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# Introduction

The assessments in this workbook are divided into two categories: the Knowledge Assessment and the Practical Assessment.

This workbook contains the Knowledge Assessment.

The **Knowledge Assessment** is a set of general and workplace questions testing your knowledge and understanding of the general theory behind the unit.

**You must answer all Knowledge Assessment Questions using your own words.** However, you may refer to your Learner Guide and other relevant resources and learning materials to complete this assessment.

Some questions cover processes you will likely encounter in a workplace setting. Ideally, you should be able to answer these questions based on the processes that are currently in place in your workplace. However, if you do not currently have access to a workplace, then answer the questions based on processes that should be implemented in a typical workplace setting.

The **Practical Assessment** is made up of the **Case Studies** and **Workplace Assessments.** This assessment tests your practical skills with respect to the requirements of the relevant unit of competency.

The Practical Assessment requires you to complete and submit workplace documents and other documentation relevant to the unit of competency.

**The evidence you submit must be your own work except where due reference is made and where you are required to submit supplementary workplace documents such as policies and procedures.**

**When completing the assessments included in this workbook:**

1. Read the instructions provided in each task carefully before attempting to complete the task. The instructions will guide you on how to answer the question or complete the task satisfactorily.
2. Follow the steps provided in each task.
   * If the question instructs you to describe, provide a description as your response. If the question instructs you to list, provide a list as your response.
   * Where there is a number of required responses, provide the required number of responses. For example, if you are asked to list three responses, provide three responses.
3. Ensure that all your submissions for this assessment indicate your first and last name and that these submissions have been named according to the file naming convention prescribed in each task.

# Competency-Based Assessments

**Definition of Competency**

Assessment in this context can be defined as the fair, valid, reliable, and flexible gathering and recording of evidence to support the judgement on whether competency has been achieved. Skills and knowledge (developed in a structured learning situation, at work, or in some other context) are assessed against national standards of competence required by industry rather than compared with the skills and knowledge of other candidates.

**The features of a competency-based assessment system are:**

* It is focused on what candidates can do and whether it meets the criteria specified by the industry as competency standards.
* Assessment should mirror the environment the candidate will encounter in the workplace.
* Assessment criteria should be clearly stated to the candidate at the beginning of the learning process.
* Assessment should be holistic. That is, it aims to assess as many elements and/or units of competency as is feasible at one time.
* In competency assessment, a candidate receives one of only two outcomes – ‘competent’ or ‘not yet competent.’
* The basis of assessment is in applying knowledge for some purpose. In a competency system, knowledge for the sake of knowledge is seen to be ineffectual unless it assists a person in performing a task to the level required in the workplace.
* The emphasis in assessment is on assessable outcomes that are clearly stated for the trainer and candidate. Assessable outcomes are tied to the relevant industry competency standards where these exist. Where such competencies do not exist, the outcomes are based upon those identified in a training needs analysis.

# Assessing Nationally-Recognised Training

Developing and conducting assessment in an Australian Vocational Education and Training (VET) context is founded on the Principles of Assessment and the Rules of Evidence:

**Principles of Assessment**

1. **Assessment must be valid**
   * Assessment must include the full range of skills and knowledge needed to demonstrate competency.
   * Assessment must include the combination of knowledge and skills with their practical application.
   * Assessment, where possible, must include judgements based on evidence drawn from a number of occasions and across a number of contexts.
2. **Assessment must be reliable**
   * Assessment must be reliable and must be regularly reviewed to ensure that assessors are making decisions in a consistent manner.
   * Assessors must be trained in national competency standards for assessors to ensure reliability.
3. **Assessment must be flexible**
   * Assessment, where possible, must cover both the on- and off-the-job components of training within a course.
   * Assessment must provide for the recognition of knowledge, skills, and attitudes regardless of how they have been acquired.
   * Assessment must be made accessible to candidates through a variety of delivery modes, so they can proceed through modularised training packages to gain competencies.
   * Assessment must be mutually developed and agreed upon between the assessor and the assessed.
   * Assessment must be able to be challenged. Appropriate mechanisms must be made for reassessment as a result of challenge.
4. **Assessment must be fair**
   * The assessment process must consider the individual needs of the candidate.
   * Assessment must provide for reasonable adjustments, where appropriate, to consider the individual candidate’s needs.

*(Source: Standards for RTOs 2015, Clauses 1.8 – 1.12)*

**Rules of Evidence**

When collecting evidence, certain rules apply to that evidence. All evidence must be valid, sufficient, authentic, and current:

1. **Valid**

Evidence gathered should meet the requirements of the unit of competency. This evidence should match, or at least reflect, the type of performance that is to be assessed, whether it covers knowledge, skills, or attitudes.

1. **Sufficient**

This rule relates to the amount of evidence gathered. Enough evidence must be gathered to satisfy the requirements that the candidate be competent in all aspects of the unit of competency.

1. **Authentic**

When evidence is gathered, the assessor must be satisfied that evidence is the candidate’s own work.

1. **Current**

This relates to the recency of the evidence and whether the evidence relates to current abilities.

*(Source: Training in Australia by M Tovey, D Lawlor)*

# Dimensions of Competency

The national concept of competency includes all aspects of work performance and not only narrow task skills. The four dimensions of competency are:

1. Task skills
2. Task management skills
3. Contingency management skills
4. Job or role environment skills

# Reasonable Adjustment

‘Reasonable adjustment’ in VET is the term applied to modifying the learning environment or making changes to the training delivered to assist a candidate with a disability. A reasonable adjustment can be as simple as changing classrooms to be closer to amenities or installing a particular type of software on a computer for a person with vision impairment.

**Why make a reasonable adjustment?**

We make reasonable adjustments in VET to make sure that candidates with disabilities have:

* The same learning opportunities as candidates without disabilities, and
* The same opportunity to perform and complete assessments as those without disabilities.

**Reasonable adjustment applied to participation in teaching, learning, and assessment activities can include:**

* Customising resources and assessment activities within the training package or accredited course
* Modifying the presentation medium
* Learner support
* Use of assistive/adaptive technologies
* Making information accessible both before enrolment and during the course
* Monitoring the adjustments to ensure candidate needs continue to be met

**Assistive/Adaptive Technologies**

Assistive/adaptive technology means ‘software or hardware that has been specifically designed to assist people with disabilities in carrying out daily activities’ (World Wide Web Consortium - W3C). It includes screen readers, magnifiers, voice recognition software, alternative keyboards, devices for grasping, visual alert systems, and digital note-takers.

*(Adapted Reasonable Adjustment in teaching, learning and assessment for learners with a disability - November 2010 - Prepared by - Queensland VET Development Centre)*

**IMPORTANT:**

**Reasonable adjustments made for collecting candidate assessment evidence must not impact the standard expected by the workplace, as expressed by the relevant unit/s of competency. For example, if the assessment were gathering evidence of the candidate’s competency in writing, allowing the candidate to complete the assessment verbally would not be a valid assessment method. The method of assessment used by any reasonable adjustment must still meet the competency requirements.**

# The Unit of Competency

The units of competency specify the standards of performance required in the workplace.

This assessment addresses the following unit of competency:

**CHCDIS020 - Work effectively in disability support (Release 1)**

1. Meet job role requirements
2. Work within organisational requirements
3. Work within a disability support context
4. Implement self-care strategies.

**A complete copy of the above unit of competency can be downloaded from the TGA website:**

<https://training.gov.au/Training/Details/CHCDIS020>

# The Context of Assessment

To complete the assessments in this workbook, students need to have access to their learning materials and the Internet.

The Knowledge Assessment may be completed wholly at the candidate’s home or chosen place of study.

The Practical Assessment must be completed in a disabilities workplace with the addition of simulations and scenarios where the full range of contexts and situations have not been provided in the workplace.

# Assessment Methods

This workbook uses the following assessment methods:

1. **Knowledge Assessment**

A set of general and workplace questions testing the candidate’s general knowledge and understanding of the general theory behind the unit.

1. **Case Studies**

Detailed scenarios and simulated environments, providing all necessary information required to complete relevant tasks and activities.

1. **Workplace Assessment**

A set of tasks or activities completed according to set instructions and guidelines to meet the requirements of the relevant unit. These tasks and activities require you to have access to a workplace or a similar environment.

