**Skills Workbook**

**CHC33015 Certificate III in Individual Support**

**Specialising in Ageing**



**Skills Workbook**

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Version control & document history

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| --- | --- | --- |
| **Date** | **Summary of modifications made** | **Version** |
| 8 June 2016 | Version 1.0 produced following final validation. | 1.0 |
| 17 June 2016 | Updated vocational placement instructions. | 1.1 |
| 23 June 2016 | Added “Important Information” section. | 1.2 |
| 22 July 2016 | Replaced “Evidence Checklist” with “Task and Evidence Checklist” | 1.3 |
| 1 August 2016 | Added “Assessor’s Declaration” on the Task and Evidence Checklist section | 1.4 |
| 29 March 2017 | * Updated tasks instructions across the workbook following validation done by subject matter expert * Removed drop down in risk rating of Workplace Safety Inspection Sheet * Amended task instructions in Subject 1 Using Individualised Plans as Basis of Support. * Minor changes in formatting and wording * Updated Task and Evidence Checklist * Removed Feedback Page | 2.0 |
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# Table of Contents

[Course Structure 4](#_Toc478741115)

[Vocational Placement 6](#_Toc478741116)

[Competency Based Assessment 9](#_Toc478741117)

[Supervisor’s Guidelines 10](#_Toc478741118)

[Placement Guidelines 12](#_Toc478741119)

[Student Guidelines 12](#_Toc478741120)

[Industry Placement Guidelines 12](#_Toc478741121)

[Access and Equity 13](#_Toc478741122)

[Skills Workbook Coversheet 14](#_Toc478741123)

[Subject 1: Support Independence and Wellbeing 15](#_Toc478741124)

[I. Vocational Placement Attendance Log 17](#_Toc478741125)

[II. Using Individualised Plans as Basis of Support 26](#_Toc478741126)

[III. Third-Party Report: Workplace Skills Demonstration 30](#_Toc478741127)

[Subject 2: Compliant Aged Care Practice 47](#_Toc478741128)

[I. Conduct a Workplace WHS Inspection 49](#_Toc478741129)

[II. Manual Handling Risk Assessment and Control 53](#_Toc478741130)

[III. Participate in a Workplace Safety Meeting 58](#_Toc478741131)

[IV. Performance Review: Compliant Aged Care Practice 61](#_Toc478741132)

[Subject 3: Work in Health and Community Services 73](#_Toc478741133)

[I. Continuous Improvement Project 75](#_Toc478741134)

[II. Cultural Reflections 80](#_Toc478741135)

[III. Observation Form 84](#_Toc478741136)

[Subject 4: Support and Empowerment of Older People 105](#_Toc478741137)

[I. Activity Planning Sheet 107](#_Toc478741138)

[II. Progress Notes 124](#_Toc478741139)

[III. Reflective Journal 126](#_Toc478741140)

[IV. Observation Form 138](#_Toc478741141)

[Subject 5: Palliative Care Services 188](#_Toc478741142)

[I. Organisational Policies and Procedures 190](#_Toc478741143)

[II. Progress Notes 193](#_Toc478741144)

[III. Reflective Journal 195](#_Toc478741145)

[IV. Observation Form 200](#_Toc478741146)

[Subject 6: Empowering People with Disability 219](#_Toc478741147)

[I. Person-Centred Approach 220](#_Toc478741148)

[II. Observation Form 225](#_Toc478741149)

[Skills Workbook Checklist 234](#_Toc478741150)

[Task and Evidence Checklist 236](#_Toc478741151)

# Course Structure

Students will complete their learning through a practical placement, within the duration of the course, you will required to complete **120 hours** of workplace-based experience to demonstrate the performance evidence in working within the **Individual Support** sector.

The **CHC33015 Certificate III in Individual Support Specialising in Ageing** course contains 13 units of competency. These units are divided into 8 subjects:

* **Subject 1:** Support Independence and Well-Being
* **Subject 2:** Compliant Aged Care Practice
* **Subject 3:** Work in Health and Community Services
* **Subject 4:** Support and Empowerment of Older People
* **Subject 5:** Palliative Care Services
* **Subject 6:** Empowering People with Disability
* **Subject 7:** Pre-Vocational Placement\* First Aid & CPR
* **Subject 8:** Vocational Placement (Skills Workbook)

*.*

The first six subjects focus on the theories and concepts required to prepare you for your vocational placement activities. They include assessment activities such as written questions, case studies, role playing activities, and projects.

The major skills components of the course are assessed via workplace assessment, using the skills workbook. The skills workbook will provide you with detailed instructions and templates to document your successful completion of each required task.

The skills workbook is divided into subjects. You are advised to submit each subject as you complete them.

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| --- |
| **IMPORTANT REMINDER:**  **The units HLTAID003 Provide first aid and HLTIAD Perform Cardiopulmonary Resuscitation must be completed prior to your vocational placement start date.** |

The following table indicates which workbooks need to be completed for each unit of competency.

If you have any questions as you are working through the learning materials, you can contact your trainer and they will be more than happy to provide you with guidance.

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| **Assessment Items For Each Unit** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit** | **Workbooks**  **CHC30113 Certificate III in Individual Support** | | | | | | | | | | | | **Skills Workbook** | |
| **1** | **2** | **3** | | **4** | | **5** | | **6** | | **7** | | **8** | |
|  | | | | | | | | | | | | | | |
| CHCCCS015 Provide individualised support | **✓** |  | |  | |  | |  | |  | |  | | **✓** |
| CHCCCS023 Support independence and well being | **✓** |  | |  | |  | |  | |  | |  | | **✓** |
| HLTAAP001 Recognise healthy body systems | **✓** |  | |  | |  | |  | |  | |  | | **✓** |
| CHCLEG001 Work legally and ethically |  | **✓** | |  | |  | |  | |  | |  | | **✓** |
| HLTWHS002 Follow safe work practices for direct client care |  | **✓** | |  | |  | |  | |  | |  | | **✓** |
| CHCCOM005 Communicate and work in health or community services |  |  | | **✓** | |  | |  | |  | |  | | **✓** |
| CHCDIV001 Work with diverse people |  |  | | **✓** | |  | |  | |  | |  | | **✓** |
| CHCCCS011 Meet personal support needs |  |  | |  | | **✓** | |  | |  | |  | | **✓** |
| CHCAGE001 Facilitate the empowerment of older people |  |  | |  | | **✓** | |  | |  | |  | | **✓** |
| CHCAGE005 Provide support to people living with dementia |  |  | |  | | **✓** | |  | |  | |  | | **✓** |
| CHCPAL001 Deliver care services using a palliative approach |  |  | |  | |  | | **✓** | |  | |  | | **✓** |
| CHCDIS007 Facilitate the empowerment of people with disability |  |  | |  | |  | |  | | **✓** | |  | | **✓** |
| HLTAID003 Provide first aid  HLTAID001 Perform cardiopulmonary resuscitation |  |  | |  | |  | |  | |  | | **✓** | |  |

# Vocational Placement

To complete the ***CHC33015 Certificate III in Individual Support Specialising in Ageing***,a practical placement is required in the aged care sector. Information regarding vocational placement can be found in the Vocational Placement Student Information booklet.

The selected Vocational Placement Workplace must be accredited. This ensures that the centre has adequate resources, including supervisory staff and equipment to allow you to complete all the assessment tasks required by the course.

The supervisor/s who observes your performance and signs your skills assessment workbook must be in a position of authority to provide you guidance and supervision as you complete your assessments in the workplace. The RTO Assessor will be the assessor on site.

Resources required for assessment include:

* Skills Workbook
* Access to the forms and templates (provided in each activity as needed)
* Computer with Internet access with MS Word, Adobe Acrobat Reader, Google Chrome
* Vocational Workplace that will provide access to:

**Subject 1:**

* + three (3) aged care clients and their individualised care plans
  + vocational workplace supervisor/s to supervise and confirm your completion of the required tasks included in this subject
  + WHS industry guides and other relevant organisation policy, protocols and procedures
  + workplace equipment and resources normally used by care workers (i.e., as needed: patient hoists, standing lifter, wheelchair, other client assistive devices and mobility aids, and PPE)
  + health management plans, personal healthcare checklists and personal healthcare diaries, where relevant to the client’s needs

**Subject 2:**

* + WHS industry guides and other relevant organisation policy, protocols and procedures:
    - Safe Work Practices
    - Manual Handling
    - Infection Control
  + Workplace to conduct a WHS inspection
  + One WHS meeting/debriefing in the organisation (if not available, see options for task 2 of this subject)

**Subject 3:**

* + Organisational policies and procedures relating to work practices
  + At least two (2) clients and/or colleagues from two (2) different cultural backgrounds
  + Continuous improvement meeting with the supervisor and at least one (1) colleague

**Subject 4:**

* + Two (2) clients living with dementia, their families and or carers
  + Two (2) meetings, one for each client living with dementia that you have been assigned to.
  + At least three (3) discussions with supervisor and or colleague(s), as required in the Reflective Journal (See Journal Entries 1, 3, and 6 of this Subject).
  + At least two (2) clients whom you can provide with personal care support (see Observation Form Items 1 – 10 of this Subject)
  + Access to clients and their families and carers that will enable you to perform the items in the Observation Form of this subject. (see details in Task 4 of this Subject)

**Subject 5:**

* + Organisational policies and procedures for the provision of palliative care
  + At least three (3) clients receiving palliative care
  + At least one (1) discussion with supervisor and or colleague(s), as required in the Reflective Journal (See Journal Entry 2).
  + Access to clients and their families and carers that will enable you to perform the items in the Observation Form of this subject (see details in Task 4 of this Subject)

**Subject 6:**

* + At least one (1) client who is an older person with a disability
  + One (1) meeting with the client and the supervisor for the person-centred thinking approach

**Important:** Please read each section of this workbook thoroughly before attempting to complete it. Review the assessment and consult with your Vocational Placement Supervisor.

Before starting your vocational placement make sure that you have:

|  |  |
| --- | --- |
|  | Completed the units **HLTAID003 Provide first aid** and **HLTAID001 Perform Cardiopulmonary Resuscitation** |
|  | Received a copy of the Vocational Placement Agreement and Plan signed by all parties |

***If the Vocational Placement Agreement is not completed and submitted, you will not be covered by insurance. If we receive an incomplete Vocational Placement Agreement, we usually post it back to you so that you can complete it. Please make sure that you keep us updated of any changes to your postal address so that no postal correspondence is lost.***

During your vocational placement:

While on your vocational placement, you will be required to undertake tasks that your vocational placement supervisor will observe and make comment on.

You will need to work on the activities in the Skills Workbook.

Familiarise yourself with the content of each assessment section before starting your placement, so that you don’t miss out on documenting any information that is required. On the first day of your vocational placement, please show and discuss this skills workbook with your vocational placement supervisor.

SKILLS WORKBOOK (This workbook)

To complete your skills workbook, you will be required to complete a variety of assessment methods:

1. Undertake a task, describe how you completed the task to meet requirements, enter the date and get your supervisor to sign off in confirmation and add any comments they have as a result of their observation of the task.
2. Observation Form – some tasks require the direct supervision and observation of you completing those tasks. The Vocational Placement Supervisor or nominated staff member must complete the relevant sections.
3. Projects – this workbook contains projects that require you to conduct workplace observations, complete checklists, write reports, and submit supporting documentation.
4. Written Questions – this workbook also includes supplementary guide questions to document details of your completion of tasks.
5. Participate in RTO Assessor assessment observations and interviews at the vocational placement site

# Competency Based Assessment

Competency based assessment requires students to be able to demonstrate their competency consistently.

*Please ensure that your vocational placement supervisor is aware that they need to include comments about their observation.*

Once you have submitted your completed your skills workbook, your Assessor will assess the evidence to determine your competence. The assessor will look at the information and comments that the supervisor has provided and determine whether each task has been done satisfactorily.

To be deemed competent in each unit, you are required to achieve a satisfactory result for all of the assessment components that make up that unit. Where a ‘not yet satisfactory’ judgement is made, you will be given guidance on steps to take to improve your performance and be provided the opportunity to resubmit evidence to demonstrate competence. Once a ‘satisfactory’ judgement has been made on all components for a unit, you will be deemed ‘competent’ in that unit.

The RTO Assessor makes the assessment judgement from observations and

interviews at the vocational placement site and your documents.

# Supervisor’s Guidelines

Skills Workbook/Signing Off

The Skills Workbook is designed to be used by **both** the candidate and their Vocational Placement Supervisor.

|  |  |
| --- | --- |
| **The Candidate** | **The Vocational Placement Supervisor** |
| * to help review their progress * to provide them with a record of the skills and knowledge they have gained through their industry placement and training in the workplace | * to provide a record of the candidate’s progress in the work environment * to help the Vocational Placement Supervisor deliver on-the-job training |

Competency-based assessment requires candidates to be able to demonstrate their competency consistently.

Candidates can demonstrate their skills by being observed performing duties within the facility, showing their skills in a simulated or practice style activity and responding appropriately to questions showing essential knowledge of the task being performed.

As a Vocational Placement Supervisor, your role is to observe and supervise the candidates completing the tasks outlined in this workbook, and confirm the documentation provided by the candidate. For each task, the candidates will be required to provide details about their performance. By signing the relevant workbook observation forms, you are confirming that you have observed the candidate complete the tasks and perform them according to the descriptions provided by the candidate.

Where you find that the candidate’s performance is not yet according to the organisation and industry standards, you are encouraged to provide comments. The assessors will be using this documentation to evaluate the candidate’s performance.

The comments section is provided for you to comment on the performance of the candidate. Please always include comments as these are critical in determining whether a candidate has demonstrated competency in a task.

Where not enough information is provided, the assessor may contact you to provide additional details.

Once completed and signed, the candidate is required to submit their Skills Workbook to their assessor to complete their final assessment.

**Please note:** You are not required to assess the student but your observations as an industry expert form an important part of the information reviewed by the assessor in determining the competence of the student.

If a student is not yet satisfactory at performing a task providing them with feedback and opportunities to practice the task will help and positive feedback on satisfactory tasks will increase the student’s confidence in their abilities. Should you have any concerns or questions about completing the Skills Logbook please contact the Placement Coordinator and they will assist you with any queries you may have.

If the student has been unable to demonstrate performance in any tasks during their industry placement, we will assist the student where possible to find a way to demonstrate their skills in this area. Some elements will be achieved through project work and workbooks.

# Placement Guidelines

Student Guidelines

Your key role is to learn and demonstrate competency in the units required for ***CHC33015 Certificate III in Individual Support Specialising in Ageing.***

Please note:

* If you cannot attend any time during your vocational placement, you must notify the vocational placement provider as early as possible so that they are aware that you will not be attending.
* The duties that you are assigned during your vocational placement will always be under the supervision of a vocational supervisor/staff member who is available to take responsibility for the client/s.
* Remember that you are there to learn.
* You are required to behave appropriately at all times and follow the vocational placement provider guidelines, policies and procedures.
* You should try to become part of the team and involved in the day-to-day workings of the vocational placement provider.
* You need to present yourself in a neat and tidy manner as per the guidelines at the vocational placement provider you attend, and you may be required to wear a uniform.

Industry Placement Guidelines

* Student’s attendance should be organised for a 7.5 hour day, wherever possible, with a lunch break of half an hour (unless otherwise arranged).
* Students should attend their vocational placement on the days that have been arranged with the Vocational placement provider and Compliant Learning Resources.
* Students should become part of the team and assist others, as required.
* The start and finish times should vary to allow the student to experience a variety of hours as expected in the industry.
* At the start of the vocational placement the student is required to gather information to aid in their understanding of the philosophy and policies in place within the service.
* The Vocational Placement Supervisor will supervise the student during their placement, observe their performance in the workplace, and provide feedback on the student’s performance by adding comments on the Skills Workbook.

# Access and Equity

We are committed to providing opportunities to all people for advancement, regardless of their background. We support government policy initiatives and provide access to our training for all those seeking to undertake it.

We ensure that our client selection criteria are non-discriminatory and provide fair access to training for the disadvantaged. In addition, we liaise with agencies and government departments for assistance in matters of language, literacy and numeracy difficulties.

**Important Information**

Before you start your Vocational Placement, thoroughly read through the Skills Workbook and locate the vocational workplace forms and templates. Where required, contact your trainer for assistance.

Before you approach your supervisor for review of your Skills Workbook, please ensure you are ready to direct them to the appropriate sections because they may be very busy and this will make the process easier for you.

