# Case Study Task 4.3 – 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 Task 4.3** 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 Task 4.3.

## **Task Overview**

For this task, the candidate is required to complete the Abuse Incident Report Form provided along with the workbook. They must take note of the following details:

* Include in your report what you have observed/witnessed, as well as the indications or signs of abuse/neglect described in the scenario.
* For the purposes of this assessment, use 1 March 20xx as the date today. Replace 20xx with the current year.
* This form will be submitted to Rachel Alcott, your supervisor at Lotus Compassionate Care.
* Write N/A where it is not indicated or specified in the scenario.

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

* Practical knowledge and skills relevant to reporting possible indicators of abuse and neglect.

## **Instructions to the Assessor**

### Before the assessment

* Provide the candidate with a Reflective Journal template and discuss it with them.
* Discuss this assessment task with the candidate, including the criteria they need to meet to complete this task satisfactorily.
* Review this form with the candidate and address any queries or concerns they may have about it.

### During the assessment

* Review the candidate’s Abuse Incident Form 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 help address 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**

|  |  |  |
| --- | --- | --- |
| Assessment environment | Real workplace/organisation | Simulated environment |
| Workplace/organisation |  | |
| Resources required for the assessment | Organisation/workplace (or similar environment) where the candidate will complete this assessment.  Lotus Compassionate Care policies and procedures  Abuse Incident Report Form | |

## **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 Abuse Incident Report Form submission:** | **YES/NO** | **Assessor’s comments** |
| 1. Records the following details of the incident |  |  |
| * 1. The name of the facility | YES  NO |  |
| * 1. The date of (or notification of) incident | YES  NO |  |
| * 1. Name of person reporting the incident | YES  NO |  |
| * 1. Time of (or notification of) incident | YES  NO |  |
| * 1. Name of person incident is reported to | YES  NO |  |
| * 1. Date & time reported | YES  NO |  |
| 1. Records the following details of resident or community client |  |  |
| * 1. Name of resident/client | YES  NO |  |
| * 1. Medical diagnosis and relevant history | YES  NO |  |
| * 1. Name of resident or client’s representative | YES  NO |  |
| * 1. Date of birth (or age) | YES  NO |  |
| * 1. Sex | YES  NO |  |
| 1. Provides a description of the events: |  |  |
| * 1. The candidate describes what happened | YES  NO |  |
| * 1. The candidate includes the time that the incident happened | YES  NO |  |
| * 1. The candidate includes the people involved in the incident | YES  NO |  |
| 1. The candidate indicates ‘n/a’ on the following sections: |  |  |
| * 1. Details of witnesses | YES  NO |  |
| * 1. Details of any injury | YES  NO |  |
| 1. The candidate leaves the fields under the *To be Completed by the Manager* section of the form blank. | YES  NO |  |

|  |  |
| --- | --- |
| **Assessor Declaration**  By signing here, I confirm that I have thoroughly reviewed the candidate’s Abuse Incident Report Form submission for this case study task.  I confirm that the information recorded on this *Assessor’s Checklist* is true and accurately reflects the candidate’s submission for this workplace task. | |
| Assessor’s signature |  |
| Assessor’s name |  |
| Date signed |  |

End of Case Study – Assessor’s Checklist