# Resources Required for Assessment

**The Training Organisation to provide the candidate with access to/organise the following for the candidate:**

* Assessor to supervise and observe the candidate as they complete assessments, where required.
* Workplace, or a similar environment, where the candidate can complete the assessments, and that will allow them access to:
* Facilities, equipment and resources that reflect real working conditions and model industry operating conditions and contingencies
* Available digital technology used to access and share workplace information
* Candidate’s position description
* Client’s individualised plan
* Person A
* Person B
* Consent Declaration template
* Organisational policies and procedures for:
* Record keeping
* Reporting
* Seeking support
* Privacy requirements for storing workplace information
* Confidentiality requirements for storing workplace information
* Legal framework requirements relevant to disability support
* Human rights framework requirements relevant to disability support
* Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.)
* Candidate’s workplace supervisor
* Nominated clients in the aged care context
* Person A
* Person B
* Carer/Family/Other person that Client B identified to give consent for them
* Interdisciplinary team members relevant to the client’s care services
* Person A
* Person B
* Relevant person who can provide support in managing stress level
* Volunteer to act as workplace supervisor

**The candidate will need access to:**

* Computer with Internet, email access, and a working web browser
* Installed software: MS Word, Adobe Acrobat Reader
* Volunteers to participate in role play activities

# Accessing External Links

Throughout this workbook, you will sometimes be required to access certain websites. Links to these websites are formatted in Blue Underlined Text.

To access these, hold the **Ctrl key and click the link for Windows users**, or simply **click on these blue links for** **Mac users**.

# Assessment Workbook Cover Sheet

**To the candidate:** Print this cover sheet and complete it by filling in all the required information and signing in the space provided. Your signature must be handwritten. Scan the completed cover sheet and submit it along with your evidence submissions. Use the filename: **CHCDIS020 Cover Sheet**

|  |  |
| --- | --- |
| Workbook | CHCDIS020 |
| Title | Work effectively in disability support (Release 1) |
| First and Last Name |  |
| Phone |  |
| Email |  |

|  |  |  |
| --- | --- | --- |
| **Please read the Candidate Declaration below, and if you agree to the terms of the declaration, sign and indicate the date in the spaces provided.**  **By submitting this work, I declare that:**   * I have been advised of the assessment requirements, have been made aware of my rights and responsibilities as an assessment candidate, and choose to be assessed at this time. * I am aware that there is a limit to the number of submissions that I can make for each assessment, and I am submitting all documents required to complete this Assessment Workbook. * I have organised and named the files I am submitting according to the instructions provided. I am aware that my assessor will not assess work that cannot be identified and may request the work be resubmitted according to the correct process. * This work is my own and contains no material written by another person except where due reference is made. I am aware that a false declaration may lead to the withdrawal of qualification or statement of attainment. * I am aware that there is a policy of checking the validity of qualifications that I submit as evidence, as well as the qualifications/evidence of parties who verify my performance or observable skills. I give my consent to contact these parties for verification purposes. | | |
| **Name:** | **Signature:** | **Date signed:** |

# Knowledge Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Preliminary Task**  Questions 18, 20, 21, 22 and 25 of this Knowledge Assessment require you to refer to links, legislation, and codes of conduct relevant to disability support services in your state/territory.  For your assessor’s reference, indicate below which state/territory you are currently based or located in by ticking the box that corresponds to your answer.  When answering Questions 18, 20, 21, 22 and 25, you must refer to links, legislation, and codes of conduct relevant to disability support services in the state/territory you ticked below. | | | |
|  | | | |
| The state/territory where you are currently based or located in: | | | | |
|  | Australian Capital Territory |  | South Australia | |
|  | New South Wales |  | Tasmania | |
|  | Northern Territory |  | Victoria | |
|  | Queensland |  | Western Australia | |

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| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Briefly describing each type of disability. 3. Describing the functional capacity of a person in relation to the given types of disability. |

|  |  |  |
| --- | --- | --- |
| **Type of disability** | **Description** | **Functional capacity** |
| 1. Acquired brain injury (ABI) |  |  |
| 1. Autism spectrum disorder (ASD) |  |  |
| 1. Developmental delay |  |  |
| 1. Intellectual disability |  |  |
| 1. Learning disability |  |  |

|  |  |  |
| --- | --- | --- |
| **Type of disability** | **Description** | **Functional capacity** |
| 1. Neurological impairment |  |  |
| 1. Physical disability |  |  |
| 1. Sensory disability |  |  |
| 1. Speech-language disability |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about psychosocial disability. |
|  | |
| 1. Explain the difference between psychosocial disability and mental health. | |
| 1. **TRUE OR FALSE:** Everyone with a mental health condition has a psychosocial disability.   Tick the box that corresponds to your answer and explain your answer.  True  False  Explanation: | |
| 1. A person’s disability can impact the way they live their life. List three impacts of psychosocial disability on a person’s life. | |

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| --- |
| 1. Complete the table below by: 2. Identifying one mental health condition common in people with disability that is associated with a psychosocial disability. 3. Identifying two phases associated with the mental health condition identified. 4. Briefly describing what the person with disability with the mental health condition identified may experience in each phase.   This may include how long a person with disability usually stays in each phase, what are they experiencing at each phase, what triggers each phase, etc.   1. Providing the corresponding support required to be given to people with disability when they experience each phase:  * Additional support * Alternate support. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Mental health condition common to people with disability that is associated with a psychosocial disability** |  | | | |
| **Phases** | **Description** | **Additional support given** | **Alternate support given** | |
|  |  |  |  | |
| **Phases** | **Description** | **Additional support given** | | **Alternate support given** | |
|  |  |  | |  | |

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| --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Read the scenario:  |  | | --- | | **SCENARIO**  Anne is 73 years old and has lower limb disability. She has also been diagnosed with depression. She wants to socialise with her peers in the residential care facility but she is an overthinker. She worries too much that other people will react negatively when she communicates with them. Because of her extreme anxiety, she’s having difficulties initiating conversations with her peers in the residential care facility, including – Rachel (with a visual disability) and Carla (with a hearing disability). |   Answer the questions about how Anne can interact with people with other disabilities. |
|  | |
| 1. List two ways Anne can interact with Rachel, who has a visual disability. | |
| 1. List two ways Anne can interact with Carla, who has a hearing disability. | |

|  |  |  |
| --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Briefly define each term currently used in supporting people with disabilities. | |
|  | | |
| **Terminology** | | **Definition** |
| 1. Continuous care | |  |
| 1. Dressing aids | |  |
| 1. Non-core activities | |  |
| 1. Personal activities/tasks | |  |
| 1. Unmet need | |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about individualised plans. |
|  | |
| 1. Briefly explain the purpose of an individualised plan in disability support. | |
| 1. Identify five key contents of an individualised plan. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about person-centred approaches in disability support. |
|  | |
| 1. Briefly explain how a person-centred approach in disability support differs from a traditional one. | |
| 1. Identify three benefits of using a person-centred approach in disability support. | |
| 1. Describe how each person-centred approach puts the person in the centre of the service and briefly explain how you can apply this approach as a disability support worker. | |

|  |  |  |
| --- | --- | --- |
| **Person-centred approach** | **How this approach puts the person in the centre of the service** | **How you can apply this approach as a disability support worker** |
| 1. Upholding autonomy |  |  |
| 1. Supporting the person to exercise choice |  |  |
| 1. Person’s right to self-determination |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about the duty of care in disability support. |
|  | |
| 1. Define duty of care as a support practice in disability support. | |
| 1. What is the relevance of duty of care in disability support? | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about dignity of risk in the context of disability support. |
|  | |
| 1. Define dignity of risk in the context of disability support. | |

|  |
| --- |
| 1. Which standard in the *National Standards for Disability Services* does the dignity of risk align with? Include the standard number and name/title in your response. Standard number, name:   Briefly explain how this standard aligns with the person’s dignity of risk.  Explanation: |
| 1. What is the disability support worker’s duty of care in relation to dignity of risk? |
| 1. Provide two support practices that will address your duty of care in relation to dignity of risk. |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Briefly explaining how each risk area can lead to abuse of people with disabilities. 3. Providing one support practice that will address each risk area as a disability support worker. |

|  |  |  |
| --- | --- | --- |
| **Risk area** | **How this risk area leads to abuse of people with disabilities** | **Support practice** |
| 1. Lack of knowledge of individual rights as a person with a disability |  |  |
| 1. Lack of training of staff in recognising and reporting abuse |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Briefly explaining how each systemic issue affects people with disabilities in society. 3. Providing one support practice that will address each systemic issue as a disability support worker. |

|  |  |  |
| --- | --- | --- |
| **Systemic issue** | **How this issue affects people with disabilities in society** | **Support practice** |
| 1. Poor funding of disability support services |  |  |
| 1. Inadequate protection for people with disabilities |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Briefly describing each type of abuse. 3. Providing one support practice that will assist a person with disabilities in recovering from each type of abuse as a disability support worker. |