# Skills Workbook Coversheet

|  |  |  |  |
| --- | --- | --- | --- |
| Vocational Placement Provider: |  | | |
| Vocational Placement Contact Person (Supervisor): |  | | |
| Vocational Placement Postal Address: |  | | |
| Vocational Placement Contact Phone No: |  | | |
| Vocational Placement Contact Email Address: |  | | |
| **Please read the Candidate Declaration below and if you agree to the terms of the declaration sign and date in the space 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 and I am aware that my assessor will not assess work that cannot be clearly 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 a 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:** |
| **Phone:** | | **Email:** | |

**Subject 1:   
Support Independence and Wellbeing**

|  |  |
| --- | --- |
| This section will assist the documentation of your successful completion of the skill requirements relevant to the units addressed in this subject: | |
| |  |  | | --- | --- | | **CHCCCS015** | Provide individualised support | | **CHCCCS023** | Support independence and wellbeing | | **HLTAAP001** | Recognise healthy body systems | | C:\Users\abigail.c\Documents\2 - Transition Developments\Individual Support\Subject 1\6 - Images\Abraham Chatzkel.jpg |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 1: Support Independence and Wellbeing* in the vocational placement centre.** | |
|  | |
| **Subject Overview**  This project requires you to provide individualised support to three (3) clients as per their care plan.  This subject is divided into three (3) tasks:   * **Task 1:** Vocational Placement Attendance Log * **Task 2:** Using individualised plans as basis of support (Project) * **Task 3:** Workplace skills demonstration (Third-party report) | |
| **Assessment Requirements**  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + three (3) Aged Care Clients and their individualised care plans   + vocational workplace supervisor/s to supervise and confirm your completion of the required tasks included in this subject   + WHS industry guides and other relevant organisation policy, protocols and procedures   + workplace equipment and resources normally used by care workers (i.e., as needed: patient hoists, standing lifter, wheelchair, other client assistive devices and mobility aids, and PPE)   + health management plans, personal healthcare checklists and personal healthcare diaries, where relevant to the client’s needs * Access to your Skills Workbook templates and forms. Click [HERE](http://compliantlearningresources.com.au/network/lotus/templates-2/vocational-workplace-forms-and-templates/).   + *Username: mercurylearner*   + *Password: mercury@123* | |

I. Vocational Placement Attendance Log

|  |
| --- |
| **Task 1**  The unit “CHCCCS015: Provide individualised support” included in this subject, requires you to complete a minimum of **120 hours** of vocational placement in an approved and accredited care facility.  This section requires you to log the time you spend in vocational placement performing the outlined tasks, roles and responsibilities relevant to the unit requirements included in this course.  Follow the steps below:   1. Locate the Vocational Placement Attendance Log provided on the next page. 2. Have your supervisor sign your attendance sheet after every shift. 3. Complete the declaration coversheet and ask your supervisor to sign the “Supervisor Declaration” section of the form. 4. Scan the completed Vocational Placement Attendance Log and submit to your assessor using the filename: *Subject1-AttendanceLog*   For your reference, a sample *Vocational Placement Attendance Log* is provided on the next pages. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Declaration Coversheet** | | | |
| **Student Declaration**  By affixing my signature below I declare that I have completed the stated number of hours of vocational placement in an approved and accredited care facility. I further declare that this document provides a true and accurate record of my performance as a vocational placement care worker in the listed care facility. | | | |
| Student Name: Lucas S. Walker | | | Student’s Signature:  L.S.Walker |
| Total Hours Logged: 120 Hours | Date Completed: 5 August 20XX | |
| **Supervisor Declaration**  By affixing my signature below I confirm that the student listed above has completed the tasks, and the number of hours logged in this document. I further confirm that this document provides a true and accurate record of my observations. | | | |
| Supervisor’s Name: Kyle Lauren | | | Supervisor’s Signature:  **K.Lauren** |
| Contact Number: 000-123-456 | Date Signed: 7 August 20XX | |
| Supervisor Qualifications:  Registered Nurse and Care Manager  Bachelor of Nursing | | | |
| **Vocational Placement Details** | | | |
| Vocational Placement Provider:  Lotus Compassionate Care | | Contact Number:  000-000-000 | |
| Postal Address: | | Email Address:  inquiries@yourdomain.com | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attendance Sheet** | | | | | | |
| **Student Name:** Lucas S. Walker | | **Date Started:** 1 July 20XX | | | | |
| **Vocational Placement Site:** Lotus Compassionate Care | | **Date Finished:** 31 July 20XX | | | | |
| **Date:** | **Primary Responsibilities** | **Start Time** | **Finish Time** | **Total Hours** | **Student Initials** | **Supervisor Initials** |
| 01/07/20xx | * Induction to the vocational placement centre. * Attended orientation about the policies and procedures * Toured the vocational placement centre’s facilities. | 8:30 AM | 5:30 PM | 9:00 Hours | LS | KL |
| 02/07/20xx |  |  |  |  |  |  |
| 03/07/20xx |  |  |  |  |  |  |
| 04/07/20xx |  |  |  |  |  |  |
| 05/07/20xx |  |  |  |  |  |  |
| 10/07/20xx |  |  |  |  |  |  |

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| **Declaration Coversheet** | | | |
| **Student Declaration**  By affixing my signature below I declare that I have completed the stated number of hours of vocational placement in an approved and regulated care facility. I further declare that this document provides a true and accurate record of my performance as a vocational placement care worker in the listed care facility. | | | |
| Student Name: | | | Student’s Signature: |
| Total Hours Logged: | Date Completed: | |
| **Supervisor Declaration**  By affixing my signature below I confirm that the student listed above has completed the tasks, and the number of hours logged in this document. I further confirm that this document provides a true and accurate record of my observations. | | | |
| Supervisor’s Name: | | | Supervisor’s Signature: |
| Contact Number: | Date Completed: | |
| Supervisor Qualifications: | | | |
| **Vocational Placement Details** | | | |
| Vocational Placement Provider: | | Contact Number: | |
| Postal Address: | | Email Address: | |

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| **Attendance Sheet** | | | | | | |
| **Student Name:** | | **Date Started:** | | | | |
| **Vocational Placement Site:** | | **Date Finished:** | | | | |
| **Date:** | **Primary Responsibilities** | **Start Time** | **Finish Time** | **Total Hours** | **Student Initials** | **Supervisor Initials** |
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| **Attendance Sheet** | | | | | | |
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| **Date:** | **Primary Responsibilities** | **Start Time** | **Finish Time** | **Total Hours** | **Student Initials** | **Supervisor Initials** |
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| **Attendance Sheet** | | | | | | |
| **Student Name:** | | **Date Started:** | | | | |
| **Vocational Placement Site:** | | **Date Finished:** | | | | |
| **Date:** | **Primary Responsibilities** | **Start Time** | **Finish Time** | **Total Hours** | **Student Initials** | **Supervisor Initials** |
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| **TOTAL HOURS** | | | | | |  |

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| **Attendance Sheet** | | | | | | |
| **Student Name:** | | **Date Started:** | | | | |
| **Vocational Placement Site:** | | **Date Finished:** | | | | |
| **Date:** | **Primary Responsibilities** | **Start Time** | **Finish Time** | **Total Hours** | **Student Initials** | **Supervisor Initials** |
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| **TOTAL HOURS** | | | | | |  |

II. Using Individualised Plans as Basis of Support

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| **Task 2**  To start this task, you are required to access and review individualised plans of clients receiving individual support. For the purpose of this assessment, this activity will be simulate  Follow the steps outlined below:   1. Access the individualised plan for Client A, Client B, and Client C through this link:   [Vocational Placement Forms and Templates](http://compliantlearningresources.com.au/network/lotus/templates-2/vocational-workplace-forms-and-templates/)  *Download “Client A’s Individualised Plan”*  *Download “Client B’s Individualised Plan”*  *Download “Client C’s Individualised Plan”*  *Username: mercurylearner Password: mercury@123*   1. Review and answer the questions in the tables that follow. Your answers must be based on the information found in the clients’ individualised plans linked above. |

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| **CLIENT A** |
| 1. Identify actions and activities that promote the client’s independence and rights to make informed decision-making   *Guidance: List at least two of these actions and activities; the actions and activities identified must support the client’s individualised plan* |
| 1. Identify support activities according to the client’s preferences   *Guidance: List at least two of these support activities; the support activities identified must support the client’s individualised plan. Take note that you will be required to document evidence that you prepared to provide these support activities to the client.* |

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| CLIENT B |
| 1. Identify actions and activities that promote the client’s independence and rights to make informed decision-making   *Guidance: List at least two of these actions and activities; the actions and activities identified must support the client’s individualised plan* |
| 1. Identify support activities according to the client’s preferences   *Guidance: List at least two of these support activities; the support activities identified must support the client’s individualised plan. Take note that you will be required to document evidence that you prepared to provide these support activities to the client.* |

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| CLIENT C |
| 1. Identify actions and activities that promote the client’s independence and rights to make informed decision-making   *Guidance: List at least two of these actions and activities; the actions and activities identified must support the client’s individualised plan* |
| 1. Identify support activities according to the client’s preferences   *Guidance: List at least two support activities; the support activities identified must support the client’s individualised plan. Take note that you will be required to document evidence that you prepared to provide these support activities to the client.* |

III. Third-Party Report: Workplace Skills Demonstration

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| **Task 3**  This section outlines all the tasks, skills and performance requirements relevant to the units included in this subject.  You are required to complete the tasks outlined below in the Third Party Report (TPR) according to the quality standards set by your vocational workplace, and in compliance with the industry standards relevant to the role of care workers.  Follow the steps below:   1. Locate the Third Party Report form provided on the next page. 2. Review all the tasks outlined in the form. This will give you an idea what tasks you will need to complete for each of your three (3) clients. 3. Arrange for your supervisor to observe your completion of each task. 4. Document your performance of each task as you complete them. This information will be used by your assessors to evaluate your performance. 5. Have your supervisor confirm your completion of each task by signing his/her initials on the respective spaces provided on the form.   Once you have completed the form, save and submit the document to your assessor using the filename: *Subject1-TPR.* |

**Instruction for Supervisors**

**Dear Supervisor,**

Thank you for agreeing to act as the candidate’s observer for this Subject. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.

NOTE: to observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support/Direct Client Care (e.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualification/s, Certificate III in Individual Support or Diploma of Individual Support)

**Your role as an observer**

You are asked to observe and testify that the candidate has completed the tasks outlined below according to the quality standards set by the care centre, and in compliance with the industry standards relevant to the candidate’s role as a care worker by completing the observation form that begins on the next page.

Before you complete this form, please:

* Read through the observation form (starts on the next page)
* Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.

For each response provided by the candidate, indicate the date when he/she completed/performed the task or activity and affix your initials as confirmation that the candidate has completed/performed the task or activity as he/she described.

Complete all parts of the form, including signing the *Supervisor’s / Observer’s Declaration* and filling out the *Vocational Placement Supervisor Details* on the last page of the form. Once done, return the completed form to the candidate.

*The checklist begins on the next page.*

|  |  |
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| **Student Declaration**  By affixing my signature below I declare that I have performed the roles outlined below and that I have provided a true and accurate record of my performance as a vocational placement care worker in a registered and approved care centre. | |
| Student Name: | Student Signature: |
| Date Completed: |
| ***Note to the candidate:***The following outlines the unit requirements relevant to **Subject 1: Support Independence and Wellbeing.** Provide the details required below to document your successful completion of each requirement listed, and have your vocational supervisor confirm your documentation by signing in the spaces provided. | |
| ***Note to the supervisor*:**  By initialling the boxes below you are confirming that you have observed the candidate demonstrate his/her ability to satisfactorily and consistently complete all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks.  You are also confirming that the candidate has worked within his/her work role and consistently followed the relevant workplace safety procedures in the day-to-day work activities required by the job role. | |

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| **This section will be completed by the candidate:**  *You are required to provide a detailed description of how you completed each task. Your vocational workplace supervisor will confirm that you have provided an accurate description of your performance by initialing on the corresponding spaces provided. Your assessor will evaluate your performance based on this documentation. Please provide all relevant information required. Where they are not provided, your assessor may contact your supervisor directly to get more information about your performance.* | | Supervisor Initial: |
| **Tasks relevant to Providing Individualised Support** | | |
|  | | |
| 1. **Describe three separate instances where you have provided support to a client according to his/her individualised plan, his/her preferences, and the organisation’s policies and procedures.**   ***Guidance:*** *demonstrate that the activities you prepared are in accordance with the clients’ individualised plans. Include relevant details from the client’s plan. Also include specific preferences of the client that you considered in preparing these support activities. List one support activity for each client. (to ensure privacy of client, you may use aliases or fictitious names to identify them.)* | | |
| * **Client 1:** | * **Support activity 1:** | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Explain how this support activity relate to the client’s individualised support plan: | |
| * Describe the steps you followed to prepare for this support activity: | |
| * Describe the steps you followed to conduct this support activity safely: | |
|  | | |
| * **Client 2:** | * **Support activity 2:** | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Explain how this support activity relate to the client’s individualised support plan: | |
| * Describe the steps you followed to prepare for this support activity: | |
| * Describe the steps you followed to conduct this support activity safely: | |
|  | | |
| * **Client 3:** | * **Support activity 3:** | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Explain how this support activity relate to the client’s individualised support plan: | |
| * Describe the steps you followed to prepare for this support activity: | |
| * Describe the steps you followed to conduct this support activity safely: | |
|  | | |
| 1. **Describe a specific instance where you assembled equipment required to provide support to the client.**   ***Guidance:*** *You must also provide evidence that you completed this task in accordance with the client’s individual care plan, and the relevant established procedures.* | | |
| * Equipment assembled: | | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Relevance to the client’s care plan: | |
| * Describe steps taken to assemble equipment: | |
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| 1. **Describe a specific instance where you have provided support according to your duty of care as a care worker.**   ***Guidance:*** *Provide specific examples of your duty of care and how you applied it in your practice.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe a specific instance where you have provided support according to the dignity of risk requirements.**   ***Guidance:*** *Explain how the support you provided enables the client to exercise his/her right to dignity of risk.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you assisted in maintaining a safe and healthy environment in the care centre.**   ***Guidance:*** *Provide specific support activities and practices you follow in your practice.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you assisted in maintaining a clean and comfortable environment in the care centre.**   ***Guidance:*** *Provide specific activities and practices you follow in your practice.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you ensured your client’s maximum dignity and privacy.**   ***Guidance:*** *Provide a specific support activity you have provided to a client that highlights your demonstration of your respect for the client’s dignity and privacy.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you maintained confidentiality and privacy of your clients throughout your vocational work practice.**   ***Guidance:*** *Provide specific examples of organisational policies and protocols relevant to confidentiality and privacy, and how you applied this in your practice.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you promoted and encouraged daily living habits that contribute to healthy lifestyle.**   ***Guidance:*** *Provide specific examples of daily living habits that contribute to healthy lifestyles, and describe how you promoted and encouraged these habits.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you contributed to your clients’ sense of security through use of safe and predictable routines**   ***Guidance:*** *Provide specific examples of safe and predictable routines, and specific instances in your practice where you’ve followed these routines.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe how you monitored you own work to ensure the required standard of support is maintained.**   ***Guidance:*** *Provide specific activities, tasks, or assignments that you completed where you ensured that required standard of support has been maintained.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
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| 1. **Describe a specific instance when it was not possible for you to provide appropriate support. Describe the personnel while maintaining privacy and confidentiality whom you sought assistance from.**   ***Guidance:*** *Identify the task, activity, or assignment where it was not possible for you to provide support or that was outside the scope of your own role.* | |
|  | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |

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| **Supervisor Declaration**  By affixing my signature below I declare that the candidate, whose name is recorded above, has completed the tasks outlined in this form according to the descriptions provided. I further confirm that I have observed the student complete the following tasks in the centre:   * safely support three (3) clients in the centre to enhance their independence and wellbeing * use the individualised plans of three (3) clients as the basis of support provided * completed all the tasks outlined in this form in accordance with the centre’s organisational policies, procedures and protocols   *Note: Should you find the candidate’s performance not yet satisfactory, kindly include comments in the space provided below.* | | |
| Supervisor’s Name: | | Signature: |
| Date: | |
| **Vocational Placement Supervisor Details** | | |
| Phone Number: | Email Address: | |
| Supervisor Qualifications: | | |
| Supervisor Comments (optional feedback to student): | | |

