. Providing the client a list of disclosures detailing which information has been disclosed and to which services/professionals. | YES  NO |  |  |

| **During this workplace task (while being supervised by the supervisor):** | **YES/NO** | **Date observed** | **Assessor’s comments** |
| --- | --- | --- | --- |
| 1. Ensuring that the health professional/service is registered or accredited with the Australian Health Practitioner Regulation Agency register of practitioners | YES  NO |  |  |
| 1. Conducting due diligence and checking that the outsourced services and activities come from a registered business with a reputable business record. | YES  NO |  |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have observed the candidate, whose name appears above, report the client’s progress to their supervisor and refer the client’s additional/unmet needs to other health professionals.  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