|  |  |  |
| --- | --- | --- |
| **Type of abuse** | **Description** | **Support practice** |
| 1. Physical abuse |  |  |
| 1. Emotional abuse |  |  |
| 1. Financial abuse |  |  |
| 1. Sexual abuse |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about delegation in the disability sector. |
|  | |
| 1. Define health professionals in the disability support sector. | |
| 1. Define delegation in the disability support sector. | |
| 1. Name two types of tasks typically delegated by an allied health professional to a disability support worker. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Identifying two health professionals in the disability support sector. 3. Providing two delegation requirements for each health professional identified. 4. Providing one support practice that will address each delegation requirement as a disability support worker. |

|  |  |  |
| --- | --- | --- |
| **Health professional** | **Delegation requirement** | **Support practice** |
|  |  |  |
|  |  |
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|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about supervision in the disability sector. |
|  | |
| 1. Define supervision in the disability support sector. | |
| 1. Name two types of supervision typically done by an allied health professional to a disability support worker. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Identifying two health professionals in the disability support sector. 3. Providing two supervision requirements for each health professional identified. 4. Providing one support practice that will address each delegation requirement as a disability support worker |

|  |  |  |
| --- | --- | --- |
| **Health professional** | **Supervision requirement** | **Support practice** |
|  |  |  |
|  |  |
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|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about human rights and the United Nations Convention on the Rights of Persons with Disability (CRPD). |
|  | |
| 1. What are human rights as defined by the Australian Human Rights Commission (2019)? Complete the sentences below. 2. Human rights recognise 3. They are based on 4. They are about | |
| 1. List four human rights treaties that the Australian Government respects and upholds. | |
| 1. Complete the statement: The CRPD adopts a broad categorisation of persons with disabilities and reaffirms that      . | |
| 1. True or false: The CRPD entered into force on 30 March 2007.   Tick the box that corresponds to your answer. If your answer is false, provide an explanation for your answer.  True  False  Explanation: | |

|  |
| --- |
| 1. What is the role of the United Nations CRPD in the disability support sector? |
| 1. Identify the eight principles on which the United Nations CRPD are based. |
| 1. How does the United Nations CRPD promote disability rights? |

|  |  |  |  |
| --- | --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Describing the role of the given national legislation in the disability support sector. 3. Identifying a legal requirement relevant to you as a disability support worker. 4. Providing the section in the legislation where the legal requirement may be found. 5. Explaining how meeting this requirement will promote the rights of persons with disabilities. | | |
|  | | | |
| **National legislation in the disability support sector** | | Disability Discrimination Act 1992 | |
| **Role of identified legislation in the disability support sector** | |  | |
| **Relevant legal requirement in identified legislation** | | | **How meeting this legal requirement will promote the rights of persons with disabilities** |
| Source: | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Identifying one relevant state/territory-based legislation to disability support services. 3. Describing the role of the legislation you identified in the disability support sector. 4. Identifying a legal requirement relevant to you as a disability support worker. 5. Providing the section in the legislation where the legal requirement may be found. 6. Explaining how meeting this requirement will promote the rights of persons with disabilities. | | |
|  | | | |
| **State/territory legislation relevant to disability support services** | |  | |
| **Role of identified legislation in the disability support sector** | |  | |
| **Relevant legal requirement in identified legislation** | | | **How meeting this legal requirement will promote the rights of persons with disabilities** |
| Source: | | |  |

|  |  |
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| Application  Description automatically generated with low confidence | 1. Describe the role of each national statutory body in the disability support sector and explain how they promote the rights of persons with disabilities. |

|  |  |  |
| --- | --- | --- |
| **Statutory body** | **Role in the disability support sector** | **How this statutory body promotes the rights of persons with disabilities** |
| 1. Australian Human Rights Commission |  |  |
| 1. National Disability Insurance Agency (NDIA) |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Identifying two state/territory statutory bodies in the disability support sector. 3. Describing the role of each statutory body you identified in the disability support sector. 4. Explaining how each statutory body promotes the rights of persons with disabilities. |

|  |  |  |
| --- | --- | --- |
| **State/territory statutory body** | **Role in the disability support sector** | **How this state/territory statutory body promotes the rights of persons with disabilities** |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about the Office of the Health Ombudsman. |
|  | |
| 1. Complete the statement: The office of Commonwealth Ombudsman was created by the      . | |
| 1. True or false: You can make complaints about the actions or decisions of state/territory governments by contacting the office of Commonwealth Ombudsman directly.   Tick the box that corresponds to your answer. If your answer is false, provide an explanation for your answer.  True  False  Explanation: | |
| 1. What is the role of the office of Commonwealth Ombudsman in the disability support sector? | |
| 1. Name two programs that the office of Commonwealth Ombudsman implements to promote disability rights. | |
| 1. Provide a link to your state/territory Government Ombudsman. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about mandatory reporting in relation to disability support. |
|  | |
| 1. Complete the statement: According to Article 16 of the Convention on the Rights of Persons with Disabilities, States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence, and abuse by      . | |
| 1. Access and review relevant state/territory legislation to disability support services and list all the people who have mandatory reporting obligations.   For your assessor’s reference, provide the specific legislation and section where you sourced your response.    Source: | |
| 1. Identify six types of cases that support workers are legally obligated to report under mandatory reporting laws. | |
| 1. What is the role of mandatory reporting in the disability support sector? | |

|  |
| --- |
| 1. What is the disability support worker’s duty of care in relation to mandatory reporting? |
| 1. How does complying with mandatory reporting requirements helps you promote the rights of person with disabilities as a disability support worker? |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about privacy and confidentiality of information. |
|  | |
| 1. Identify two purposes of the Privacy Act 1988. | |
| 1. List the 13 Australian Privacy Principles in their correct order. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Complete the table by:    1. Naming two examples of personal information in the disability sector.    2. Naming two examples of sensitive information in the disability sector.  |  |  | | --- | --- | | **Personal Information** | **Sensitive Information** | |  |  | |
| 1. Complete the statement: Under Australian Privacy Principle 11, if an APP entity holds personal information, the entity must take such steps as are reasonable in the circumstances to protect the information from      . |
| 1. What is the role of privacy of information in the disability support sector? |
| 1. What is the role of confidentiality of information in the disability support sector? |
| 1. How does complying with privacy of information requirements helps you promote the rights of person with disabilities as a disability support worker? |
| 1. How does complying with confidentiality of information requirements helps you promote the rights of person with disabilities as a disability support worker? |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about consent in the context of disability support. |
|  | |
| 1. Complete the statement: The Partnering with Consumers Standard of the National Safety and Quality Health Service (NSQHS) recognises the importance of involving patients in      . | |
| 1. True or False: Informed consent is always required.   True  False  If you answered false, provide an explanation.  Explanation: | |
| 1. Identify three things that the person must be informed of or explicitly made aware of before they can provide their informed consent. | |
| 1. What is the role of informed consent in the disability support sector? | |

|  |
| --- |
| 1. How does seeking informed consent helps you promote the rights of person with disabilities as a disability support worker? |
| 1. List three situations where a person with disability provides un-informed consent. |
| 1. What is the role of un-informed consent in the disability support sector? |
| 1. How does seeking un-informed consent violates the rights of person with disabilities? |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about codes of conduct relevant to disability support services. |
|  | |
| 1. What is the role of a code of conduct in the disability support sector? | |
| 1. Provide the link of your state/territory’s code of conduct/code of ethics relevant to disability support services. | |
| 1. List three code of conduct requirements for disability workers according to the link you identified in the previous question. | |
| 1. How does complying with your state/territory’s code of conduct helps you promote the rights of person with disabilities as a disability support worker? | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about industry standards and industry standards body relevant to disability support services. |
|  | |
| 1. Describe the role of each industry standard in the disability support sector and explain how they promote the rights of persons with disabilities. | |

|  |  |  |
| --- | --- | --- |
| **Industry standards** | **Role in the disability support sector** | **How this industry standards promotes the rights of persons with disabilities** |
| 1. Rights |  |  |
| 1. Participation and Inclusion |  |  |