# Subject 2: Compliant Aged Care Practice

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| This section will assist the documentation of your successful completion of the skill requirements relevant to the units addressed in this subject:   |  |  | | --- | --- | | CHCLEG001 | Work legally and ethically | | HLTWHS002 | Follow safe work practices for direct client care | | C:\Users\abigail.c\Downloads\4 elderly people tumbs up cropped_mini (2).jpg |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 2: Compliant Aged Care Practice* in the vocational placement centre.** | |
|  | |
| **Subject Overview**  This subject is divided into four tasks:   * **Task 1** will require you to conduct a WHS inspection in your vocational workplace. * **Task 2** will requireyou to complete a Manual Handling Risk Assessment and Control Plan in your vocational workplace. * **Task 3** will require you to participate in a workplace safety meeting. * **Task 4** is completed via a third party report (TPR). | |

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| **Assessment Requirements**  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + WHS industry guides and other relevant organisation policy, protocols and procedures:     - Safe Work Practices     - Manual Handling     - Infection Control   + Workplace to conduct a WHS inspection   + One WHS meeting/debriefing in the organisation (if not available, see options for task 2) |

I. Conduct a Workplace WHS Inspection

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| **Task 1**  This project requires you to conduct a WHS inspection in your vocational workplace. The objective is to identify hazards, monitor safe work standards and practices and notify stakeholders as needed.  Follow the steps below:   1. Locate the Workplace Safety Inspection Sheet provided on the next page. 2. Have your supervisor sign the authorisation section on the form authorising your access to the workplace to conduct a WHS inspection. 3. Conduct the inspection following the checklist provided on the Workplace Inspection Sheet. For every area in the template, provide a risk rating by indicating if it is **N/A** (not applicable), **Low**, **Medium**, **High**, or **Extreme** in the Risk Rating column.   *Guidance: Refer to the table for the risk rating.*   |  |  | | --- | --- | | ***Risk Rating*** | ***Definition*** | | *N/A* | *Not applicable in the workplace* | | *Low* | *Action is required to eliminate risk but can be managed through routine procedures* | | *Medium* | *Action is required to eliminate or minimise risk at a specific timeframe* | | *High* | *Action is immediately required to minimise or eliminate risk following the hierarchy of controls.* | | *Extreme* | *Action is immediately required to eliminate risk.* |  1. Record any associated risks and at least one (1) recommended control measure for each area inspected, where applicable.   *Guidance: Describe while maintaining privacy and confidentiality at least one associated risk where applicable.*   1. Have your supervisor sign the completed Workplace Safety Inspection Sheet. 2. Scan and save the completed and signed form using the filename: *Subject2-Workplace Safety Inspection* |

**WORKPLACE SAFETY INSPECTION SHEET**

This form is used for assessment purpose only, and is not an official WHS or organisational document. Before proceeding, please the read instructions provided on your skills workbook for Task 1 of Subject 2.

**You are required to secure explicit written permission from your workplace supervisor and/or vocational workplace contact personnel to conduct this inspection. You may contact your trainer/assessor for more information.**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **AUTHORISATION TO CONDUCT THE INSPECTION** | | | | | | | | | | | |
| This is to authorise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct a workplace safety inspection in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (within the work area specified below) as part of her project requirements for the unit HLTWHS002 Follow safe work practices for direct client care. | | | | | | | | | | | |
| Name of authorising personnel | | |  | | | | Signature: | | |  | |
| Position | | |  | | | | Date: | | |  | |
| **WORKPLACE SAFETY CHECKLIST** | | | | | | | | | | | |
| Work area: | |  | | | | | Person conducting the inspection: | | |  | |
| Date of inspection: | |  | | | | | Time of inspection: | | |  | |
| **DETAILS OF ANY INJURY** | | | | | | | | | | | |
| Area | Safety Check | | | | Risk Rating | Associated Risks | | | Recommended Control | | |
| Corridors/  Stairs | No blind corners | | | |  |  | | |  | | |
| Hand rails accessible | | | |  |  | | |  | | |
| Anti-slip tread on stairs | | | |  |  | | |  | | |
| Stairs in good condition | | | |  |  | | |  | | |
| Storage | Item stored correctly | | | |  |  | | |  | | |
| Storage designed to minimise lifting problems | | | |  |  | | |  | | |
| Walking area clear | | | |  |  | | |  | | |
| Electrical | Equipment checked and has current inspection tag | | | |  |  | | |  | | |
| No damaged appliances, points, plugs, cords | | | |  |  | | |  | | |
| No cords on floors or across walkways | | | |  |  | | |  | | |
| Equipment | In good condition | | | |  |  | | |  | | |
| Manual available | | | |  |  | | |  | | |
| Relevant staff trained to operate | | | |  |  | | |  | | |
| Suitable for purpose used | | | |  |  | | |  | | |
| Maintenance checks/records up-to-date | | | |  |  | | |  | | |
| Ventilation | Air vents, filters, extraction fans clean | | | |  |  | | |  | | |
| Servicing records kept up to date | | | |  |  | | |  | | |
| Hazardous substances | All containers clearly labelled | | | |  |  | | |  | | |
| Stored appropriately | | | |  |  | | |  | | |
| Manual Handling | Unnecessary manual handling eliminated | | | |  |  | | |  | | |
| Staff trained in manual handling | | | |  |  | | |  | | |
| Staff trained in use of mechanical aids | | | |  |  | | |  | | |
| Lighting | Light fittings clean/working | | | |  |  | | |  | | |
| Work areas well lit | | | |  |  | | |  | | |
| Night lighting adequate | | | |  |  | | |  | | |
| Security lights working | | | |  |  | | |  | | |
| Safety signs | WHS policy displayed | | | |  |  | | |  | | |
| First Aid, Protective and Fire Equipment, signs etc. posted | | | |  |  | | |  | | |
| Waste disposal | Bin regularly emptied/cleaned | | | |  |  | | |  | | |
| Food scraps in vermin proof bins | | | |  |  | | |  | | |
| Infectious waste disposal | Sharps containers available (close to area of use) | | | |  |  | | |  | | |
| Infectious waste  disposed of appropriately | | | |  |  | | |  | | |
| Fire/  Emergencies | Extinguishers in place, serviced/not blocked | | | |  |  | | |  | | |
| Exits clearly marked/clear | | | |  |  | | |  | | |
| Exit/Emergency lighting works | | | |  |  | | |  | | |
| Action cards/emergency numbers displayed | | | |  |  | | |  | | |
| Smoke detectors tested | | | |  |  | | |  | | |
|  | Fire blanket accessible | | | |  |  | | |  | | |
|  | Employees know procedures (ask a sample of staff) | | | |  |  | | |  | | |
|  | First aid kit available, well stocked and clean | | | |  |  | | |  | | |
|  | Records kept of first aid provided | | | |  |  | | |  | | |
| **Supervisor Authentication** | | | | | | | | | | | |
| Supervisor Name: | | | |  | | | | Signature: | | |  |
| Contact email address/Contact Number: | | | |  | | | | Date and Time: | | |  |

II. Manual Handling Risk Assessment and Control

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| **Task 2**  This project requires you to complete a Manual Handling Risk Assessment and Control Plan in your vocational workplace. The objective is to identify a manual handling hazard in the workplace, assess the relevant risks, and plan and implement control measures.  Follow the steps below:   1. Locate the **Manual Handling Risk Assessment and Control Plan template** provided on the next page. 2. Review one manual handling hazard and complete Part B (Description of Activity) of the template. 3. Complete Part C (Risk Assessment) and provide at least one recommended control measure for each. 4. In Part D(Risk Control Options), provide at least one short term, one medium term, and one long term solution for the manual handling hazard you have identified in Part B. 5. In Part E (C0ntrol Strategy Details and Action Plan) Describe while maintaining privacy and confidentiality at least two control measures to be implemented to minimise or eliminate the manual handling hazard. Ensure that the control measures are in line with the organisation’s hierarchy of controls. Determine the person who will be responsible for implementing the control measures and the expected time frame to complete this.   *Guidance: Seek assistance from your supervisor regarding the implementation of control measures in the workplace.*   1. Once completed, have your supervisor sign the form in the space provided. 2. Scan and save the completed and signed for using the filename: *Subject2-Manual Handling Plan* |

**MANUAL HANDLING RISK ASSESSMENT & CONTROL**

This form is used for assessment purpose only, and is not an official WHS or organisational document. Before proceeding, please the read instructions provided on your skills workbook for Task 2 of Subject 2.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A. Student Information** | | | | | | | | | |
| Name of person carrying out the assessment: | |  | | | Date: | | |  | |
| Vocational Placement Provider: | |  | | | Vocational Placement Contact Number: | | |  | |
| **Part B. Description of Activity** | | | | | | | | | |
| Describe how the activity is relevant to your role as a care worker; e.g. getting residents out of bed as part of the process of taking them to the bathroom or lifting heavy kitchen supplies as part of preparing meals: |  | | | | | | | | |
| **Part C. Risk Assessment** | | | | | | | | | |
| Movements and Posture During Manual Handling | | | | Y/N | | Recommend Control Measure: | | | |
| Is there frequent or prolonged bending down where the hands pass below mid-thigh level of the employee? | | | |  | |  | | | |
| Is there frequent or prolonged reaching above the head? | | | |  | |  | | | |
| Is there frequent or prolonged bending due to extended reach forwards? | | | |  | |  | | | |
| Is there frequent or prolonged twisting of the back? | | | |  | |  | | | |
| Are awkward postures adopted that are not forward facing and upright? | | | |  | |  | | | |
| Task and load | | | | Y/N | | Recommend Control Measure: | | | |
| Is the manual handling performed frequently or for long periods of time by the employee? | | | |  | |  | | | |
| Are the loads moved or carried over long distances? | | | |  | |  | | | |
| Is the weight of the load:   1. more than 4.5 kg handled from the seated position? 2. more than 16 kg and handled in a posture other than seated? 3. more than 55 kg? | | | | a. | |  | | | |
| b. | |
| c. | |
| Is the load difficult or awkward to handle due to?   1. size? 2. shape? 3. temperature? 4. instability? 5. unpredictability? 6. restricted vision? | | | | a. | |  | | | |
| b. | |
| c. | |
| d. | |
| e. | |
| f. | |
| Is it difficult or unsafe to obtain adequate grip? | | | |  | |  | | | |
| Work environment | | | | Y/N | | Recommend Control Measure: | | | |
| Is the activity performed in a restricted space (e.g. bathroom, hallway access)? | | | |  | |  | | | |
| Is the lighting inadequate? | | | |  | |  | | | |
| Is the climate hot or cold (e.g. is manual handling affected by bulky clothes, cold stiff hands or slippery perspiring hands)? | | | |  | |  | | | |
| Are the floor surfaces cluttered, uneven, slippery or otherwise unsafe (e.g. obstacles, electrical cords, rugs, ridges, carpeted making pushing/steering difficult, steps)? | | | |  | |  | | | |
| Individual factors | | | | Y/N | | Recommend Control Measure: | | | |
| Is the employee new to the work or returning from extended period away? | | | |  | |  | | | |
| Are there age-related factors, disabilities, pregnancy factors? | | | |  | |  | | | |
| Does the employee’s clothing, or lack of waterproof clothing, footwear or personal protective equipment interfere with manual handling performance? | | | |  | |  | | | |
| Equipment | | | | Y/N | | Recommend Control Measure: | | | |
| Is equipment incompatible with furniture or other equipment? | | | |  | |  | | | |
| Is equipment unsuitable for the task it is being used for? | | | |  | |  | | | |
| Is equipment inefficient and slow to use? | | | |  | |  | | | |
| Is equipment poor quality? | | | |  | |  | | | |
| Is equipment difficult to use or understand how to use? | | | |  | |  | | | |
| Is equipment poorly maintained? | | | |  | |  | | | |
| Is equipment unavailable or difficult to obtain when needed? | | | |  | |  | | | |
| Work organisation | | | | Y/N | | Recommend Control Measure: | | | |
| Are there bottlenecks, deadlines or periods of peak activity? | | | |  | |  | | | |
| Is the work affected by insufficient staff numbers to complete tasks within deadline? | | | |  | |  | | | |
| Are there inefficiencies in the systems of work and/or double handling? | | | |  | |  | | | |
| Skills and experience | | | | Y/N | | Recommend Control Measure: | | | |
| Are employees untrained in manual handling? | | | |  | |  | | | |
| Are employees untrained in recognition and reporting of risks? | | | |  | |  | | | |
| Are employees untrained in how to perform specific tasks? | | | |  | |  | | | |
| Has there been a failure to provide employees with an induction into work practices and safety requirements? | | | |  | |  | | | |
| Are employees inexperienced in manual handling? | | | |  | |  | | | |
| Are work demands beyond the physical capacity of employees? | | | |  | |  | | | |
| **Part D. Risk Control Options** | | | | | | | | | |
| Describe short, medium and long-term solutions and record options: |  | | | | | | | | |
| **Part E. Control Strategy Details and Action Plan** | | | | | | | | | |
| Recommend control measures to be implemented: |  | | | | | | | | |
| Person Responsible: |  | | | | | | Time Frame: | |  |
| **Supervisor Authentication** | | | | | | | | | |
| Supervisor Name: | | |  | | | | Signature: | |  |
| Contact email address/Contact Number: | | |  | | | | Date and Time: | |  |

III. Participate in a Workplace Safety Meeting

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| **Task 3**  This task requires you to provide evidence that you have participated in a workplace safety meeting.  The objective of the meeting is to discuss your findings from the WHS inspection you completed in Task 1. Include in your discussions the following:   * At least two (2) risk of infections situations in the workplace when additional infection control procedures are required * At least two (2) client-related risk factors or behaviours of concern * Develop safe work policies and procedures\* that can be implemented in the work area   + At least one for infection control   + At least one for client-risk related risk factors or behaviours of concern * Any individual needs relevant to the work role that needs to be addressed   Ensure that any action items assigned to you is under the scope of your role as a support worker.  *\*Take note that developing policy and procedures is outside the scope of individual support worker responsibility. This activity is for assessment purposes only*  Follow the steps below:   1. Participate in a workplace safety meeting in your vocational workplace. 2. Submit a copy of the minutes of the meeting indicating your attendance and participation or use the template below (the minutes must reflect you proactively sharing your feedback with the group) and signed by your supervisor and/or meeting facilitator.   If you do not have access to a workplace safety meeting in your vocational workplace organise a simulated meeting. You will require at least one (1) volunteer participant who can also contribute to the workplace safety discussion.  Locate the *Meeting Minutes form* provided on the next page.  Have your participant/s sign the meeting minutes and provide their contact information. Please take note that your assessor may contact your volunteer participant to confirm details about the simulated workplace safety meeting.   1. Save the signed meeting minutes using the filename: *Subject2-Workplace Safety Meeting* |

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| **MEETING CALLED:** | | | | | |
| **Facilitator:** |  | | | **Date:** |  |
| **Note taker:** |  | | | **Time:** |  |
| **Timekeeping:** |  | | | **Location:** |  |
| **Attendees** | | | **Role** | | **Signature** |
|  | | |  | |  |
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| **Discussion** | | | | | |
| Agenda 1: |  | | | | |
| Agenda 2: |  | | | | |
| Agenda 3: |  | | | | |
| Agenda 4: |  | | | | |
| Agenda 5: |  | | | | |
| **Action Items** | | | | | |
| **Action Item** | | **Person Responsible** | **Deadline** | | **Status/Comments** |
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IV. Performance Review: Compliant Aged Care Practice

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| **Task 4**  This section outlines all the tasks, skills and performance requirements relevant to the units included in this subject.  You are required to complete the tasks outlined in the Third Party Report (TPR) form provided for this subject according to the quality standards set by your vocational workplace, and in compliance with the industry standards relevant to the role of care workers.  Follow the steps below:   1. Locate the Third Part Report form on the next page. 2. Review all the task requirements in the form. This will give you an idea and plan the tasks you will need to complete. Some tasks will require you to reference sources from the workplace such as relevant organisational policies and procedures, WHS industry guides, etc. 3. Arrange for your supervisor to observe your completion of each task. 4. Document your performance as you complete each task (use blue ink). Some tasks will require you to submit sample forms. Follow the submission instructions provided on the document. 5. Have your supervisor confirm your completion of each task by signing his/her initials on the respective spaces provided on the form to confirm that you were able to demonstrate compliant aged care practice throughout the duration of your placement. 6. Once you have completed the form, save and submit the document to your assessor using the filename: *Subject2-TPR* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

**Instruction for Supervisors**

**Dear Supervisor,**

Thank you for agreeing to act as the candidate’s observer for this subject, **Subject 2: Compliant Aged Care Practice**. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.

NOTE: to observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support/Direct Client Care (e.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualification/s, Certificate III in Individual Support or Diploma of Individual Support)

**Your role as an observer**

You are asked to observe and testify that the candidate has completed the tasks outlined below according to the quality standards set by the care centre, and in compliance with the industry standards relevant to the candidate’s role as a care worker by completing the observation form that begins on the next page.

Before you complete this form, please:

* Read through the observation form (starts on the next page)
* Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.

Make specific, written comments about the candidate’s performance, as well as ticking the boxes and initialling the requirements met. These comments are valuable evidence of the candidate’s competency—where they are not provided, the candidate’s assessor may contact you directly to get more information about the candidate’s performance.

Complete all parts of the checklist, including signing the observer declaration on the last page of the form. Once done, return the completed checklist to the candidate.

*The checklist begins on the next page.*

|  |  |
| --- | --- |
| **Student Declaration**  By affixing my signature below I declare that I have performed the roles outlined below and that I have provided a true and accurate record of my performance as a vocational placement care worker in a registered and approved care centre. | |
| Student Name: | Student Signature: |
| Date Completed: |
| ***Note to the candidate:***The following outlines the unit requirements relevant to **Subject 2: Compliant Aged Care Practice.** Provide the details required below to document your successful completion of each requirement listed, and have your vocational supervisor confirm your documentation by signing in the spaces provided. | |
| ***Note to the supervisor*:**  By initialing the boxes below you are confirming that you have observed the candidate demonstrate his/her ability to complete satisfactorily and consistently all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks.  You are also confirming that the candidate has worked within his/her work role and consistently followed the relevant workplace safety procedures in the day-to-day work activities required by the job role. | |

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| **This section will be completed by the candidate:**  *You are required to provide a detailed description of how you completed each task. Your vocational workplace supervisor will confirm that you have provided an accurate description of your performance by initialling on the corresponding spaces provided. Your assessor will evaluate your performance based on this documentation. Please provide all relevant information required. Where they are not provided, your assessor may contact your supervisor directly to get more information about your performance. PLEASE USE BLUE INK.* | | Supervisor Initial: |
| **Tasks relevant to providing legal and ethical practice in the workplace** | | |
|  | | |
| 1. **Describe three (3) workplace activities you have completed with relevant legal and ethical considerations.**   ***Guidance:*** *Provide three specific instances where you have completed workplace tasks relevant to your role with legal and ethical implications. (for example: providing personal hygiene care to clients-must maintain the client’s privacy and dignity).* | | |
| * **Relevant support activity 1:** | | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Describe the legal and ethical aspects of the support activity completed.   ***Guidance:*** *Provide at least one legal and ethical aspect of the support activity.* | |
| * Describe how you met the identified legal and ethical requirements of the task.   ***Guidance:*** *Provide at least one response to the legal and ethical requirement of the task.* | |
|  | | |
| * **Relevant support activity 2:** | | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Describe the legal and ethical aspects of the support activity completed | |
| * Describe how you met the identified legal and ethical requirements of the task | |
|  | | |
| * **Relevant support activity 3:** | | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Describe the legal and ethical aspects of the support activity completed | |
| * Describe how you met the identified legal and ethical requirements of the task | |
|  | | |
| 1. **Describe the workplace policies and procedures you followed to minimise risks in your practice**   ***Guidance:*** *Provide two specific examples of policies and procedures implemented in your vocational workplace relevant to safe work practices. Explain how this applies to your role as a care worker in the centre.* | | |
| * Workplace Policies and Procedures 1: | | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * How this applies to your role as a care worker: | |
| * Workplace Policies and Procedures 2: | | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * How this applies to your role as a care worker: | |
|  | | |
| 1. **Describe how you minimise manual handling risks in your practice.**   ***Guidance:*** *Describe the manual handling procedures and work instructions you follow in performing specific manual handling tasks. Provide two examples.* | | |
| * Manual handling task 1: | * Manual handling risk/s: | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Manual handling procedures you followed to minimise associated risks: | |
| * Manual handling task 2: | * Manual handling risk/s: | *Date Completed By the Student:*    *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| * Manual handling procedures you followed to minimise associated risks: | |
|  | | |

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| 1. **Describe how the following standard precautions are incorporated in your work routine.**   ***Guidance:*** *Describe how you apply these standard precautions in your practice. Provide specific tasks within your work role where you apply these standard precautions.* | |
| **Hand hygiene**   * Describe specific task/s within your role that include/s hand hygiene:      * Describe how hand hygiene is incorporated in these tasks (provide the steps you follow): | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| **Waste management**   * Describe specific task/s within your role that include/s waste management:      * Describe how waste management is incorporated in these tasks (provide the steps you follow): | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| **Handling of linen**   * Describe specific task/s within your role that include/s handling of linen:      * Describe how handling of linen is incorporated in these tasks (provide the steps you follow): | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
|  | |
| 1. **Describe specific instance during your workplace practice when standard precaution alone was not sufficient to prevent transmission of infection.**   ***Guidance:*** *Describe what additional precautions you followed to prevent the spread of infection.* | |
| * Describe the situation that required additional precautions:      * Describe the additional precautions you followed: | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
| ***NOTE TO THE STUDENT: If there had been no such instance during your vocational placement, use the scenario provided below***  ***NOTE TO THE SUPERVISOR: Please read the scenario provided below. Review the student’s response and confirm if the student described correct procedures had the scenario been an actual case in the centre.*** | |
| ***Scenario:*** *A client is suspected to have Pulmonary Tuberculosis and has been scheduled for testing. While waiting for the test results, the physician advised all care workers and healthcare personnel to follow droplet precautions in the provision of care for the client.*   * Describe the additional precautions you must follow relevant to your role as a care working providing care to the client: | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

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| --- | --- | --- |
| **Supervisor Declaration**  By affixing my signature below I declare that the candidate, whose name is recorded above, has completed the tasks outlined in this form according to the descriptions provided. I further confirm that I have observed the student complete the following tasks in the centre:   * completed workplace activities in accordance with legal and ethical requirements in at least 3 different situations * completed all the tasks outlined in this form in accordance with the centre’s organisational policies, procedures and protocols   *Note: Should you find the candidate’s performance not yet satisfactory, kindly include comments in the space provided below.* | | |
| Supervisor’s Name: | | Signature: |
| Date: | |
| **Vocational Placement Supervisor Details** | | |
| Phone Number: | Email Address: | |
| Supervisor Qualifications: | | |
| Supervisor Comments (optional feedback to student): | | |

**Subject 3:   
Work in Health and Community Services**

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| This section will assist the documentation of your successful completion of the skill requirements relevant to the units addressed in this subject:   |  |  | | --- | --- | | CHCDIV001 | Work with diverse people | | CHCCOM005 | Communicate and work in health or community services | | Description: https://photos-6.dropbox.com/t/2/AAAmeNs8_aw0-ZuOVn0ILC4rJpivzKCYFqbAHzbzUw2vRA/12/186348893/jpeg/32x32/1/1464609600/0/2/Aged%20Care%20Courses.jpg/ENm--LICGNUPIAIoAg/DIaMZOwzdinc1t0Pgeq4KHm3JktL42DX4n1Lk_fCsr8?size_mode=3&size=800x600 |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 3: Work in Health and Community Services* in the vocational placement centre.** | |

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| --- |
| **Subject Overview**  This subject is divided into three tasks:   * **Task 1** will require you to meet with your supervisor and at least one (1) colleague to identify and address:   + Areas for improvement in your vocational placement centre’s current work practices.   + Areas of improvement in your knowledge and skills as an aged care worker. * **Task 2** will require you to talk with two (2) clients or co-workers who come from a different culture to reflect and better understand their culture. * **Task 3** will be completed via a third party report (TPR) with your supervisor. |
| Assessment Requirements  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + Organisational policies and procedures relating to work practices   + At least two (2) clients and/or colleagues from two different cultural backgrounds   + Continuous improvement meeting with the supervisor and at least one (1) colleague |

1. Continuous Improvement Project

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Task 1**  Follow the steps below:   1. Locate the *Meeting Minutes* and *Continuous Improvement Planning Sheet* on the next page. 2. Participate in a meeting with supervisor and at least one (1) colleague to discuss areas for improvement in the workplace and your knowledge and skills:  * Continual improvement project task 1 - Discuss areas for improvement in your knowledge and skills as an individual support worker (record this in your *meeting minutes*).   + - Seek feedback from both your supervisor and your colleague about your work performance during your vocational placement.     - Discuss with them any skill and/or knowledge that you want to develop as part of your job role.     - Seek advice on how you can improve your knowledge and skills and how and where you can have access to professional development, either within the workplace or community. * Continual improvement project task 2 - Discuss areas for improvement in the workplace and develop an action plan to address these. A section is provided in the *Continuous Improvement Planning Sheet* to document your completion of this task.   + This may relate to, but not limited to, the following:     - Communication between staff, and staff to client     - Hygiene practices     - Infection control     - Work health and safety procedures     - Client support     - Emergency procedures     - Complaints or concerns raised by management, colleagues, clients, or their families/carers.   + You must describe while maintaining privacy and confidentiality at least two (2) specific issues that must be addressed in any of the areas mentioned above.   + For each issue you identified, * Write the organisational policies or procedures relevant to the issue. * Identify recommendations on how to address each issue. * Set a tentative date of when each recommendation can be implemented.   + Use the *Continuous Improvement Planning Sheet* to document your discussion.   At this point, you are only required to complete the following columns of the Continuous Improvement Planning Sheet:  (Sample responses are given)   |  |  |  |  | | --- | --- | --- | --- | | **Areas for improvement** | **Related policies/**  **procedures** | **Recommendations to address issues** | **Expected Completion Date** | | *E.g.*  *Clients are not aware of updates, upcoming events in the aged care facility.* | *Policy: Lifestyle and Recreational Programs* | *Set up bulletin boards for clients and workers to see. Reminders and announcements can be posted here.* | *6 June 20xx* |  1. Implement strategies to address areas for improvement in the workplace and complete the *Continuous Improvement Planning Sheet*. Ensure changes implemented are compliant with relevant workplace policies and procedures and under the guidance of your supervisor. 2. Once the *Continuous Improvement Planning Sheet* is completed and all parties signed in the relevant sections, save and submit the documents to your assessor using the filename: *Subject3-Continuous Improvement Planning Sheet* 3. Once the *Meeting Minutes* template is completed and all parties signed in the relevant sections, save and submit the documents to your assessor using the filename: *Subject3-Meeting Minutes*   **Note:** It is recommended that you complete this project near the end of your vocational placement so you can have a more comprehensive review of your work experience during your vocational placement. |

**INSTRUCTIONS:** This template is to be used for the *Meeting Minutes* assignment in *Subject 3: Work in Health and Community Services* of the Skills Workbook.

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Minutes** | | | |
| Date: | | Time: | Location: |
| Attendees: | *Guidance: After the meeting. Have all the participants (your supervisor and at least one (1) colleague) sign the minutes.* | | |
| **Discussion** | | | |
| 1. Feedback from supervisor and colleague about the candidate’s knowledge and skills in the workplace   *Guidance: Feedback must be objective. You may require discussions on areas that may need to be clarified.* | | | |
| 1. Skills and knowledge that you want to develop as part of your job role, and how you can develop these as advised by your supervisor and colleague | | | |
| 1. Options for accessing skill development/professional development opportunities | | | |

**INSTRUCTIONS:** This template is to be used for the *Continuous Improvement Planning* assignment in *Subject 3: Work in Health and Community Services* of the Skills Workbook.

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| --- | --- | --- | --- | --- | --- | --- |
| **CONTINUOUS IMPROVEMENT PLANNING SHEET** | | | | | | |
| ORGANISATION: | | | | | Date: | |
| **Areas for improvement** | **Related policies/procedures** | **Recommendations to address issues** | | **Expected Completion Date** | **Actual Completion Date** | **Supervisor’s Initial** |
|  |  |  | |  |  |  |
| Feedback to Work Practice | | | | | | |
| Supervisor’s Name: | | | Colleague’s Name: | | | |

1. Cultural Reflections

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| **Task 2**  This activity will help you reflect and better understand your own culture and other cultures. Reflecting on your own perception, including biases, towards other cultures. In doing so, you will help you better understand better how these can affect your behaviour while working ability to work with people coming from different cultural backgrounds, especially with your clients and colleagues in the vocational placement centre from different cultural backgrounds.  Follow the steps below:   1. Locate the *Cultural Reflection Sheet* on the next page. 2. Talk with two (2) clients or co-workers who come from a different culture to your own and learn about and better understand their culture. Learn about the different cultural groups in your vocational placement centre. Describe while maintaining privacy and confidentiality at least two (2) cultural groups (*e.g. Chinese, Islamic, Jewish, Filipino, Aboriginal, Vegans, etc.*) present in your vocational placement centre. It is required that these cultural groups must be different from yours. If you cannot identify any other cultural groups in your centre, you may select from previous experiences. 3. Reflect on your own perceptions and maybe even biases towards these cultures. 4. Reflect on how your own perceptions and biases towards these cultures can affect your ability to work with other people, clients, and colleagues coming from different cultural backgrounds from yours, especially clients and colleagues who come from these cultural groups. 5. Suggest ways on how you can promote work inclusivity when working with people coming from these cultural groups. 6. Complete the Cultural Reflections Sheet to document your responses in Steps 1 – 4. Once you’ve completed the sheet, save and submit the document to your assessor using the filename: *Subject3-Cultural Reflections* |

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| **TAKE NOTE THAT YOU ARE REQUIRED TO DEMONSTRATE INCLUSIVE WORK PRACTICE THROUGHOUT YOUR PLACEMENT. THIS WILL BE CONFIRMED AND DOCUMENTED BY YOUR WORKPLACE SUPERVISOR IN THE OBSERVATION FORM IN PART 3.** |

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| --- | --- | --- | --- |
| **CULTURAL REFLECTIONS** | | | |
|  | | | |
| **Cultural Group**  *(You must identify two (2) cultural groups in your centre or from your previous experience)* | **Your own perception and or biases towards this cultural group** | **How your own perception and or biases towards this cultural group affect your ability to work with people coming from different cultures** | **Ways you can promote inclusivity in working with clients/colleagues coming from this group**  *(Provide at least one (1) for each cultural group)* |
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1. Observation Form

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| **Task 3**  This section outlines all the tasks, skills and performance requirements relevant to the units included in this subject.  You are required to complete the tasks outlined in the observation form provided for this subject according to the quality standards set by your vocational workplace, and in compliance with the industry standards relevant to the role of care workers.  Follow the steps below:   1. Locate the Third Party Report form on the next page. 2. Review all the tasks outlined in the form. This will give you an idea and plan the tasks you will need to complete. 3. Arrange for your supervisor to observe your completion of each task. To complete the form, you are required to: 4. Provide specific descriptions of how you completed ALL tasks and activities. 5. Provide the date(s) of when you completed ALL tasks and activities. 6. Have your supervisor confirm your completion of each task by ticking the (Yes) or (No) box, providing feedback and signing his/her initials on the respective spaces provided on the form. 7. Once you have completed the form, save and submit the document to your assessor using the filename: *Subject3-TPR* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| --- |
| Subject 3: Work in Health and Community Services  *Observation Form* |
| **To the Candidate’s Supervisor**  Thank you for agreeing to act as the candidate’s observer for this project. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.  **NOTE:** To observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support specialising in Aged Care. E.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualifications in the following units of competency:   * CHCDIV001 Work with diverse people * CHCCOM005 Communicate and work in health or community services   **Your role as an observer**  You are asked to observe and testify that the candidate has completed the tasks described in this form in the workplace, and to document the quality of the candidate’s workplace performance by completing the observation form that begins on the next page.  Before you complete this form, please:   * Read through the observation form (starts on the next page) * Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.   For each response provided by the candidate, indicate the date when he/she completed/performed the task or activity and affix your initials as confirmation that the candidate has completed/performed the task or activity as he/she described.  Complete all parts of the form, including signing the *Supervisor’s / Observer’s Declaration* and filling out the *Vocational Placement Supervisor Details* on the last page of the form. Once done, return the completed form to the candidate. |