|  |
| --- |
| 1. Describe the role of the National Standards on Disability Services as an industry standards body in the disability support sector. |
| 1. Explain how the National Standards on Disability Services promotes the rights of persons with disabilities. |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about paternalism towards people with disabilities. |
|  | |
| 1. Provide two examples of attitudes that show paternalism towards people with disabilities. | |
| 1. Provide two examples of stereotypes that show paternalism towards people with disabilities. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about ableism towards people with disabilities. |
|  | |
| 1. Provide two examples of attitudes that show ableism towards people with disabilities. | |
| 1. Provide two examples of stereotypes that show ableism towards people with disabilities. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about stigma towards people with disabilities. |
|  | |
| 1. Provide two examples of attitudes that show stigma towards people with disabilities. | |
| 1. Provide two examples of stereotypes that show stigma towards people with disabilities. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about common misconceptions towards people with disabilities. |
|  | |
| 1. Provide two examples of attitudes that show common misconceptions towards people with disabilities. | |
| 1. Provide two examples of stereotypes that show common misconceptions towards people with disabilities. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about the dangers of values judgments regarding perceived quality of life towards people with disabilities. |
|  | |
| 1. Provide two examples of attitudes that show the dangers of values judgments regarding the perceived quality of life towards people with disabilities. | |
| 1. Provide two examples of stereotypes that show the dangers of values judgments regarding the perceived quality of life towards people with disabilities. | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about key philosophies and concepts in disability support. |
|  | |
| 1. Briefly explain the difference of care and support as key concepts in disability support. | |
| 1. Describe the empowerment of person receiving support as a key concept in disability support. | |
| 1. Explain msocial role valorisation in the context of everyone having the right to live their life as they choose as a key concept in disability support. | |
| 1. Briefly explain how the medical model and the social model of disability view disability differently. | |
| 1. Which model of disability depicts the contemporary view on disability support? | |
| 1. What makes the model you identified in the previous item the contemporary view on disability support? | |

|  |
| --- |
| 1. List three relevant standards/legislation that align with the contemporary view on disability. |
| 1. Briefly explain trauma-informed practice as a key concept in disability support. |
| 1. Identify three key principles of trauma-informed practice in providing disability support. |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about social and emotional wellbeing frameworks in disability support. |
|  | |
| 1. Complete the following statement:   According to the World Health Organization (WHO), social and emotional wellbeing are closely related to the concept of | |
| 1. How does a person with disability achieve social and emotional wellbeing? | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How can the following factors negatively affect the social and emotional wellbeing of a person with disability?  |  |  | | --- | --- | | **Factors** | **How it affects a person with disability’s social and emotional wellbeing** | | 1. Underlying health condition |  | | 1. Impairment |  | | 1. Activity limitations |  | | 1. Restrictions on participation |  | |
| 1. How does social and emotional wellbeing helps strengthen the skills of a person with disability? |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about working under supervision in the disability support sector. |
|  | |
| 1. What does it mean to work under supervision in the disability support sector? | |
| 1. Identify two ways to determine who your supervisor is in your organisation. | |

|  |  |  |
| --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Describe the scope of practice of each given job role in the disability support sector. | |
|  | | |
| **Job role** | | **Scope of practice** |
| 1. Allied health assistant | |  |
| 1. Disability support worker | |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Consider the diagram below then answer the following questions about your reporting lines as a disability support worker.   Diagram  Description automatically generated |
|  | |
| 1. Briefly explain the use of reporting lines in the disability support sector. | |
| 1. Who is your direct supervisor? | |
| 1. Who is second in your reporting line? | |
| 1. Who is the last person in your reporting line? | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about interdisciplinary team members in the disability support sector. |
|  | |
| 1. Define an interdisciplinary team in the disability support sector. | |
| 1. Describe the role of each interdisciplinary team member in the disability support sector.  |  |  | | --- | --- | | **Team member** | **Role in the disability support sector** | | 1. Administration and Management role |  | | 1. Doctor or general practitioner |  | | 1. Social worker |  | | |

|  |  |  |
| --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. Complete the table by: 2. Identifying two key organisations within the disability support sector in Australia. 3. Describing the function of each key organisation in the disability support sector. | |
|  | | |
| **Key organisations within the sector** | | **Function** |
|  | |  |
|  | |  |
|  | |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about funding and accreditation systems in the disability support sector. |
|  | |
| 1. Define accreditation systems in the disability support sector. | |
| 1. Define funding systems in the disability support sector. | |
| 1. What is the relationship between funding and accreditation systems in the disability support sector? | |
| 1. What does an organisation receive as verification that they are delivering services in line with the National Standards for Disability Services? | |
| 1. List two accredited certification bodies by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). | |

|  |
| --- |
| 1. Outline the steps for achieving certification of a new organisation that do not hold a certification against the National Standards for Disability Services yet. |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about record keeping procedures in the disability support sector. |
|  | |
| 1. Identify four details that support workers should record about the support services they provide for people with disabillity. | |
| 1. Outline the process of how disability support workers can keep records reliably.   *Add more fields as necessary.* | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about cultural diversity, the cultural competency requirement of the role and respect for differences. |
|  | |
| 1. Define cultural diversity in the disability support sector. | |
| 1. Describe the cultural competency requirement of your role as a disability support worker. | |
| 1. Provide one strategy that will show respect to each cultural difference in the disability support sector.  |  |  | | --- | --- | | **Cultural difference** | **How you can show respect for this difference** | | 1. Clothing |  | | 1. Language |  | | 1. Religious traditions |  | | |

|  |  |  |
| --- | --- | --- |
| Application  Description automatically generated with low confidence | 1. List two key issues that disability and community support services face in Australia. | |
|  | | |
| **Support service** | | **Key issue** |
| 1. Disability support | |  |
| 1. Community support | |  |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about the risk assessment framework. |
|  | |
| 1. Define risk assessment in the context of disability support. | |
| 1. List the three phases of risk assessment in the disability support sector. | |
| 1. List three criteria to consider when conducting an effective risk assessment as a disability support worker. | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. The following are possible factors/situations when risk assessment must be performed in the disability support sector. Briefly explain how the risk assessment framework applies to each factor/situation.  |  |  | | --- | --- | | **Factor/situation** | **How the risk assessment framework applies to this factor/situation** | | 1. Personal care worker role |  | | 1. Working in a person’s home |  | | 1. Assisting a person to engage outside of their regular setting |  | | 1. Planning an activity |  | | 1. Medication |  | |

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | 1. Answer the following questions about restrictive practices. |
|  | |
| 1. Define restrictive practices in the disability support sector. | |
| 1. Identify three parameters to be considered when using restrictive practices in disability support. | |
| 1. What is the disability support worker’s duty of care in relation to using restrictive practices? | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Describe each type of restrictive practice in the disability support sector.  |  |  | | --- | --- | | **Type of restrictive practice** | **Description** | | 1. Chemical restraint |  | | 1. Environmental restraint |  | | 1. Mechanical restraint |  | | 1. Physical restraint |  | | 1. Seclusion |  | |

# Practical Assessment

## Candidate Instructions

The Practical Assessment is a set of tasks that must be completed in a workplace or in an environment with conditions similar to that of a real workplace.

This assessment will help you demonstrate skill requirements relevant to working effectively in disability support.

The Practical Assessment includes the following:

1. **Case Studies**

Detailed scenarios and simulated environments, providing all necessary information required to complete relevant tasks and activities.

1. **Workplace Assessment**

A set of tasks or activities completed according to set instructions and guidelines to meet the requirements of the relevant unit. These tasks and activities require you to have access to a workplace or a similar environment.

# Case Studies

## Overview

|  |
| --- |
| **The goal of these case studies is to assess your practical knowledge and skills relevant to:**   * Recognising signs of abuse and reporting according to organisational policies and procedures * Completing workplace checklists and reports   **This assessment is divided into six tasks:**   1. **Scenario 1 – Jenny**     1. Task 1.1 – Recognise Signs of Abuse    2. Task 1.2 – Complete an Abuse Incident Report Form    3. Task 1.3 – Report Signs of Abuse to Supervisor 2. **Scenario 2 – John**    1. Task 2.1 – Recognise Signs of Abuse    2. Task 2.2 – Complete an Abuse Incident Report Form    3. Task 2.3 – Report Signs of Abuse to Supervisor   Each task comes with a set of instructions. You must follow and perform these instructions while being observed by the assessor.  **You are required to:**   * Complete the tasks within the time allowed, as scheduled in-class roll. * Review the information provided about Lotus Compassionate Care, including any documents and simulated resources linked in the case study. * Review the scenarios provided in this case study. * Review each question and provide the responses asked for. Record your responses in the spaces provided.   **Resources required for assessment:**  To complete this assessment, you will need access to the following:   * Simulated organisational documents, policies and procedures (provided through Lotus Compassionate Care site) * One volunteer to act as supervisor in the roleplay activities in Task 1.3 and Task 2.3 |

## Lotus Compassionate Care

|  |
| --- |
| **SCENARIO**  A picture containing person, person, child, posing  Description automatically generated  You are working as a support worker at Lotus Compassionate Care. Lotus Compassionate Care is committed to providing high-quality care and support to people with disability living in the Cascade Peak Community.  Read more about Lotus Compassionate Care below:  [Lotus Compassionate Care](https://compliantlearningresources.com.au/network/lotus-v2)  *(Username: newusername Password: newpassword)*  As a support worker, you are required to:   * Recognise signs of abuse and report according to organisational policies and procedures * Complete workplace checklists and reports   This case study includes scenarios about people with disabilities and potential signs of abuse that you may encounter while working in the individual support environment.  Review each scenario and respond to each scenario appropriately by completing the tasks that follow.  To assist you in completing the tasks in this assessment, access and review the resource below:   * [Lotus Compassionate Care Policies and Procedures](https://compliantlearningresources.com.au/network/lotus-v2/policies-procedures/)   **For this assessment, this case study scenario is based on your state/territory.** |