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| ***Note to the candidate:***The following outlines the unit requirements relevant to **Subject 3: Work in Health and Community Services.** Provide the details required below to document your successful completion of each requirement listed, and have your vocational supervisor confirm your documentation by signing in the spaces provided. |
| ***Note to the supervisor*:**  By initialling the boxes below you are confirming that you have observed the candidate demonstrate his/her ability to satisfactorily and consistently complete all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks.  You are also confirming that the candidate has worked within his/her work role and consistently followed the relevant workplace safety procedures in the day-to-day work activities required by the job role. |

|  |  |  |
| --- | --- | --- |
| Candidate’s Name: |  | |
|  | | |
| **This section will be completed by the candidate:**  *You are required to provide a detailed description of how you completed each task. Your vocational workplace supervisor will confirm that you have provided an accurate description of your performance by initialling on the corresponding spaces provided. Your assessor will evaluate your performance based on this documentation. Please provide all relevant information required. Where they are not provided, your assessor may contact your supervisor directly to get more information about your performance.* | | Supervisor Initial: |
|  | | |
| **Tasks and Activities Relevant to Working in Health and Community Services** | | |
| 1. Describe three (3) instances when you demonstrated effective communication with people from culturally and linguistically diverse (CALD) backgrounds. These can be among your colleagues or clients.   Identify the culture and/or language of the persons you have communicated with.  *Guidance: For each instance, describe the* ***verbal and non-verbal*** *communication skills you used.* | | |
|  | | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |

|  |  |
| --- | --- |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | |

|  |  |
| --- | --- |
| 1. Describe two (2) instances when you identified communication constraints in your workplace. Briefly discuss how you responded to these constraints.   *Guidance: Discussions are not limited to instances of communication with people from CALD backgrounds.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | |

|  |  |
| --- | --- |
| 1. Describe two (2) instances when you acted on ways to improve yourself and your social awareness when working with diversity.   *Guidance: You may refer to the strategies you have planned in Strategies for Diversity and Inclusion template.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | |

|  |  |
| --- | --- |
| 1. Describe two (2) instances when you negotiated time frames with two (2) different colleagues.   Discuss the situation and how you have agreed upon the timeframes for carrying out the tasks (e.g. swapping of shifts, meal breaks, etc.). | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe two (2) instances when you listened to and clarified work instructions from at least two (2) different colleagues.   Identify the tasks, provide a short outline of the instructions, and describe how you communicated to clarify information.  Complete the table below. | | | |
| Tasks | Instructions | How these were clarified |  |
|  |  |  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  |  |  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | | | |
| 1. Describe two (2) instances when you communicated with at least two (2) colleagues, following the organisation’s communication protocols (e.g. endorsing a client, reporting procedures, etc.).   Outline the organisational protocols you followed. | | | |
|  | | | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | | | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe two (2) instances when you communicated with at least two (2) persons of authority, following the organisation’s communication protocols (e.g. reporting procedures).   Outline the organisational protocols you followed. | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe an instance when you initiated action to access opportunities for your skills development.   *Guidance: You may refer to the options you have discussed with your supervisor during the meeting.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe two (2) instances when you used digital media in your workplace.   Outline the policies and procedures you followed regarding the use of digital media in your workplace (e.g. email, social media, podcasts, etc.).  *Guidance: At least two (2) different digital media must have been utilised.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe two (2) instances when you communicated with colleagues or clients from different backgrounds while demonstrating respect for their culture. Specify the strategies you used to demonstrate this. | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe two (2) instances when you acted upon ways to improve your own work practices to show your social awareness and value and respect towards diversity.   *Guidance: You may refer to your response from the strategies you have planned in Part 2 – Task 2. Your supervisor will verify that these have been implemented.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Identify two (2) workplace documents that you read. Describe how you clarified information in each document with your supervisor. Briefly discuss what the document was about and the points of clarification you have discussed.   *Guidance: You may refer to any document that you have accessed in the workplace (e.g. induction documents, client records, etc.). Ensure to maintain confidentiality of these documents as necessary.* | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Identify two (2) workplace documents that you completed in the workplace.  * at least one (1) must be a written workplace document * at least one (1) must be an electronic document or digital media   Briefly describe what the document was about the organisation’s standards which you have followed to complete these. | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| 1. Describe two (2) instances when you used work practices that contribute in making a culturally safe environment for everyone at the vocational placement centre.   Identify the work practices you used in each instance. | |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
|  | Date Completed By the Student:    Date Observed By the Supervisor:    Supervisor Initials: |
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| **SUPERVISOR’S CHECKLIST**  (For the Supervisor’s Use Only) | | | | | | | | |
| **INSTRUCTIONS:** The criteria items below relate to the candidate’s skills in verbal and written communication skills. To complete this checklist refer to the workplace documents that the candidate has completed during his/her vocational placement, e.g. progress notes, meeting minutes, emails, letters, etc.  Check **YES** if the candidate meets the criteria item, as well as relevant organisational and industry practices and standards. You are also strongly encouraged to make specific comments as these are valuable to the candidate’s learning experience during his/her vocational placement. | | | | | | | | |
| Criteria item: | | Does the candidate meet this criteria item? | | | | | | |
| YES | NO | Remarks | | | | Supervisor’s Initials |
| 1. Candidate verbally communicates industry-relevant terminologies accurately. | |  |  |  | | | |  |
| 1. Candidate uses industry-relevant terminologies accurately in completed written documents.   List the workplace document(s) the candidate has completed that demonstrate this: | |  |  |  | | | |  |
| 1. Candidate uses industry-relevant terminologies accurately in completed digital documents (e.g. email, social media, intranet, etc.)   List the digital document(s) the candidate has completed that demonstrate this: | |  |  |  | | | |  |
| 1. Candidate uses clear, accurate, and objective language to complete workplace documents.   List the workplace document(s) the candidate has completed that demonstrate this: | |  |  |  | | | |  |
| **Supervisor’s overall comments (optional feedback to candidate)** | | | | | | | | |
|  | | | | | | | | |
| **Candidate’s Declaration**  By affixing my signature below I declare that I have performed the tasks and activities in this Observation Form, and that I have performed these tasks and activities as I have described above.  I further confirm that all of the responses I have provided above are a TRUE and ACCURATE reflection of my performance during the course of my vocational placement. | | | | | | | | |
| Candidate’s name |  | | | | | | | |
| Candidate’s signature |  | | | | Date completed | |  | |
| **Supervisor’s / Observer’s Declaration**  By affixing my signature below, I declare that I have observed the candidate, whose name is recorded above, complete the tasks outlined in this form according to the descriptions provided.  I further confirm that all of the responses I have provided above are a TRUE and ACCURATE reflection of the candidate’s performance during the course of his/her vocational placement. | | | | | | | | |
| Supervisor’s name |  | | | | | | | |
| Supervisor’s signature |  | | | | | Date completed |  | |
| Vocational Placement Supervisor Details  *(All fields below are required)* | | | | | | | | |
| Phone number |  | | | | | | | |
| Email address |  | | | | | | | |
| Supervisor’s qualifications |  | | | | | | | |

# Subject 4: Support and Empowerment of Older People

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| This section will assist the documentation of your successful completion of the skill requirements relevant to the units addressed in this subject:   |  |  | | --- | --- | | **CHCCCS011** | Meet personal support needs | | **CHCAGE001** | Facilitate the empowerment of older people | | **CHCAGE005** | Provide support to people living with dementia | | https://photos-5.dropbox.com/t/2/AAByLhZPL79Q0FmPAcR7twOo9vRA3afd3tPRaPMCtzLkaw/12/186348893/jpeg/32x32/1/1464606000/0/2/elderly-man-being-dj.jpg/ENm--LICGNUPIAIoAg/vVbNxjrm1c5XUKlaKn6tCGErSytXgxa5MC0OFxF1q60?size_mode=3&size=800x600 |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 4: Support and Empowerment of Older People* in the vocational placement centre.** | |

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| **Subject Overview**  This subject is divided into four tasks:   * **Task 1** will require you to participate in two (2) meetings and organise activities to support at least two (2) clients living with dementia. During this task, you are to complete two (2) Activity Planning Sheets. * **Task 2** will require you to submit four (4) progress notes that you have completed during your vocational placement. * **Task 3** will require you to complete a reflective journal as part of the documentation of your learning experience relating to supporting and empowering older people during vocational placement. * **Task 4** will require you to complete the Observation Form with your supervisor. |
| **Assessment Requirements**  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + Two (2) clients living with dementia, their families and or carers   + Two (2) meetings, one for each client living with dementia that you have been assigned to.   + At least three (3) discussions with supervisor and or colleague(s), as required in the Reflective Journal (See Journal Entries 1, 3, and 6).   + At least two (2) clients whom you can provide with personal care support (see Observation Form Items 1 – 10)   + Access to clients and their families and carers that will enable you to perform the items in the Observation Form of this subject. |

1. Activity Planning Sheet

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| **Task 1**  ***Note: Read all instructions carefully before proceeding.***  **Steps to take:**   1. Speak with your supervisor about opportunities for you to assist in organising activities to support two (2) clients who are living with dementia. 2. Request to participate in two (2) separate meetings with your supervisor, the clients and their families, and/or carers. You are required to participate in two (2) separate meetings, one for each client. 3. Clarify with your supervisor the role you will take during these meetings. Are you allowed to provide input in these meetings? If so, what type of input? Will you just listen, observe, and take notes? Are you allowed to ask questions to the client and his/her family and carers? 4. Prior to the meeting(s), discuss with your supervisor the information you will need to complete in the **Activity Planning Sheet** found on the next page.   Note: The Activity Planning Sheet is strictly for assessment purposes only and is not to be used as an official workplace document or for any clinical or diagnostic purposes. This is only used to guide you in gathering information about your clients which will help you think of activities that will benefit them the most. |

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| 1. Participate in the meetings and complete the Activity Planning Sheet for each client. You may also like to use a separate notebook to take down information before completing your Activity Planning Sheet.   The Activity Planning Sheet has two parts:   1. **About the Client**   This is the first part of the Activity Planning Sheet and will be completed with the following information:   1. Name of client *(use an alias to maintain clients’ privacy)* 2. Client’s condition 3. Needs for a stable and familiar environment 4. Physical enablers and disablers 5. Social enablers and disablers 6. Cultural likes and dislikes 7. Pleasurable memories 8. Familiar routines 9. Level of participation *(how much the client can do in terms of his/her personal support?)* 10. Changes required to processes in client’s current care plan 11. Changes required to processes in client’s current care plan   The above information will mostly be acquired from your meeting with your supervisor, the client, and their families and/or carers.   1. **Activities for the Client**   This is the second part of the Activity Planning Sheet. For this part, you will need to think of two (2) activities that suit the client best, according to the information you collected in the first part of the Activity Planning Sheet. Specifically, both activities must:   1. Promote and maintain the client’s independence 2. Use familiar routines and existing skills 3. Reflect the client’s cultural likes and dislikes of the client 4. Help bring back pleasurable memories for the client   For each activity you list, provide a description and discuss how it will benefit the client *(E.g. How does it promote and maintain the client’s independence? Which familiar routines are used in this activity?)*  You may complete this part after the meeting. |

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| 1. When you have completed the *Activity Planning Sheets* for both clients, submit these to your supervisor for review. Have your supervisor sign off on both Activity Planning Sheets. 2. Submit your completed and signed Activity Planning Sheets using the filenames:    * *Subject 4-APS1*   *(for Client 1 with dementia)*   * + *Subject 4-APS2*   *(for Client 2 with dementia)* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

**INSTRUCTIONS:** This template is to be used for the *Activity Planning* assignment in *Subject 4: Support and Empowerment of Older People* of the Skills Workbook.

|  |  |
| --- | --- |
| Activity Planning Sheet (Client 1) | |
|  | |
| Completed by (must be the candidate): |  |
| Date of discussion: |  |
|  | |
| **About the Client** | |
|  | |
| Name of client (provide a fictitious name): |  |
| Client’s condition: |  |
|  | |
| *Guidance: Provide a short introduction about the client.* | |
|  | |
| **Needs for a stable and familiar environment** | |
|  | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| **Physical Attributes** | | **Social Attributes** | | | |
| Enablers:  *(E.g. person, assistive technology, or processes, etc. that help the client meet his/her physical needs and goals)* | | Enablers:  *(E.g. person, assistive technology, or processes, etc. that help the client meet his/her social needs and goals)* | | | |
| Disablers:  *(E.g. Conditions, processes, situations, etc. that make it difficult for the client to achieve his/her physical needs and goals)* | | Disablers:  *(E.g. Conditions, processes, situations, etc. that make it difficult for the client to achieve his/her social needs and goals)* | | | |
|  | | | | | |
| **Cultural Likes and Dislikes** | | | | | |
| Likes: | | Dislikes: | | | |
|  | | | | | |
| Client’s pleasurable memories: | | Client’s familiar routines: | | | |
|  | |  | | | |
|  | | | | | |
| Level of participation  *How much can the client do in terms of his/her personal support?* | |  | | | |
|  | | | | | |
| Required changes to processes in client’s current care plan: | | |  | | |
| Required changes to aids in client’s current care plan: | | |  | | |
|  | | | | | |
| **Activities for the Client**  Guidance: Each activity you provide must:   * Promote and maintain the client’s independence * Use familiar routines and existing skills * Reflect the client’s cultural likes and dislikes * Help bring back pleasurable memories for the client | | | | | |
|  | | | | | |
| **Activity 1:**  *(Provide a name of the activity here)* | | | | | |
| Description of the activity: | | | | | |
| How can this activity help the client?   1. How does this activity promote and maintain the client’s independence?      1. Which of the client’s familiar routines will be used for this activity?      1. Which of the client’s skills will be used for this activity?      1. How does this activity reflect the client’s cultural likes and dislikes?      1. How does this activity help bring back pleasurable memories for the client? | | | | | |
|  | | | | | |
| **Activity 2:**  *(Provide a name of the activity here)* | | | | | |
| Description of the activity: | | | | | |
| How can this activity help the client?   1. How does this activity promote and maintain the client’s independence?      1. Which of the client’s familiar routines will be used for this activity?      1. Which of the client’s skills will be used for this activity?      1. How does this activity reflect the client’s cultural likes and dislikes?      1. How does this activity help bring back pleasurable memories for the client? | | | | | |
|  | | | | | |
| Reviewed by: |  | | | Date reviewed: |  |
| Signature: |  | | | | |

**INSTRUCTIONS:** This template is to be used for the *Activity Planning* assignment in *Subject 4: Support and Empowerment of Older People* of the Skills Workbook.

|  |  |
| --- | --- |
| Activity Planning Sheet (Client 2) | |
|  | |
| Completed by (must be the candidate): |  |
| Date of discussion: |  |
|  | |
| **About the Client** | |
|  | |
| Name of client (provide a fictitious name): |  |
| Client’s condition: |  |
|  | |
| *Guidance: Provide a short introduction about the client.* | |
|  | |
| **Needs for a stable and familiar environment** | |
|  | |
|  | |

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| --- | --- | --- | --- | --- | --- |
| **Physical Attributes** | | **Social Attributes** | | | |
| Enablers:  *(E.g. person, assistive technology, or processes, etc. that help the client meet his/her physical needs and goals)* | | Enablers:  *(E.g. person, assistive technology, or processes, etc. that help the client meet his/her social needs and goals)* | | | |
| Disablers:  *(E.g. Conditions, processes, situations, etc. that make it difficult for the client to achieve his/her physical needs and goals)* | | Disablers:  *(E.g. Conditions, processes, situations, etc. that make it difficult for the client to achieve his/her social needs and goals)* | | | |
|  | | | | | |
| **Cultural Likes and Dislikes** | | | | | |
| Likes: | | Dislikes: | | | |
|  | | | | | |
| Client’s pleasurable memories: | | Client’s familiar routines: | | | |
|  | |  | | | |
|  | | | | | |
| Level of participation  *How much can the client do in terms of his/her personal support?* | |  | | | |
|  | | | | | |
| Required changes to processes in client’s current care plan: | | |  | | |
| Required changes to aids in client’s current care plan: | | |  | | |
|  | | | | | |
| **Activities for the Client**  Guidance: Each activity you provide must:   * Promote and maintain the client’s independence * Use familiar routines and existing skills * Reflect the client’s cultural likes and dislikes * Help bring back pleasurable memories for the client | | | | | |
|  | | | | | |
| **Activity 1:**  *(Provide a name of the activity here)* | | | | | |
| Description of the activity: | | | | | |
| How can this activity help the client?   1. How does this activity promote and maintain the client’s independence?      1. Which of the client’s familiar routines will be used for this activity?      1. Which of the client’s skills will be used for this activity?      1. How does this activity reflect the client’s cultural likes and dislikes?      1. How does this activity help bring back pleasurable memories for the client? | | | | | |
|  | | | | | |
| **Activity 2:**  *(Provide a name of the activity here)* | | | | | |
| Description of the activity: | | | | | |
| How can this activity help the client?   1. How does this activity promote and maintain the client’s independence?      1. Which of the client’s familiar routines will be used for this activity?      1. Which of the client’s skills will be used for this activity?      1. How does this activity reflect the client’s cultural likes and dislikes?      1. How does this activity help bring back pleasurable memories for the client? | | | | | |
|  | | | | | |
| Reviewed by: |  | | | Date reviewed: |  |
| Signature: |  | | | | |