### Scenario 1 – Jenny

|  |
| --- |
| **SCENARIO**    Date: 26 November 20xx, 20xx refers to the current year  Time: 12:30 PM  Jenny is one of Lotus Compassionate Care’s disability support clients. She is 75 years old and has a mobility disability. She is also suffering from hearing and vision loss. Her left ear is completely deaf, while her right ear has a moderate hearing loss. She is a vegan and has been a vegan for most of her life. She has been in your care since she arrived at the centre a year ago, except for the last two months as you were away on holiday.  On your first day back, while assisting another person in eating lunch in the common dining area, you noticed that the support worker attending to Jenny was serving her meat. Having cared for Jenny in the past, you know that Jenny is vegan and does not eat or use meat products.  You informed the support worker that Jenny follows a vegan diet. The support worker told you that Jenny is not lucid and will not even know what she had for lunch. Jenny hears your conversation and recognises the meat on her plate. She pushes the plate away. The support worker holds Jenny on her wrist tightly, keeping her from pushing the plate away from herself any further. You see Jenny’s face grimace, and she carefully puts her hands on her lap. Jenny looks scared and keeps her eyes on her lap. |

#### Task 1.1 – Recognise Signs of Abuse

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures require all employees to recognise signs of abuse by completing a *Signs of Abuse Checklist.*  Complete the *Signs of Abuse Checklist* on the following pages. Take note of the following details:   * Include in your report the indications or signs of abuse/neglect described in the scenario. * For the purposes of this assessment, use 26 November 20xx as the date today. Replace 20xx with the current year. * Write N/A where it is not indicated or specified in the scenario. |

##### Signs of Abuse Checklist

|  |
| --- |
| **SIGNS OF ABUSE CHECKLIST** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLIENT INFORMATION** | | | |
| **Name** |  | **Date of (or notification of) abuse** |  |
| **Name of facility** |  | **Time of (or notification of) abuse** |  |

**Indicators of Physical Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Injuries, pain, or bruising |  |  |  |
| 1. Multiple injuries in different stages of healing |  |  |  |
| 1. Welts, rashes, blisters, lacerations, swelling, and signs of being restrained |  |  |  |
| 1. Avoidance of particular staff, fear of a particular person |  |  |  |

**Indicators of Emotional Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Very low self-esteem, feelings of worthlessness |  |  |  |
| 1. Anxiety attacks |  |  |  |
| 1. Marked decrease in interpersonal skills |  |  |  |
| 1. Extreme attention-seeking behaviour |  |  |  |

**Indicators of Financial Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. No access to, or unwarranted restrictions on, personal funds or bank accounts |  |  |  |
| 1. No records, or incomplete records kept of expenditure and purchases |  |  |  |
| 1. No inventory kept of significant purchases |  |  |  |
| 1. Person has insufficient money to meet normal expenses |  |  |  |

**Indicators of Sexual Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Direct or indirect disclosure of abuse or assault |  |  |  |
| 1. Sleep disturbances |  |  |  |
| 1. Self-harm, abuse, suicide attempts |  |  |  |
| 1. Pain or itching in genital and/or anal area; bruising, bleeding or discharge |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON COMPELTING THIS CHECKLIST** | | | |
| **Name** |  | **Date and time checklist was made** |  |
| **Position** |  | **Signature (must be handwritten)** |  |

End of Signs of Abuse Checklist

#### Task 1.2 – Complete an Abuse Incident Report Form

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures also require all employees to report any indications or signs of possible abuse and neglect of individuals by completing and submitting an *Abuse Incident Report Form.*  Complete the *Abuse Incident Report Form* on the following pages. 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 26 November 20xx as the date today. Replace 20xx with the current year. * This form will be submitted to Greg Deans, your supervisor at Lotus Compassionate Care. * Write N/A where it is not indicated or specified in the scenario. |

##### Abuse Incident Report Form

|  |
| --- |
| **Abuse Incident Report Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE INCIDENT** | | | |
| **Name of facility** |  | **Date of (or notification of) incident** |  |
| **Name of person reporting the incident** |  | **Time of (or notification of) incident** |  |
| **Name of person incident is reported to** |  | **Date & time reported** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE RESIDENT OR COMMUNITY CLIENT** | | | |
| **Name of resident/client** |  | **Date of birth (or age)** |  |
| **Medical diagnosis and relevant history** |  | **Sex** | Male  Female |
| **Name of resident or client’s representative** |  | **Date & time representative is notified** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF ANY INJURY** | | | |
| **Nature of the injury** |  | | |
| **Immediate care given** |  | | |
| **Name of medical practitioner (MP) notified** |  | **Date & time MP attended** |  |
| **Name of attending police officers & police station** |  | **Date & time police attended** |  |
| **Name of the hospital if transferred** |  | **Date & time transferred to hospital** |  |
| **DESCRIPTION OF EVENTS** | | | |
| **Nature of the injury**  **Factual description of the incident or alleged incident.**  **Please be specific, noting times.**  (Attach a separate sheet if it is necessary to provide more information) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF WITNESS/ES** (Attach written statements, if any) | | | |
| **Name** |  | | |
| **Address** |  | **Signature and designation of person reporting** |  |
| **Phone** |  | **Date signed** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE COMPLETED BY THE MANAGER** | | | |
| **Incident reported to Department of Health and Ageing?** | Yes  No | **Date and time reported** |  |
| **Incident reported to Department of Health and Police?** | Yes  No | **Date and time reported** |  |
| **Date and time of investigation form completed** |  | | |
| **Signature of manager** |  | **Date signed** |  |

End of Abuse Incident Report Form

#### Task 1.3 – Report Signs of Abuse to Supervisor

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures also require all employees to report signs of abuse to their immediate supervisor after completing the Abuse Incident Report Form.  This part of the assessment is a **Role Play Activity.**  While being observed by your assessor, report the signs of abuse you have identified to your supervisor in this role play activity.  You will need one volunteer to act as their immediate supervisor.  **YOU WILL BE ASSESSED ON YOUR**:  Practical knowledge and skills relevant to reporting signs of abuse.  **OBSERVATION FORM**  Before starting this task, review the **Case Study Task 1.3 – Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**:   * Brief your volunteer regarding this assessment activity and their role in this activity. * Organise workplace resources required for you to complete this assessment. * Discuss with you the practical skills listed in the Observation Form prior to the assessment. * Address your queries and concerns regarding this task. |

### Scenario 2 - John

|  |
| --- |
| **SCENARIO**  An old person with his hand on his face  Description automatically generated with medium confidence  Date: 6 March 20xx, 20xx refers to the current year  Time: 6:30 PM  John is one of Lotus Compassionate Care’s disability support clients. He is 77 years old and has an early-stage Alzheimer's. He is suffering from vision and memory loss. He needs assistance when climbing the stairs because he cannot see the steps clearly.  One day, while you are assisting another person to climb the stairs, you overheard that the support worker attending to John was shouting at him. The support worker sounded frustrated at John because he takes too much time in climbing the stairs. John shouted back which led to the support worker to push him from his back so he could climb the stairs faster. John tried to push the support worker’s hand away but was forced to follow the support worker because he felt threatened. You see John’s knees shaking and his face looks scared. |

#### Task 2.1 – Recognise Signs of Abuse

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures require all employees to recognise signs of abuse by completing a *Signs of Abuse Checklist.*  Complete the *Signs of Abuse Checklist* on the following pages. Take note of the following details:   * Include in your report the indications or signs of abuse/neglect described in the scenario. * For the purposes of this assessment, use 6 March 20xx as the date today. Replace 20xx with the current year. * Write N/A where it is not indicated or specified in the scenario. |

##### Signs of Abuse Checklist

|  |
| --- |
| **SIGNS OF ABUSE CHECKLIST** |

|  |  |  |  |
| --- | --- | --- | --- |
| **CLIENT INFORMATION** | | | |
| **Name** |  | **Date of (or notification of) abuse** |  |
| **Name of facility** |  | **Time of (or notification of) abuse** |  |

**Indicators of Physical Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Injuries, pain, or bruising |  |  |  |
| 1. Multiple injuries in different stages of healing |  |  |  |
| 1. Welts, rashes, blisters, lacerations, swelling, and signs of being restrained |  |  |  |
| 1. Avoidance of particular staff, fear of a particular person |  |  |  |

**Indicators of Emotional Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Very low self-esteem, feelings of worthlessness |  |  |  |
| 1. Anxiety attacks |  |  |  |
| 1. Marked decrease in interpersonal skills |  |  |  |
| 1. Extreme attention-seeking behaviour |  |  |  |

**Indicators of Financial Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. No access to, or unwarranted restrictions on, personal funds or bank accounts |  |  |  |
| 1. No records, or incomplete records kept of expenditure and purchases |  |  |  |
| 1. No inventory kept of significant purchases |  |  |  |
| 1. Person has insufficient money to meet normal expenses |  |  |  |

**Indicators of Sexual Abuse**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicators** | **Yes** | **No** | **Specify what indicator was seen** |
| 1. Direct or indirect disclosure of abuse or assault |  |  |  |
| 1. Sleep disturbances |  |  |  |
| 1. Self-harm, abuse, suicide attempts |  |  |  |
| 1. Pain or itching in genital and/or anal area; bruising, bleeding or discharge |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON COMPELTING THIS CHECKLIST** | | | |
| **Name** |  | **Date and time checklist was made** |  |
| **Position** |  | **Signature (must be handwritten)** |  |

End of Signs of Abuse Checklist

#### Task 2.2 – Complete an Abuse Incident Report Form

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures also require all employees to report any indications or signs of possible abuse and neglect of individuals by completing and submitting an *Abuse Incident Report Form.*  Complete the *Abuse Incident Report Form* on the following pages. 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 6 March 20xx as the date today. Replace 20xx with the current year. * This form will be submitted to Greg Deans, your supervisor at Lotus Compassionate Care. * Write N/A where it is not indicated or specified in the scenario. |

##### Abuse Incident Report Form

|  |
| --- |
| **Abuse Incident Report Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE INCIDENT** | | | |
| **Name of facility** |  | **Date of (or notification of) incident** |  |
| **Name of person reporting the incident** |  | **Time of (or notification of) incident** |  |
| **Name of person incident is reported to** |  | **Date & time reported** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF THE RESIDENT OR COMMUNITY CLIENT** | | | |
| **Name of resident/client** |  | **Date of birth (or age)** |  |
| **Medical diagnosis and relevant history** |  | **Sex** | Male  Female |
| **Name of resident or client’s representative** |  | **Date & time representative is notified** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF ANY INJURY** | | | |
| **Nature of the injury** |  | | |
| **Immediate care given** |  | | |
| **Name of medical practitioner (MP) notified** |  | **Date & time MP attended** |  |
| **Name of attending police officers & police station** |  | **Date & time police attended** |  |
| **Name of the hospital if transferred** |  | **Date & time transferred to hospital** |  |
| **DESCRIPTION OF EVENTS** | | | |
| **Nature of the injury**  **Factual description of the incident or alleged incident.**  **Please be specific, noting times.**  (Attach a separate sheet if it is necessary to provide more information) |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF WITNESS/ES** (Attach written statements, if any) | | | |
| **Name** |  | | |
| **Address** |  | **Signature and designation of person reporting** |  |
| **Phone** |  | **Date signed** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TO BE COMPLETED BY THE MANAGER** | | | |
| **Incident reported to Department of Health and Ageing?** | Yes  No | **Date and time reported** |  |
| **Incident reported to Department of Health and Police?** | Yes  No | **Date and time reported** |  |
| **Date and time of investigation form completed** |  | | |
| **Signature of manager** |  | **Date signed** |  |

End of Abuse Incident Report Form

#### Task 2.3 – Report Signs of Abuse to Supervisor

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Lotus Compassionate Care’s Policies and Procedures also require all employees to report signs of abuse to their immediate supervisor after completing the Abuse Incident Report Form.  This part of the assessment is a **Role Play Activity.**  While being observed by your assessor, report the signs of abuse you have identified to your supervisor in this role play activity.  You will need one volunteer to act as their immediate supervisor.  **YOU WILL BE ASSESSED ON YOUR**:  Practical knowledge and skills relevant to reporting signs of abuse.  **OBSERVATION FORM**  Before starting this task, review the **Case Study Task 2.3 – Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**   * Brief your volunteer regarding this assessment activity and their role in this activity. * Organise workplace resources required for you to complete this assessment. * Discuss with you the practical skills listed in the Observation Form prior to the assessment. * Address your queries and concerns regarding this task. |

# Workplace Assessment

## Overview

|  |
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| **The goal of this assessment is to assess your practical knowledge and skills in:**   * Meeting job role requirements * Working within organisational requirements * Working within a disability support context * Implementing self-care strategies.   **The workplace assessment is divided into five tasks:**   1. Task 1 – Identify Job Role Requirements 2. Task 2 – Refer Work Tasks Outside Job Role 3. Task 3.1 – Seek Consent 4. Task 3.2 – Support the Individual 5. Task 4 – Implement Self-care Strategies   These tasks must be done within **disability support contexts.**  Each task comes with a set of instructions. You are to follow and perform these instructions while being observed by the assessor and submit any required documentation.  Before starting this assessment, your assessor will also discuss these tasks with you, as well as instructions and guidance for satisfactorily completing them. They will also organise the resources required for this assessment (listed below). |

|  |
| --- |
| **You are required to:**   * Complete the tasks within the time allowed, as scheduled in-class roll. * Review the instructions in each task included in this Workplace Assessment. * Meet job role requirements. * Work within organisational requirements. * Work within a disability support context. * Implement self-care strategies.   **Resources required for assessment:**  To complete this assessment, you will need access to the following:   * Workplace that reflects real working conditions and model industry operating conditions and contingencies, and that will allow them access to: * Facilities, equipment and resources that reflect real working conditions and model industry operating conditions and contingencies * Available digital technology used to access and share workplace information * Candidate’s position description * The person’s individualised plan * Person A * Person B * Consent Declaration template * Organisational policies and procedures for: * Record keeping * Reporting * Seeking support |

|  |
| --- |
| * Privacy requirements for storing workplace information * Confidentiality requirements for storing workplace information * Human rights framework requirements relevant to disability support * Professional conduct requirements relevant to disability supportt (e.g. Codes of conduct, industry standards, etc.) * Candidate’s workplace supervisor * Nominated people with disability * Person A * Person B * Carer/Family/Other person that Client B identified to give consent for them * Interdisciplinary team members relevant to the person’s support services * Person A * Person B * Relevant person who can provide support in managing stress level |

## Preliminary Task: Before Proceeding With Workplace Assessment Task 1

|  |
| --- |
| All tasks in this workplace assessment require you to support two people with disability.  Before the assessment, you must:   * Consult with your workplace supervisor to nominate the following persons with disability: * Person A must be able to give informed consent * Person B must be unable to make decisions on their own (e.g. a person with psychological disability which prevents them from making their own medical decisions), thus consent must be sought from one of the following people: * Identify the carer, family or other person identified by Person B to gove consent for them.   Once you have identified the information above, record them in the table below. |

**Workplace details**

|  |  |
| --- | --- |
| Workplace/organisation |  |
| Supervisor |  |

**Individualised plan details**

|  |  |  |
| --- | --- | --- |
|  | Person A | Person B |
| Nickname/Alias (Do not provide the person’s real name) |  |  |
| Carer/Family/ Other person legally appointed to give consent for them |  |  |

## Task 1 – Identify Job Role Requirements

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Identify own job role requirements and discuss them with your supervisor.  **STEPS TO TAKE**  To complete this task:   1. Access and review the following documents:    * Your position description    * Individualised plans of the nominated clients in the Preliminary Task    * Organisational record keeping procedures    * Privacy requirements    * Confidentiality requirements. 2. Identify the following:    * Your job role requirements, scope and expectations    * Own tasks according to job role    * Tasks outside own job role.   You must answer the supplementary questions below as part of this step.   1. Discuss identified job role requirements, scope and expectations with your supervisor. 2. Maintain and store each workplace information you accessed according to:    * Organisational record keeping procedures    * Privacy requirements    * Confidentiality requirements   **YOU WILL BE ASSESSED ON YOUR**  Practical skills relevant to identifying job role requirements, scope and expectations |

|  |  |
| --- | --- |
|  | **OBSERVATION FORM**  Before starting this task, review the **Workplace Assessment Task 1 – Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**   * Organise workplace resources required for you to complete this assessment. * 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. * Address your queries and concerns regarding this task.   **EVIDENCE TO BE SUBMITTED**  After completing this task, submit the following to your assessor:   * Evidence of your discussion with your supervisor regarding your job role requirements, scope and expectations (e.g. copy of email correspondence, audio recording, video recording, etc) * Copy of your position description used as reference to complete this task |