1. Progress Notes

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| **Task 2**  For this part of the assessment, you will be required to complete four (4) progress notes, while on vocational placement that specifically include the following information:   1. Changes in a client’s health 2. Changes in a client’s personal support requirements 3. Routine difficulties encountered during support routines 4. Client's behaviours of concern that you have observed in the workplace, and their corresponding triggers.   *Note:* You may submit less than four (4) progress notes for this assessment provided that your submission meets **ALL** of the information above.  In addition, your submission(s) must:   1. Be signed off by your supervisor. 2. Use the organisation’s progress note template or follow the organisational style guide. 3. Once completed, submit the progress notes using the filenames:  * *Subject 4-PN1* * *Subject 4-PN2* * *Subject 4-PN3* * *Subject 4-PN4* |

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| ***Reminder:*** *Make sure to ask permission from the centre to use workplace documents for this assessment.*  *Ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| Progress Note Submission  (For Assessor’s Use Only) | | |
| The candidate’s progress note submission(s): | YES | NO |
| 1. Clearly show that they were completed by the candidate   *(e.g. candidate’s name appear in the progress note, and has been reviewed and signed off by the supervisor)* |  |  |
| 1. Include information about changes in a client’s health. |  |  |
| 1. Include information about changes client’s personal support requirements. |  |  |
| 1. Include information about routine difficulties candidate encountered during support routine(s). |  |  |
| 1. Include information about a client’s behaviours concern that the candidate observed in the workplace, and their corresponding triggers. |  |  |
| 1. Properly signed off by the supervisor |  |  |
| 1. Follow the organisation’s progress note template or use the organisational style guide. |  |  |

1. Reflective Journal

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| **Task 3**  This is the Reflective Journal for Subject 4: Support and Empowerment of Older People. You will be required to complete this journal as part of the documentation of your learning experience throughout your vocational placement.  Read the instructions below to guide you in completing this Reflective Journal.  **Guidelines:**   1. This Reflective Journal is made up of seven (7) journal entries. 2. Each entry contains *Reflection Guides*. These guides will assist you in providing the relevant information required for this activity. 3. You must always provide complete responses, where required.   *E.g. If the guide asks you to list at least two (2) strategies for supporting older people, then you must list two (2) or more, and not less than.*   1. Your responses must always be based on your experience during your vocational placement. 2. Whenever the Reflection Guides tell you to do so, discuss your responses with your supervisor. 3. Each journal entry must be signed off or initialled by your supervisor. |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

|  |  |  |
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| Journal Entry 1 | | Date: |
| ***Reflection Guide***   1. Consider how the provision of personal support may impact older people. What are the potential impacts of this on older people? 2. Discuss your responses with your supervisor, and provide a summary of your discussion below. 3. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. Potential impacts of provision of personal support on older people. | | |
| 1. Summary discussion with your supervisor: | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

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| Journal Entry 2 | | Date: |
| ***Reflection Guide:***   1. Think about your experience working with older people. Discuss how your own attitudes affect the way you work with older people. 2. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. How my own attitudes affect the way I work with older people: | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

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| --- | --- | --- |
| Journal Entry 3 | | Date: |
| ***Reflection Guide:***   1. Identify two (2) potential risks associated with ageing and briefly describe each. 2. Think about potential risks associated with providing support to older people. 3. List two (2) potential risks when providing personal support. 4. List one (1) potential risk during technical support activities *(e.g. activities that use mobility aids, breathing devices, feeding aids, etc.)* 5. Discuss your responses with your supervisor and provide a summary of this discussion below. 6. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. Two (2) potential risks associated with ageing. | | |
| 1. Potential risks associated with providing support to older people. 2. Two (2) potential risks when providing personal support | | |
| 1. Two (2) potential risks when providing personal support | | |
| 1. Potential risk during technical support activities. | | |
| 1. Summary discussion with your supervisor: | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

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| --- | --- | --- |
| Journal Entry 4 | | Date: |
| ***Reflection Guide:***   1. Think about the services in your vocational placement centre that empower older people *(e.g. promoting independence and autonomy,* *using rights-based approach, fostering a shared responsibility among clients and carers in the provision of personal support, etc.).*   List two (2) of these services and briefly discuss each.   1. Discuss your responses above with your supervisor above, and provide a summary of this discussion below. 2. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. Two (2) services in your vocational placement centre that help empower older people services. | | |
| 1. Summary of your discussion with supervisor | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

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| Journal Entry 5 | | Date: |
| ***Reflection Guide:***   1. Think about the strategies that are being used in your vocational placement centre to facilitate empowerment of older people. 2. List one (1) of these strategies that help maximise engagement *(e.g. in activities for daily living (ALDs), recreational, or social activities)* of older people. 3. List one (1) of these strategies that promote healthy lifestyle practices among older people.   Example: *One strategy for promoting healthy lifestyle practices can be having ‘Veggie Days’ every Tuesdays and Thursdays.*   1. Think of opportunities in your vocational placement to facilitate empowerment of older people. 2. List one (1) opportunity to maximise engagement *(e.g. in activities for daily living (ALDs), recreational, or social activities)* of older people. 3. List one (1) opportunity to promote healthy lifestyle practices among older people.   Example: *There is an opportunity for residents who enjoy reading to engage socially and interact with others by opening a book club inside the Aged Care Home.*   1. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. Strategy for maximising engagement of older people | | |
| 1. Strategy for maximising engagement of older people | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

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| Journal Entry 6 | | Date: |
| ***Reflection Guide:***   1. Think about the strategies used in your vocational placement centre to minimise behaviours of concern. List two (2) of these strategies and discuss their effectiveness *(e.g. strengths and or areas of improvement).* 2. Discuss your answers with your supervisor and provide a summary of your discussion below. 3. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. Two (2) strategies used in the centre to minimise behaviours of concern. How effective are they?   *Guidance: strategies must be person-centred* | | |
| 1. Summary of discussion with supervisor | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

|  |  |  |
| --- | --- | --- |
| Journal Entry 7 | | Date: |
| ***Reflection Guide:***   1. Think about your experience while working with people living with dementia. 2. List two (2) instances when you were least stressed about your work. 3. List two (2) instances when you were most stressed about your work. 4. How do you take care of yourself (physically, mentally, emotionally, and or socially) while working with people with dementia? List at least two (2) ways. 5. You may include your insights, thoughts, and ideas about this topic, however this is not required. | | |
| 1. My experience while working with people living with dementia 2. Two instances when I was least stressed about work: | | |
| 1. Two instances when I was most stressed about work: | | |
| 1. I take care of myself by: | | |
| 1. Other insights, thoughts, and ideas (This is not required) | | |
| Supervisor’s sign off: |  | |

1. Observation Form

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| **Task 4**  This section outlines all the tasks, skills and performance requirements relevant to providing support and empowerment to older people.  You are required to complete the tasks outlined in the observation form provided for this subject according to the quality standards set by your vocational workplace, and in compliance with the industry standards relevant to the role of care workers.  Follow the steps outlined below:   1. Locate the *Observation Form* on the next page. 2. Review all the tasks outlined in the form. This will give you an idea and plan the tasks you will need to complete. 3. Arrange for your supervisor to observe your completion of each task. 4. Document your performance of each tasks and complete them and provide:    1. Specific descriptions of how you completed ALL tasks and activities    2. The date(s) of when you completed ALL tasks and activities 5. This information will be used by the assessor to evaluate your performance. 6. Have your supervisor confirm your completion of each task by ticking the (Yes) or (No) boxes, providing feedback, and signing his/her initials on the respective spaces provided on the form.   Once you have completed the form, save and submit the completed and signed document to your assessor using the filename: *Subject 4-TPR.* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| Subject 4: Support and Empowerment of Older People  *Observation Form* | | | | | | |
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| **To the Candidate’s Supervisor**  Thank you for agreeing to act as the candidate’s observer for this project. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.  **NOTE:** To observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support specialising in Aged Care. E.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualifications in the following units of competency:   * CHCCCS011 Meet personal support needs * CHCAGE001 Facilitate the empowerment of older people * CHCAGE005 Provide support to people living with dementia   **Your role as an observer**  You are asked to observe and testify that the candidate has completed the tasks described in this form in the workplace, and to document the quality of the candidate’s workplace performance by completing the observation form that begins on the next page.  Before you complete this form, please:   * Read through the observation form (starts on the next page) * Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.   While observing the candidate:  For each checklist item, tick **YES**, if the candidate has successfully and performed the task specified in the checklist item, satisfactorily meeting current industry and workplace standards, and tick **NO**, if the candidate has not been able to.  Where appropriate, make specific written comments about the candidate’s performance. These comments are valuable evidence of the candidate’s competency.  Complete all parts of the form, including signing the *Supervisor’s / Observer’s Declaration* and filling out the *Vocational Placement Supervisor Details* on the last page of the form. Once done, return the completed form to the candidate. | | | | | | |
| Candidate’s Name: |  | | | | | |
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| **These sections are to be completed by the candidate** | | | **These sections are to be completed by the supervisor** | | | |
| ***Note to the candidate:***The following outlines the requirements relevant to the units included in *Subject 4: Support and Empowerment of Older People.* Provide the details required below to document your successful completion of each requirement and have your vocational supervisor confirm your documentation by signing in the space provided: | | | ***Note to the supervisor:*** By initialling the boxes below you are confirming that you have observed the candidate demonstrating their ability to satisfactorily and consistently complete all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks. You are also confirming that they have worked within their work role and followed organisational policies, procedures, frameworks and relevant legislative requirements. | | | |
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| PROVIDING PERSONAL CARE SUPPORT  *(For activity in items 1 – 10, you must be able to support at least two (2) older people, one for each instance)* | | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe two (2) instances when you safely assisted older people in bed bathing, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. | |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in dressing, undressing, and grooming, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in eating using appropriate feeding techniques, as directed in their individualised care plans. Specify the feeding technique(s) you used for each instance.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in drinking using appropriate feeding techniques, as directed in their individualised care plans. Specify the feeding technique(s) you used for each instance.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in oral hygiene, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in shaving, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in showering, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in toileting, as directed in their individualised care plans.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in using continence aids, as directed in their individualised care plans. Specify the continence aids used in each instance.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you safely assisted older people in using aids and equipment including devices they use, as directed in their individualised care plans. Specify the aids, equipment and devices used in each instance.   Describe the client(s) while maintaining privacy and confidentiality whom(s) you have assisted for each instance. |  |  | | | |
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| HAZARDOUS MANUAL HANDLING | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you safely transferred a client between a bed and chair. |  |  | | | |
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| 1. Describe an instance when you safely assisted a client in recovering from a fall. |  |  | | | |
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| MEETING PERSONAL SUPPORT NEEDS | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe two (2) instances when you sought support from appropriate personnel for those tasks that are outside of scope of your own role. For each instance:  * Specify in which tasks you sought the support from other personnel. * Describe the personnel while maintaining privacy and confidentiality from whom you sought support. |  |  | | | |
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| 1. Describe two (2) instances when you maintained a positive attitude while discussing and confirming older people’s preferences. |  |  | | | |
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| 1. Describe two (2) instances when you safely prepared tasks in providing support to older people. |  |  | | | |
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| 1. Describe an instance when you safely adjusted the following: |  |  | | | |
| 1. Aids and or equipment   (Identify the aids and or equipment you have safely adjusted) |  |  |  |  |  |
| 1. Appliances   (Identify the appliances you have safely adjusted) |  |  |  |  |  |

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| 1. Describe two (2) instances when you responded to routine difficulties during support routines. For each instance, specify what these routine difficulties are. |  |  | | | |
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| 1. Describe two (2) instances when you reported complex problems to supervisor during support routines. |  |  | | | |
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| 1. Describe two (2) instances when you reported changes in the client’s health to the supervisor. |  |  | | | |
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| 1. Describe two (2) instances reported changes in the client’s personal support requirements to the supervisor. |  |  | | | |
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| 1. Described two (2) instances when you maintained clients’ confidentiality and privacy. For each instance, specify the organisational policies and procedures you followed in maintaining clients’ confidentiality and privacy. |  |  | | | |
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| 1. Described two (2) instances when you maintained clients’ dignity. |  |  | | | |
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| REPORTING and DOCUMENTATION | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you complied with the organisation’s reporting requirements.   Identify the reporting requirements you have complied with. |  |  | | | |
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| 1. Describe an instance when you complied with the organisation’s requirements for reporting observations to supervisor.   Identify the requirements for reporting observations you have complied with. |  |  | | | |
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| 1. Describe an instance when you completed and maintained documents according to the organisation’s policies and protocols. |  |  | | | |
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| DEVELOPING RELATIONSHIPS with OLDER PEOPLE | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you conducted interpersonal exchanges that: |  |  | | | |
| 1. Promoted empowerment. |  |  |  |  |  |
| 1. Developed and maintained trust and goodwill. |  |  |  |  |  |

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| 1. Describe an instance when you recognised and respected older people’s social, cultural, and spiritual differences. |  |  | | | |
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| 1. Describe an instance when you encouraged older people to adopt a shared responsibility for their own support. |  |  | | | |
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| PROVIDING SERVICES to OLDER PEOPLE | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you supported the older person to express their own identity. |  |  | | | |
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| 1. Describe an instance when you supported the older person to express their own preferences. |  |  | | | |
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| 1. Describe an instance when you supported the older person without imposing own values and attitudes. |  |  | | | |
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| 1. Describe an instance when you adjusted services to meet the specific needs of the older person. |  |  | | | |
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| 1. Describe an instance when you provided services according to the older person’s preferences. |  |  | | | |
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| 1. Describe an instance when you provided services according to organisation’s policies and procedures.   Identify the organisation’s policies and procedures you followed when you provided these services. |  |  | | | |
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| 1. Describe an instance when you provided services according to duty of care requirements.   Identify the duty of care requirements you complied with when you provided these services. |  |  | | | |
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| PROMOTING HEALTH and RE-ABLEMENT of OLDER PEOPLE | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you encouraged the older person to actively engage in all living activities. |  |  | | | |
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| 1. Describe an instance when you provided the older person with necessary information about engaging actively in all living activities. |  |  | | | |
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| 1. Describe an instance when you supported older people to actively engage in all living activities. |  |  | | | |
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| 1. Describe an instance when you assisted in using aids and modifications that help encourage older people’s strengths, capacities, and independence. |  |  | | | |
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| RESPONDING to GOALS and ASPIRATIONS of OLDER PEOPLE | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe an instance when you used a flexible and adaptable approach to empower the older person. |  |  | | | |
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| 1. Describe an instance when you used a person-centred approach to empower the older person. |  |  | | | |
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| 1. Describe two (2) instances when you immediately recognised situations of risk and or potential risk. Identify these situations of risk and or potential risk for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you responded appropriately to situations of risk and or potential risk. Identify these situations of risk and or potential risk for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you used oral communication skills to maintain positive and respectful relationships.   Identify the oral communication skills you used for each instance. |  |  | | | |
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| PROVIDING SUPPORT TO PEOPLE LIVING WITH DEMENTIA | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe how you applied a person centred approach to all interactions with clients who are living with dementia.   Describe while maintaining privacy and confidentiality at least (2) clients with dementia whom you interacted with using a person centred approach. |  |  | | | |
|  | N/A |  |  |  |  |
| 1. Describe an instance when you addressed the person’s needs in achieving a stable and familiar environment. |  |  | | | |
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| 1. Describe two (2) instances when you used verbal communication strategies to effectively engage with the person.   Identify the verbal communication strategies you used and the clients you supported for each instance. |  |  | | | |
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| 1. Describe an instance when you used non-verbal communication strategies to effectively engage with the person.   Identify the verbal communication strategies you used and the clients you supported for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you used reality orientation to gain cooperation as appropriate.   Describe the client(s) while maintaining privacy and confidentiality whoms you supported for each instance. |  |  | | | |
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| 1. Describe two (2) instances when you used reality orientation to provide reassurance as appropriate.   Describe the client(s) while maintaining privacy and confidentiality whoms you supported for each instance. |  |  | | | |
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| 1. Describe an instance when you used the following validation strategies to address the person’s distress and agitation:   Describe the client(s) while maintaining privacy and confidentiality whom whom you supported for each instance. |  |  | | | |
| 1. Empathy |  |  |  |  |  |
| 1. Accepting the person’s reality |  |  |  |  |  |
| 1. Providing verbal and / or physical reassurance. |  |  |  |  |  |