### Task 1 – Supplementary Questions

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Access and review the following documents and answer each question:   * Copy of your position description * Copies of the individualised plans of the nominated persons in the Preliminary Task. |
| 1. For items a-c, base your answers on the copy of your position description.    1. List all of your job role requirements.      * 1. Describe your job role scope.      * 1. List all of your job role expectations. | |
| 1. For items a-c, base your answers on the copies of the individualised plans of the nominated persons in the Preliminary Task. 2. List all of your work tasks according to own job role.   Person A:  Person B:   1. List all work tasks outside your own job role.   Person A:  Person B:   1. Identify the appropriate interdisciplinary team members that are capable of performing the tasks you listed above.   Person A:  Person B: | |

## Task 2 – Refer Work Tasks Outside Job Role

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Refer work tasks outside own job role to appropriate person according to organisational reporting policies and procedures.  **STEPS TO TAKE**   1. Access and review the following:  * Identified work tasks outside own job role in Task 1 * Organisational reporting policies and procedures.  1. Communicate with interdisciplinary team members to:  * Refer identified work tasks outside own job role according to organisational reporting policies and procedures. * Ask how they can assist in carrying out identified work tasks outside own job role.   You must answer the supplementary question below as part of this step.   1. Record discussion with interdisciplinary team members.   **YOU WILL BE ASSESSED ON YOUR**  Practical skills relevant to referring work tasks outside own job role  **OBSERVATION FORM**  Before starting this task, review the **Workplace Assessment Task 2 – Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**   * Organise workplace resources required for you to complete this assessment. * 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. * Address your queries and concerns regarding this task. |

|  |  |
| --- | --- |
|  | **EVIDENCE TO BE SUBMITTED**  After completing this task, submit the following to your assessor:   * Copy of organisational reporting policies and procedures used as reference to complete this task * Evidence of discussion with the interdisciplinary team members regarding identified work tasks outside own job role (e.g. copy of email correspondence, audio recording, video recording, etc) |

### Task 2 – Supplementary Question

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Based on your discussion with the interdisciplinary team member, explain how you can assist them in carrying out identified work tasks outside own job role. |
|  | |
| Person A: | |
| Person B: | |

## Task 3 – Carry Out Work Tasks

### Task 3.1 – Seek Consent

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Seek consent from the client and/or their family, carer or others identified by the client before commencing support activities.  **STEPS TO TAKE**   1. Seek consent before commencing support activities. Take note of the following:  * Client A is able to give informed consent * Client B is unable to make decisions on their own (e.g. a person with psychological disability which prevents them from making their own medical decisions) thus, consent must be sought from one of the following people: * Carer * Family * Other person identified by the client   Secure consent through the **Consent Declaration Template** provided along with this workbook to record the client’s approval before commencing support activities.   1. Maintain and store each nominated person with disability’s individualised plan according to:  * Organisational record keeping procedures * Privacy requirements * Confidentiality requirements   **YOU WILL BE ASSESSED ON YOUR**  Practical skills relevant to seeking consent before commencing support activities |

|  |  |
| --- | --- |
|  | **OBSERVATION FORM AND ASSESSOR’S CHECKLIST**  Before starting this task, review the the following checklists provided along with this workbook.   * **Workplace Assessment Task 3.1 – Observation Form**   This form lists all the practical skills you need to demonstrate while completing this task.   * **Workplace Assessment Task 3.1 - Assessor’s Checklist**   This form lists the criteria your submission must address to complete this task satisfactorily.  **YOUR ASSESSOR WILL**   * Organise workplace resources required for you to complete this assessment. * 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. * Discuss with you the requirements listed in the Assessor’s Checklist prior to the assessment. * Address your queries and concerns regarding this task.   **EVIDENCE TO BE SUBMITTED**  After completing this task, submit the following to your assessor:   * Completed Consent Declaration * Copies of relevant documents/information used as reference to complete this task: * Organisational reporting policies and procedures * Privacy requirements * Confidentiality requirements |

### Task 3.2 – Support the Individual

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Carry out identified work tasks to provide care to the client.  **STEPS TO TAKE**   1. Access and review the following documents:  * Legal framework requirements relevant to disability support * Human rights framework requirements relevant to disability support * Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.)  1. Review your discussion with the interdisciplinary team member in Task 2 on how you can assist them in carrying out identified work tasks outside own job role 2. Comply with the following requirements relevant to disability support while carrying out all identified work tasks in Task 1:  * Legal framework requirements * Human rights framework requirements * Professional conduct requirements  1. Assist interdisciplinary team members in carrying out identified work tasks outside own job role. 2. Use person-centred communication techniques in carrying out the work tasks. 3. Monitor own stress level when supporting the person.   **YOU WILL BE ASSESSED ON YOUR**   * Practical skills relevant to complying with legal and human rights framework requirements relevant to disability support * Practical skills relevant to cooperating with interdisciplinary team members * Practical skills relevant to using person-centred communication techniques when carrying out support activities. |

|  |  |
| --- | --- |
|  | **OBSERVATION FORM**  Before starting this task, review the **Workplace Assessment Task 3.2 – Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**   * Organise workplace resources required for you to complete this assessment. * 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. * Address your queries and concerns regarding this task.   **EVIDENCE TO BE SUBMITTED**  After completing this task, submit the following to your assessor:   * Copies of relevant documents/information used as reference to complete this task * Legal framework requirements relevant to disability support * Human rights framework requirements relevant to disability support * Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.) |

## Task 4 – Implement Self-care Strategies

|  |  |
| --- | --- |
| Application  Description automatically generated with low confidence | Use self-care strategies to manage stress and seek support to relevant person according to organisational policies and procedures.  **STEPS TO TAKE**   1. Access and review organisational policies and procedures for seeking support. 2. Monitors own stress level when working with the person. 3. Use self-care strategies to manage stress. 4. Seek support to manage stress while providing support to the person according to organisational policies and procedures.   **YOU WILL BE ASSESSED ON YOUR**  Practical knowledge and skills relevant to self-care strategies  **OBSERVATION FORM**  Before starting this task, review the **Workplace Assessment Task 4 - Observation Form** provided along with this workbook. This form lists all the practical skills you need to demonstrate while completing this task.  **YOUR ASSESSOR WILL**   * Organise workplace resources required for you to complete this assessment. * 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. * Address your queries and concerns regarding this task.   **EVIDENCE TO BE SUBMITTED**  After completing this task, submit the copy of organisational policies and procedures for seeking support used as reference to complete this task to your assessor. |

# Assessment Workbook Checklist

|  |  |
| --- | --- |
| **TO THE CANDIDATE**  When you have completed this assessment workbook, review your work, and ensure that: | |
|  | |
|  | You have completed all the Knowledge Assessments Questions. |
|  | You have completed the Practical Assessments in this workbook: |
|  | Case Study Task 1.1 |
|  | Case Study Task 1.2 |
|  | Case Study Task 1.3 |
|  | Case Study Task 2.1 |
|  | Case Study Task 2.2 |
|  | Case Study Task 2.3 |
|  | Workplace Assessment Task 1 |
|  | Workplace Assessment Task 1 – Supplementary Questions |
|  | Workplace Assessment Task 2 |
|  | Workplace Assessment Task 2 – Supplementary Question |
|  | Workplace Assessment Task 3.1 |
|  | Workplace Assessment Task 3.2 |
|  | Workplace Assessment Task 4 |

|  |  |
| --- | --- |
|  | You have saved and submitted the following evidence: |
|  | This completed workbook |
|  | Assessment Workbook Cover Sheet signed and scanned |
|  | Workplace Assessment Task 1 – Evidence of discussion with supervisor regarding job role requirements, scope and expectations |
|  | Workplace Assessment Task 2 – Copy of organisational reporting policies and procedures used as reference to complete this task |
|  | Workplace Assessment Task 2 – Evidence of discussion with the interdisciplinary team members regarding identified work tasks outside own job role (Person A) |
|  | Workplace Assessment Task 2 – Evidence of discussion with the interdisciplinary team members regarding identified work tasks outside own job role (Person B) |
|  | Workplace Assessment Task 3.1 – Consent Declaration (Person A) |
|  | Workplace Assessment Task 3.1 – Consent Declaration (Person B) |
|  | Workplace Assessment Task 3.1 – Copies of relevant documents/information used as reference to complete this task:   * Organisational reporting policies and procedures * Privacy requirements * Confidentiality requirements |

|  |  |
| --- | --- |
|  | Workplace Assessment Task 3.2 – Copies of relevant documents/information used as reference to complete this task   * Legal framework requirements relevant to disability support * Human rights framework requirements relevant to disability support * Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.) |
|  | Workplace Assessment Task 4 – Copy of organisational policies and procedures for seeking support used as reference to complete this task |