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| 1. Describe an instance when you ensured the safety and comfort of the person while balancing autonomy and risk. |  |  | | | |
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| 1. Describe an instance when you took action to minimise the likelihood of person’s behaviours of concern. |  |  | | | |
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| 1. Describe an instance when you took action to reduce the impact of person’s behaviours of concern. |  |  | | | |
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| 1. Describe an instance when you provided appropriate support and guidance to family, carers, and or significant others of people living with dementia. |  |  | | | |
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| 1. Describe an instance when sought the support of others regarding caring for self while working with people with dementia.   Describe while maintaining privacy and confidentiality the personwhom you sought support from. |  |  | | | |
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| **Supervisor’s overall comments (optional feedback to candidate)** | | |
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| **Candidate’s Declaration**  By affixing my signature below I declare that I have performed the tasks and activities in this Observation Form, and that I have performed these tasks and activities as I have described above.  I further confirm that all of the responses I have provided above are a TRUE and ACCURATE reflection of my performance during the course of my vocational placement. | | |
|  | | |
| Candidate’s name | |  |
| Candidate’s signature | |  |
| Date completed | |  |
|  | | |
| **Supervisor’s / Observer’s Declaration**  By affixing my signature below, I declare that I have observed the candidate, whose name is recorded above, complete the tasks outlined in this form according to the descriptions provided.  I further confirm that all of the responses I have provided above are a TRUE and ACCURATE reflection of the candidate’s performance during the course of his/her vocational placement. | | |
|  | | |
| Supervisor’s name |  | |
| Supervisor’s signature |  | |
| Date completed |  | |
|  | | |
| Vocational Placement Supervisor Details  *(All fields below are required)* | | |
| Phone number |  | |
| Email address |  | |
| Supervisor’s qualifications |  | |
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# Subject 5: Palliative Care Services

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| This section will assist the documentation of your successful completion of the skill requirements relevant to the unit addressed in this subject:   |  |  | | --- | --- | | **CHCPAL001** | Deliver care services using a palliative approach | | Description: https://photos-5.dropbox.com/t/2/AADnZwH91lIv9TKCLjicL1s5TtsNN8N8DvnTEjPn_t708Q/12/186348893/jpeg/32x32/1/1464609600/0/2/9166198_s.jpg/ENm--LICGNUPIAIoAg/Qy1Pq6t4xhMlDf1cVxUVMw7WyMC2eSJ0xLW_ivFnlHo?size_mode=3&size=800x600 |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 5: Palliative Care Services* in the vocational placement centre.** | |

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| **Subject Overview**  This subject is divided into four tasks:   * **Task 1** will require you to access and review the organisational palliative care policies and procedures at your vocational placement centre. * **Task 2** will require you to submit eight (8) progress notes that you have completed during your vocational placement. * **Task 3** will require you to complete a reflective journal as part of the documentation of your learning experience relating to the provision of palliative care during vocational placement. * **Task 4** will require you to complete the Observation Form with your supervisor. |

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| **Assessment Requirements**  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + Organisational Policies and Procedures for the provision of palliative care.   + At least three (3) clients receiving palliative care   + At least one (1) discussion with supervisor and or colleague(s), as required in the Reflective Journal (See Journal Entry 2).   + Access to clients and their families and carers that will enable you to perform the items in the Observation Form of this subject. |

1. Organisational Policies and Procedures

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| **Task 1**  **Steps to take:**   1. Access and review your organisation’s policies and procedures in providing palliative care.   *These may have already been provided to you on your first day of vocational placement or during your induction and orientation in the centre.*   1. Answer the succeeding questions. Your responses must always align with your organisation’s policies and procedures. |

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| 1. What policies does your vocational placement centre have in place for providing palliative care?   Guidance: Provide at least two (2) policies. |
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| 1. Based from your responses in Question 1, select one (1) policy and briefly discuss the procedures under this policy. |
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| Policy:  Procedures (provide only a summary): |

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| 1. What are some practices of the organisation in relation to palliative approach to care?   Guidance: Provide at least two (2) practices. |
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| 1. As an individual support worker, what responsibilities do you have to yourself, as set in the organisation’s policies and procedures for providing palliative care?   Guidance: Provide at least two (2) responsibilities. You may refer to the job description provided during your induction or orientation in the centre. |
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| 1. As an individual support worker, what responsibilities do you have to your colleagues, as set in the organisation’s policies and procedures for palliative care?   Guidance: Provide at least two (2) responsibilities. You may refer to the job description provided during your induction or orientation in the centre. |
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1. Progress Notes

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| **Task 2**  For this part of the assessment, you will be required to complete, while on vocational placement, eight (8) progress notes that specifically include the following information:   |  |  |  | | --- | --- | --- | | # | Document Filename | Description | | 1 | *S5-PN-1-symptoms* | Documentation of a client’s pain and other symptoms. | | 2 | *S5-PN-2-strategy1* | Documentation of the effectiveness of two (2) implemented strategies for responding to signs of pain and other symptoms  You must submit two (2) for each strategy | | 3 | *S5-PN-3-strategy1* | | 4 | *S5-PN-4-strategy2* | | 5 | *S5-PN-5-strategy2* | | 6 | *S5-PN-6-client1* | Documentation of issues and needs of three (3) clients in palliative care  You must submit one Progress Notes for each client. | | 7 | *S5-PN-7-client2* | | 8 | *S5-PN-8-client3* |   In addition, your submission(s) must:   1. Be signed off by your supervisor. 2. Use the organisation’s progress note template or follow the organisational style guide.   Note: You may submit less than eight (8) progress notes for this assessment provided that your submission meets **ALL** the requirements in the descriptions column of the table above.  Ensure your entries are within the scope of your role and responsibilities.  Save a scanned copy of the progress notes signed by your supervisor, using the filenames provided in the table above. |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submission(s). Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| Progress Notes Submission  (For Assessor’s Use Only) | | |
| The candidate’s progress notes submissions: | YES | NO |
| 1. Clearly show that they were completed by the candidate   *(e.g. candidate’s name appear in the progress note)* |  |  |
| 1. Include documentation about a client’s pain and other symptoms. |  |  |
| 1. Include documentation of the effectiveness of two (2) implemented strategies for responding to signs of pain and other symptoms. |  |  |
| 1. Include two (2) progress notes for documenting each implemented strategies for responding to signs of pain and other symptoms covering different dates. |  |  |
| 1. Include documentation of needs and issues of three (3) clients in palliative care. |  |  |
| 1. Include three (3) progress notes that document the needs and issues of three (3) clients in palliative care. |  |  |
| 1. Properly signed off by the supervisor |  |  |
| 1. Follow the organisation’s progress note template or use the organisational style guide. |  |  |

1. Reflective Journal

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| **Task 3**  This is the Reflective Journal for *Subject 5: Palliative Care Services.* For this part of the assessment, you will be required to complete journal entries as part of the documentation of your learning experience during vocational placement.  Your Reflective Journals are located on the next pages.  **Guidelines:**   1. This Reflective Journal is made up of two (2) journal entries. 2. Each entry contains *Reflection Guides*. Carefully review each item as they will guide you in what to write in your journal entries. 3. You must always provide complete responses, where required.   *E.g. If the guide asks you to list at least two (2) strategies for supporting older people in palliative care, then you must list two (2) or more, and not less than what is required.*   1. Your responses must always be based on your experience during your vocational placement.   Whenever the Reflection Guides tell you to do so, discuss your responses with your supervisor.   1. Each journal entry must be signed off or initialled by your supervisor. |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submission(s). Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| Journal Entry 1 | | Date: |
| ***Reflection Guide***   1. In your vocational placement centre, carefully observe how your supervisor and co-workers communicate and interact with the people in palliative care, their families, carers, and/or significant others.   Describe the communication strategies they use in order to:   1. Build trust 2. Show empathy 3. Demonstrate support 4. Empower the people in palliative care, their families, carers, and significant others.   You may also seek the help and advice of your supervisor and co-workers in completing this journal entry, however this is not required.   1. You may also include other insights, thoughts, ideas about communication strategies for providing palliative care, however this is not required. | | |
| 1. Communication Strategies to: 2. Build trust | | |
| 1. Show empathy | | |
| 1. Demonstrate support | | |
| 1. Empower the people in palliative care, and their families, carers, and significant others of people in palliative care. | | |
| 1. Other insights, thoughts, and ideas (this is not required) | | |
| Supervisor’s sign off: |  | |

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| Journal Entry 2 | | Date: |
| *Reflection Guide*   1. Reflect on your own emotional responses to death and dying. 2. List two (2) emotional responses to death and dying that you have displayed or demonstrated while working in palliative care. 3. Identify two (2) issues you have towards death and dying. 4. Discuss your responses in Question 1 with your supervisor or other appropriate person. In your discussion, you must also seek support and advice on the following: 5. Managing your own emotional responses. 6. Managing your own issues and reactions to death and dying.   Provide a summary of your discussion in the space below.   1. You may include other insights, thoughts, and ideas about managing emotional responses, however this is not required. | | |
| 1. Reflecting on one’s emotional responses to death and dying: 2. Two (2) emotional responses to death and dying that you have that you have displayed or demonstrated while working in palliative care. | | |
| 1. Two (2) issues with death and dying | | |
| 1. Summary of your discussion with supervisor/other appropriate personnel (This must include the support and advice you sought). | | |
| 1. Other insights, thoughts, and ideas (this is not required) | | |
| Supervisor’s (or other appropriate personnel) sign off: |  | |

1. Observation Form

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| **Task 4**  This part of the assessment will allow you to reflect on your performance while providing support and care services to clients in palliative care, and communicating with their families and/or carers.  This section outlines all the tasks, skills and performance requirements relevant to the unit included in this subject.  Follow the steps below:   1. Locate the *Observation Form* on the next page. 2. Review all the tasks outlined in the form. This will give you an idea and plan what tasks you will need complete. 3. Arrange for your supervisor to observe your completion of each task. 4. Document your performance of each task as you complete them and provide:    1. Specific descriptions of how you completed ALL tasks and activities.    2. The date(s) of when you completed ALL tasks and activities.   This information will be used by the assessor to evaluate your performance.   1. Have your supervisor confirm your completion of each task by ticking the (Yes) or (No) boxes, providing feedback, and signing his/her initials on the respective spaces provided on the form. 2. Once you have completed the form, save and submit the document to your assessor using the filename: *Subject 5-TPR.* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submission(s). Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

**Instruction for Supervisors**

**Dear Supervisor,**

Thank you for agreeing to act as the candidate’s observer for this subject, **Subject 5: Palliative Care Services**. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.

NOTE: to observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support/Direct Client Care (e.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualification/s, Certificate III in Individual Support or Diploma of Individual Support)

**Your role as an observer**

You are asked to observe and testify that the candidate has completed the tasks outlined below according to the quality standards set by the care centre, and in compliance with the industry standards relevant to the candidate’s role as a care worker by completing the observation form that begins on the next page.

Before you complete this form, please:

* Read through the observation form (starts on the next page)
* Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.

Make specific, written comments about the candidate’s performance, as well as ticking the boxes and initialling the requirements met. These comments are valuable evidence of the candidate’s competency—where they are not provided, the candidate’s assessor may contact you directly to get more information about the candidate’s performance.

Complete all parts of the checklist, including signing the observer declaration on the last page of the form. Once done, return the completed checklist to the candidate.

*The checklist begins on the next page.*

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| **Student Declaration**  By affixing my signature below I declare that I have performed the roles outlined below and that I have provided a true and accurate record of my performance as a vocational placement care worker in a registered and approved care centre. | |
| Student Name: | Student Signature: |
| Date Completed: |
| ***Note to the candidate:***The following outlines the unit requirements relevant to **Subject 5: Palliative Care Services.** Provide the details required below to document your successful completion of each requirement listed, and have your vocational supervisor confirm your documentation by signing in the spaces provided. | |
| ***Note to the supervisor*:**  By initialing the boxes below you are confirming that you have observed the candidate demonstrate his/her ability to complete satisfactorily and consistently all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks.  You are also confirming that the candidate has worked within his/her work role and consistently followed the relevant workplace safety procedures in the day-to-day work activities required by the job role. | |

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| **This section will be completed by the candidate:**  *You are required to provide a detailed description of how you completed each task. Your vocational workplace supervisor will confirm that you have provided an accurate description of your performance by initialling on the corresponding spaces provided. Your assessor will evaluate your performance based on this documentation. Please provide all relevant information required. Where they are not provided, your assessor may contact your supervisor directly to get more information about your performance. PLEASE USE BLUE INK.* | | Supervisor Initial: | | | |
| SUPPORTING PEOPLE in PALLIATIVE CARE | Date performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe the instances when you supported the needs of three (3) clients in palliative care, as directed in their care plan.   Describe the client(s) while maintaining privacy and confidentiality whom you have supported in each instance.  ***Guidance:*** *Describe while maintaining privacy and confidentiality at least one need for each client, and how you have supported the need.* | | | | | |
| Client 1: |  |  |  |  |  |
| Client 2: |  |
| Client 3: |  |
| 1. Describe the instances when you reported issues of three (3) clients in palliative care.   Identify the issue(s) you have reported and the client involved in each instance. | | | | | |
| Client 1: |  |  |  |  |  |
| Client 2: |  |
| Client 3: |  |
| 1. Describe the instances when you reported the needs of three (3) clients in palliative care.   Identify the need(s) you have reported and the client involved in each instance. | | | | | |
| Client 1: |  |  |  |  |  |
| Client 2: |  |
| Client 3: |  |
| 1. Describe an instance when you supported a client in palliative care to express his/her needs. 2. Identify these needs and the client you supported in this instance. 3. Describe how you reported this to your supervisor. | | | | | |
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| 1. Describe an instance when you supported the family or carer of a client in palliative care to express their needs. 2. Identify these needs and the client whose family or carer you supported in this instance. 3. Describe how you reported this to your supervisor. | | | | | | | | | | |
|  |  | |  | | |  | |  | |  |
| 1. Describe an instance when you communicated with a client in palliative care about his/her quality of life   **Guidance:** Quality of life may include being comfortable and pain free, being able to socialise or spend time with loved ones, being independent as much as possible, etc.   1. Describe the client while maintaining privacy and confidentiality whom you have communicated with in this instance. 2. Describe how you reported this to your supervisor. | | | | | | | | | | |
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| 1. Describe an instance when you communicated with the family or carer of a client in palliative care about the client’s quality of life.   **Guidance:** Quality of life may include being comfortable and pain free, being able to socialise or spend time with loved ones, being independent as much as possible, etc.   1. Describe the client while maintaining privacy and confidentiality whose family or carer you have communicated with in this instance. 2. Describe how you reported this to your supervisor. | | | | | |
|  |  |  |  |  |  |
| 1. Describe an instance when you communicated with a client in palliative care about his/her pain and comfort. 2. Describe the client while maintaining privacy and confidentiality you have communicated with in this instance. 3. Describe how you reported this to your supervisor. | | | | | |
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| 1. Describe an instance when you communicated with the family or carer of a client in palliative care about the client’s pain and comfort. 2. Describe the client while maintaining privacy and confidentiality whose family or carer you have communicated with in this instance. 3. Describe how you reported this to your supervisor. | | | | | | |
|  | |  |  |  |  |  |
| 1. Describe how you demonstrated respect towards the family and carers of a client as an important part of the client’s care team. | | | | | | |
|  | N/A | |  |  |  |  |
| 1. Describe how you ensured that the family and carers of a client are always informed and have all the support they need. | | | | | | |
|  | N/A | |  |  |  |  |

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| RESPECTING CLIENTS’ QUALITY of LIFE CHOICES | Date Performed | Did the candidate complete /perform this task as described? | | | |
| YES | NO | Remarks | Initials |
| 1. Describe instances when you contributed to a supportive environment, specifically through: | | | | | |
| 1. Encouraging the client to share information about changing needs and preferences. (Describe the client while maintaining privacy and confidentiality whom you encouraged in this instance) |  |  |  |  |  |
| 1. Encouraging a client’s family or carer to share information about changing needs and preferences. (Describe the client while maintaining privacy and confidentiality whose family or carer you encouraged in this is instance) |  |  |  |  |  |