|  |
| --- |
| **IMPORTANT:**  **You must achieve a satisfactory result in ALL assessment tasks to be deemed COMPETENT for the unit/s relevant to this workbook.**  To be deemed satisfactory in the assessments contained in this workbook, you must successfully complete all the requirements listed above according to the prescribed benchmarks provided to the assessor. |

|  |  |
| --- | --- |
| **TO THE ASSESSOR**  When you have completed assessing the assessment workbook, review the candidate’s submissions against the checklist below: | |
|  | |
|  | The candidate has completed all the Knowledge Assessments Questions. |
|  | The candidate has completed the Practical Assessments in this workbook: |
|  | Case Study Task 1.1 |
|  | Case Study Task 1.2 |
|  | Case Study Task 1.3 |
|  | Case Study Task 2.1 |
|  | Case Study Task 2.2 |
|  | Case Study Task 2.3 |
|  | Workplace Assessment Task 1 |
|  | Workplace Assessment Task 1 – Supplementary Questions |
|  | Workplace Assessment Task 2 |
|  | Workplace Assessment Task 2 – Supplementary Question |
|  | Workplace Assessment Task 3.1 |
|  | Workplace Assessment Task 3.2 |
|  | Workplace Assessment Task 4 |

|  |  |
| --- | --- |
|  | You have saved and submitted the following evidence: |
|  | This completed workbook |
|  | Assessment Workbook Cover Sheet signed and scanned |
|  | Workplace Assessment Task 1 – Evidence of discussion with supervisor regarding job role requirements, scope and expectations |
|  | Workplace Assessment Task 2 – Copy of organisational reporting policies and procedures used as reference to complete this task |
|  | Workplace Assessment Task 2 – Evidence of discussion with the interdisciplinary team members regarding identified work tasks outside own job role (Person A) |
|  | Workplace Assessment Task 2 – Evidence of discussion with the interdisciplinary team members regarding identified work tasks outside own job role (Person B) |
|  | Workplace Assessment Task 3.1 – Consent Declaration (Person A) |
|  | Workplace Assessment Task 3.1 – Consent Declaration (Person B) |
|  | Workplace Assessment Task 3.1 – Copies of relevant documents/information used as reference to complete this task:   * Organisational reporting policies and procedures * Privacy requirements * Confidentiality requirements |

|  |  |
| --- | --- |
|  | Workplace Assessment Task 3.2 – Copies of relevant documents/information used as reference to complete this task   * Legal framework requirements relevant to disability support * Human rights framework requirements relevant to disability support * Professional conduct requirements relevant to disability support (e.g. Codes of conduct, industry standards, etc.) |
|  | Workplace Assessment Task 4 – Copy of organisational policies and procedures for seeking support used as reference to complete this task |

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| **IMPORTANT:**  **The candidate must achieve a satisfactory result in ALL assessment tasks to be deemed COMPETENT for the unit/s relevant to this workbook.**  To be deemed satisfactory in the assessments contained in this workbook, the candidate must successfully complete all the requirements listed above according to the prescribed benchmarks. |

# Record of Assessment (Assessor’s Use Only)

|  |  |
| --- | --- |
| **RECORD OF ASSESSMENT** | |
| **Candidate’s Name** |  |
| **RTO Name** |  |
| **RTO Contact Number** |  |
| **RTO Email Address** |  |
| **Assessor’s Name** |  |
| **Unit of Competency** | CHCDIS020 - Work effectively in disability support (Release 1) |

|  |  |  |
| --- | --- | --- |
| **Knowledge Assessment** | **S** | **NYS** |
| Question 1 |  |  |
| Question 2 |  |  |
| Question 3 |  |  |
| Question 4 |  |  |
| Question 5 |  |  |
| Question 6 |  |  |
| Question 7 |  |  |
| Question 8 |  |  |
| Question 9 |  |  |
| Question 10 |  |  |

|  |  |  |
| --- | --- | --- |
| **Knowledge Assessment** | **S** | **NYS** |
| Question 11 |  |  |
| Question 12 |  |  |
| Question 13 |  |  |
| Question 14 |  |  |
| Question 15 |  |  |
| Question 16 |  |  |
| Question 17 |  |  |
| Question 18 |  |  |
| Question 19 |  |  |
| Question 20 |  |  |
| Question 21 |  |  |
| Question 22 |  |  |
| Question 23 |  |  |
| Question 24 |  |  |
| Question 25 |  |  |
| Question 26 |  |  |
| Question 27 |  |  |
| Question 28 |  |  |
| Question 29 |  |  |
| Question 30 |  |  |

|  |  |  |
| --- | --- | --- |
| **Knowledge Assessment** | **S** | **NYS** |
| Question 31 |  |  |
| Question 32 |  |  |
| Question 33 |  |  |
| Question 34 |  |  |
| Question 35 |  |  |
| Question 36 |  |  |
| Question 37 |  |  |
| Question 38 |  |  |
| Question 39 |  |  |
| Question 40 |  |  |
| Question 41 |  |  |
| Question 42 |  |  |
| Question 43 |  |  |
| Question 44 |  |  |

|  |  |  |
| --- | --- | --- |
| **Practical Assessment** | | |
| **Case Studies** | **S** | **NYS** |
| Task 1.1 |  |  |
| Task 1.2 |  |  |
| Task 1.3 |  |  |
| Task 2.1 |  |  |
| Task 2.2 |  |  |
| Task 2.3 |  |  |

|  |  |  |
| --- | --- | --- |
| **Workplace Assessment** | **S** | **NYS** |
| Task 1 |  |  |
| Task 2 |  |  |
| Task 3.1 |  |  |
| Task 3.2 |  |  |
| Task 4 |  |  |

|  |  |  |
| --- | --- | --- |
| **Rules of Evidence** | **S** | **NYS** |
| All knowledge and skills evidence submissions are valid |  |  |
| All knowledge and skills evidence submissions are authentic |  |  |
| All knowledge and skills evidence submissions are sufficient |  |  |
| All knowledge and skills evidence submissions are current |  |  |

|  |  |
| --- | --- |
| **Signature Authentication Checklist**  This checklist will guide you in authenticating the signatures provided by the candidate in their assessment workbook and evidence submissions.  Read each checklist item and tick the box only if you confirm that the item is a true and accurate reflection of the signature authentication you have conducted. | |
| **Checklist** | **Completed** |
| I have checked the signature provided by the candidate in the Assessment Workbook Cover Sheet against the signature they provided to the Training Provider. |  |
| I confirm the signature provided by the candidate in the Assessment Workbook Cover Sheet matches the signature they provided to the Training Provider. |  |
| I confirm ALL signatures provided by the candidate in their evidence submissions match with the signature they provided to the Training Provider. |  |

|  |
| --- |
| **Third-Party Verification Log**  **Instructions for the Assessor:**  You are required to contact all third-party personnel involved in the candidate’s assessment to verify the candidate’s performance and evidence submissions and to confirm with them whether the candidate’s evidence submissions are true and accurate.  Complete this Third-Party Verification Log to document your completion of this process. When completing this log, provide all of the following required information for each third-party personnel:   * Name of third-party personnel contacted * Role in the candidate’s assessment (e.g. workplace supervisor, observer, or candidate) * Contact details (phone number or email address) * Date contacted   You must also confirm that third-party personnel have verified the candidate’s evidence submissions are true and accurate. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Third-party Contacted** | **Role in the Candidate’s Assessment** | **Contact Details (Phone number or email address)** | **Date contacted** | **Third-Party verifies evidence submissions of the candidate are true and accurate?** |
|  |  |  |  | Yes  No  Assessor’s Notes |
|  |  |  |  | Yes  No  Assessor’s Notes |
|  |  |  |  | Yes  No  Assessor’s Notes |
|  |  |  |  | Yes  No  Assessor’s Notes |

|  |  |  |
| --- | --- | --- |
| **Overall Result for the Relevant Workbook/s** | **Satisfactory** | **Not yet satisfactory** |
| Assessment Workbook |  |  |

|  |  |  |
| --- | --- | --- |
| **Overall Result for this Unit of Competency**  **IMPORTANT: To be deemed competent in the following unit of competency, the candidate must be marked Satisfactory in all the relevant workbook/s listed above.** | **Competent** | **Not yet competent** |
| CHCDIS020 - Work effectively in disability support (Release 1) |  |  |

|  |
| --- |
| **Assessor’s comments/feedback** |
|  |

|  |  |
| --- | --- |
| **Assessor Declaration**  I declare that the results recorded in this *Record of Assessment* are true and accurate. | |
| Assessor’s name | Assessor’s signature |
| Date signed |

End of Record of Assessment (For the Assessor’s Use Only)

**End of Document**