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| 1. Describe how you use a non-judgmental approach, specifically through: | | | | | |
| 1. Ensuring the client’s **lifestyle**, **social**, **spiritual** and **cultural choices** and **needs** are sufficiently supported. (Describe the client while maintaining privacy and confidentiality involved in this instance) |  |  |  |  |  |
| 1. Ensuring the client’s lifestyle, social, spiritual and cultural choices and needs are documented in the care plan. (Describe the client while maintaining privacy and confidentiality involved in this instance) |  |  |  |  |  |
| 1. Describe an instance when you encouraged a client in palliative care to freely discuss spiritual and cultural issues.   Describe the client while maintaining privacy and confidentiality involved in this instance. | | | | | |
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| 1. Describe an instance when you encouraged the family or carer of a client in palliative care to freely discuss spiritual and cultural issues.   Describe the client while maintaining privacy and confidentiality whose family and carer are involved in this instance. | | | | | | | | | | | | | | | | |
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| 1. Describe an instance when you referred or reported **needs** that are outside the scope of your role to your supervisor. | | | | | | | | | | | | | | | | |
|  | |  |  | | | |  | | | |  | | | |  | |
| 1. Describe an instance when you referred or reported **issues** that are outside the scope of your role to your supervisor. | | | | | | | | | | | | | | | | |
|  | |  |  | | | |  | | | |  | | | |  | |
| 1. Describe how you showed empathy and emotional support when communicating with: 2. Clients 3. families and carers | | | | | | | | | | | | | | | | |
|  | N/A | | |  | | | |  | | | |  | |  | | |
| FOLLOWING ADVANCE CARE DIRECTIVES | | Date Performed | Did the candidate complete /perform this task as described? | | | | | | | | | | | | | |
| YES | | | NO | | | | Remarks | | | | | | Initials |
| 1. Describe an instance when you followed advance care directives in the care plan of a client in line with your own work role and organisation. 2. Describe while maintaining privacy and confidentiality at least two (2) legal requirements you complied with in following these advance care directives. 3. Describe while maintaining privacy and confidentiality at least two (2) ethical requirements you complied with in following these advance care directives. 4. Describe the client while maintaining privacy and confidentiality whose advance care directives you have followed. | | | | | | | | | | | | | | | | |
|  | | N/A | | |  | | | |  | | | |  | | |  |
| 1. Describe two (2) instances when you referred impacts of a client’s needs, issues, and decisions on families/carers to your supervisor. For each instance, you must:  * Describe the client while maintaining privacy and confidentiality involved. * Briefly describe the impacts of the client’s needs, issues, and decisions on families/carers. | | | | | | | | | | | | | | | | |
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| RESPONDING to SIGNS of PAIN and OTHER SYMPTOMS | Date performed | Did the candidate complete /perform this task as described? | | | | | | |
| YES | | NO | | Remarks | | Initials |
| 1. Describe an instance when you observed and documented the client’s pain and other symptoms in line with care plan directives. 2. Identify the document you used to complete this task. 3. Describe the client while maintaining privacy and confidentiality involved in this instance. | | | | | | | | |
|  |  | |  | |  | |  |  |
| 1. Describe an instance when you promptly reported to supervisor or other appropriate care team member about a client’s pain and other symptoms.   Identify person you reported to (supervisor or other appropriate care team member). | | | | | | | | |
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| 1. Describe two (2) instances when you used strategies to manage pain and promote comfort of a client in line with his/her care plan and your role.  * Describe the client while maintaining privacy and confidentiality involved in each instance. * Identify the strategy you used in each instance. | | | | | | | | |
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| FOLLOWING END-OF-LIFE CARE STRATEGIES | Date performed | Did the candidate complete /perform this task as described? | | | | | | |
| YES | | NO | | Remarks | | Initials |
| 1. Describe two (2) instances when you checked changes on care plan that indicate decisions made by the client have been reviewed. For each instance:  * Identify the changes in client’s care plan. * Describe the client while maintaining privacy and confidentiality involved. | | | | | | | | |
|  |  | |  | |  | |  |  |
|  |  | |
| MANAGING OWN EMOTIONAL RESPONSES and ETHICAL ISSUES | Date performed | Did the candidate complete /perform this task as described? | | | | | | |
| YES | | NO | | Remarks | | Initials |
| 1. Describe an instance when you managed own emotional responses in line with organisation’s policies and procedures.   Guidance: Emotional responses may include crying and feelings of sadness, poor concentration, fear, anger, silence which may appear singularly or together and prolong the worker's own grief.  Identify the organisation’s policies and procedures you followed in this instance. | | | | | | | | |
|  |  |  | |  | |  | |  |
| 1. Describe an instance when you supported other team members in managing their own emotional responses. | | | | | | | | |
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| 1. Describe an instance when you used self-care strategies to manage own emotional responses.   Identify the self-care strategies you used. | | | | | |
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| **Supervisor Declaration**  By affixing my signature below I declare that the candidate, whose name is recorded above, has completed the tasks outlined in this form according to the descriptions provided. I further confirm that I have observed the student complete the following tasks in the centre:   * completed workplace activities relevant to palliative care * completed all the tasks outlined in this form in accordance with the centre’s organisational policies, procedures and protocols   *Note: Should you find the candidate’s performance not yet satisfactory, kindly include comments in the space provided below.* | | |
| Supervisor’s Name: | | Signature: |
| Date: | |
| **Vocational Placement Supervisor Details** | | |
| Phone Number: | Email Address: | |
| Supervisor Qualifications: | | |
| Supervisor Comments (optional feedback to student): | | |

# Subject 6: Empowering People with Disability

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| This section will assist the documentation of your successful completion of the skill requirements relevant to the units addressed in this subject:   |  |  | | --- | --- | | **CHCDIS007** | Facilitate the empowerment of people with disability | | https://photos-1.dropbox.com/t/2/AACLi_ca5V7P1x1wZp_04I0shdYgETenOltK-osisLEHNw/12/186348893/jpeg/32x32/1/1464609600/0/2/Reach%20Aged%20Care%20and%20Disability.jpg/ENm--LICGNUPIAIoAg/HEZ9wxmDDNCA2fVS_xLNlFQumE_3OKEtokEAsoHWMMI?size_mode=3&size=800x600 |
| **Note:**  **Before you start working on this project, secure necessary permissions from your vocational workplace supervisor for you to be able to complete the activities under *Subject 6: Empowering People with Disability* in the vocational placement centre.** | |

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| **Subject Overview**  This subject is divided into two tasks:   * **Task 1** will require you to participate in a person-centred thinking approach meeting with your supervisors and at least one (1) client with a disability. * Task 2 is completed via a third party report (TPR) with your supervisor.   Assessment Requirements  To complete this subject, you will need:   * A vocational placement provider that will allow access to:   + At least one (1) client who is an older person with a disability   + One meeting with the client and the supervisor for the person-centred thinking approach |

1. Person-Centred Approach

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| **Task 1**  This part of the assessment requires you to demonstrate empowering at least one (1) person with a disability. Arrange with your supervisor access to the client’s care plan as you may need it for reference to complete this task.  Guidance: Remember to use the client’s preferred communication method such as using a communication aid.  ***Note: Read all instructions carefully before proceeding.***  Follow the steps below:   1. Locate the *‘Person Centred Service Delivery Plan Template’* provided on the next page. 2. Collaborate and gain approval with your supervisor and the client with a disability to have a meeting to complete the Person Centred Service Delivery Plans. 3. At the beginning, talk with the client about the following:  * Your role in the workplace and the purpose of this task. The purpose of this task is to understand the client’s personal goals, issues and/or concerns so the service provider can provide support that meets their individualised needs. * Explain, clarify, provide information or just remind the client of at least two (2) of their rights. * Provide information on how to access relevant advocacy services and other complaint mechanisms whilst the person is a service user.   *Guidance: You may like to obtain information about service users rights from your supervisor.*   1. Complete the *‘Person Centred Service Delivery Plan Template’.*  * Support the client share with you two (2) personal goals and two (2) issues and/or concerns. Record these in the first column of the table. With the help of the client and your supervisor, develop strategies to meet each of the goals, issues and/or concerns identified. * Document these recommended strategies in the second column of the table. |

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| * With the guidance of your supervisor, plan these strategies with the client and make sure to document his/her feedback throughout the process. Record the client’s feedback and responses in the third column of the table. * With the guidance of your supervisor, plan a delivery date for each of the strategies recommended. Document these dates in the fourth column of the table. * Answer the relevant guide questions on the last page of the form. These questions will document specific details from your discussion with the client that will help your assessor evaluate your performance in this task.  1. Implement (or assist in the implementation) of the strategies documented in your *Person Centred Plan*. Record the implementation dates on the form. 2. Once completed, have your supervisor review and sign the form. Save and submit the completed form using the filename: *S6-PCSDP* |

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| ***Note:*** *In the event that client is unable to provide consent for decisions needed during your discussion,**speak with your supervisor about the requirements for seeking permission from the client’s substitute decision-maker. They will be assisting in providing responses in behalf of the client, together with your supervisor, in accordance with the client’s care plan. Indicate in the Delivery Plan template that the client is unable to provide consent.* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submission(s). Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

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| **PERSON-CENTRED SERVICE DELIVERY PLAN** | | | | | |
| **Personal Goals** | **Recommended strategies to support the client’s goals**  *Write specific actions to address the issues.* | | **Client’s Feedback and Response** | **Planned Delivery Date** | **Actual Delivery Date** |
|  |  | |  |  |  |
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|  |  | |  |  |  |
|  |  | |  |  |  |
| Client’s Name and Signature: | | Supervisor’s Name and Signature: | | Date: | |
| **PERSON-CENTRED SERVICE DELIVERY PLAN** | | | | | |
| **Issues and Concerns** | **Recommended strategies to address the client’s issues and concerns**  *Write specific actions to address the issues.* | | **Client’s Feedback and Response** | **Planned Delivery Date** | **Actual Delivery Date** |
|  |  | |  |  |  |
|  |  | |  |  |  |
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|  |  | |  |  |  |
| Client’s Name and Signature: | | Supervisor’s Name and Signature: | | Date: | |

1. Observation Form

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| --- |
| **Task 2**  This section outlines all the tasks, skills and performance requirements relevant to the units included in this subject.  You are required to complete the tasks outlined in the observation form provided for this subject according to the quality standards set by your vocational workplace, and in compliance with the industry standards relevant to the role of care workers.  Follow the steps outlined below:   1. Locate the Third Party Report (TRP) on the next page. 2. Review all the tasks outlined in the form. This will give you an idea and plan the tasks you will need to complete. 3. Document your performance of each task as you complete them and provide:    1. Specific descriptions of how you completed ALL tasks and activities.    2. The date(s) of when you completed ALL tasks and activities. 4. This information will be used by the assessor to evaluate your performance. 5. Have your supervisor confirm your completion of each task by ticking (Yes) or (No) boxes, providing feedback and signing his/her initials on the respective spaces provided on the form. 6. Once you have completed the form, save and submit the document to your assessor using the filename: *Subject 6-TPR.* |

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| ***Reminder:*** *Remember to ensure your clients’ and co-workers’ privacy and confidentiality at all times. Do not include their real names in your submissions. Use fictitious names instead. (Example: If your client’s real name is Jack Smith then replace his name with William Jones or any other fictitious name.)*  *Although you are using fictitious names, the content of your submissions must always be real and factual.* |

**Instruction for Supervisors**

**Dear Supervisor,**

Thank you for agreeing to act as the candidate’s observer for this Subject. Kindly read through the instructions below to guide you in fulfilling your role as an observer for this assessment activity.

NOTE: to observe the candidate, you MUST have the necessary experience and qualification/s in the area of Individual Support/Direct Client Care (e.g., you are the designated vocational workplace supervisor for the candidate, or you have the relevant VET qualification/s, Certificate III in Individual Support or Diploma of Individual Support)

**Your role as an observer**

You are asked to observe and testify that the candidate has completed the tasks outlined below according to the quality standards set by the care centre, and in compliance with the industry standards relevant to the candidate’s role as a care worker by completing the observation form that begins on the next page.

Before you complete this form, please:

* Read through the observation form (starts on the next page)
* Discuss any queries about the observation form with the candidate. If the candidate cannot answer your questions about the observation form, you may contact the candidate’s training provider.

Make specific, written comments about the candidate’s performance, as well as ticking the boxes and initialling the requirements met. These comments are valuable evidence of the candidate’s competency—where they are not provided, the candidate’s assessor may contact you directly to get more information about the candidate’s performance.

Complete all parts of the checklist, including signing the observer declaration on the last page of the form. Once done, return the completed checklist to the candidate.

*The checklist begins on the next page.*

|  |  |
| --- | --- |
| **Student Declaration**  By affixing my signature below I declare that I have performed the roles outlined below and that I have provided a true and accurate record of my performance as a vocational placement care worker in a registered and approved care centre. | |
| Student Name: | Student Signature: |
| Date Completed: |
| ***Note to the candidate:***The following outlines the unit requirements relevant to **Subject 1: Empowering People with Disability.** Provide the details required below to document your successful completion of each requirement listed, and have your vocational supervisor confirm your documentation by signing in the spaces provided. | |
| ***Note to the supervisor*:**  By initialing the boxes below you are confirming that you have observed the candidate demonstrate his/her ability to satisfactorily and consistently complete all the tasks outlined below according to the provided description (in blue text), and cope with contingencies related to the tasks.  You are also confirming that the candidate has worked within his/her work role and consistently followed the relevant workplace safety procedures in the day-to-day work activities required by the job role. | |

|  |  |
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| **This section will be completed by the candidate:**  *You are required to provide a detailed description of how you completed each task. Your vocational workplace supervisor will confirm that you have provided an accurate description of your performance by initialing on the corresponding spaces provided. Your assessor will evaluate your performance based on this documentation. Please provide all relevant information required. Where they are not provided, your assessor may contact your supervisor directly to get more information about your performance.* | Supervisor Initial: |
| **Tasks relevant to Providing Individualised Support** | |
|  | |
| 1. **Describe specific details about your discussion with the client relating to his/her rights as a recipient of support services in a care facility.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

|  |  |
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|  | |
| 1. **Describe how you assisted the client in accessing advocacy services and other complaint mechanisms.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
|  | |
| 1. **Describe how you ensured that the client is acknowledged as their own expert.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

|  |  |
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|  | |
| 1. **Describe how you encouraged and empowered the client to make his/her own choices.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
|  | |
| 1. **Describe how you ensured that the client is comfortable with the decisions made on his/her behalf.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

|  |  |
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|  | |
| 1. **Describe how you ensured the strategies you implemented uphold the rights and needs of the client.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
|  | |
| 1. **List two (2) examples of person-centred options you’ve provided for the client to support his/her goals and/or address his issues/concerns.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

|  |  |
| --- | --- |
|  | |
| 1. **Describe two (2) non-verbal communication strategies you used while communicating with the client to assist the client in reaching their personal goals.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |
|  | |
| 1. **Describe your oral communication strategy to maintain positive and respectful relationship with the client.** | |
|  | *Date Observed By the Supervisor:*    *Supervisor Initials:* |

|  |  |  |
| --- | --- | --- |
| **Supervisor Declaration**  By affixing my signature below I declare that the candidate, whose name is recorded above, has completed the tasks outlined in this form according to the descriptions provided. I further confirm that I have observed the student complete the following tasks in the centre:   * Participated in a discussion with a client with a disability to complete the Person-Centred Service Delivery Plan Document submitted with this form * Implemented the strategies outlined in the Person-Centred Service Delivery Plan Document submitted with this form   *Note: Should you find the candidate’s performance not yet satisfactory, kindly include comments in the space provided below.* | | |
| Supervisor’s Name: | | Signature: |
| Date: | |
| **Vocational Placement Supervisor Details** | | |
| Phone Number: | Email Address: | |
| Supervisor Qualifications: | | |
| Supervisor Comments (optional feedback to student): | | |

# 

# Skills Workbook Checklist

|  |
| --- |
| When you have completed this Skills Workbook, please ensure you have completed all parts of it:  **Subject 1: Supporting Independence and Wellbeing**  **I. Vocational Placement Attendance Log**  **II. Using Individualised Plans as Basis of Support**  **III. Third-Party Report: Workplace Skills Demonstration**  **Subject 2: Compliant Aged Care Practice**  **I. Conduct a Workplace WHS Inspection**  **II. Manual Handling Risk Assessment and Control**  **III. Participate in a Workplace Safety Meeting**  **IV. Performance Review: Compliant Aged Care Practice**  **Subject 3: Work in Health and Community Services**  **I. Continuous Improvement Project**  **II. Cultural Reflections**  **III. Observation Form**  **Subject 4: Support and Empowerment of Older People**  **I. Activity Planning Sheet**  **II. Progress Notes**  **III. Reflective Journal**  **IV. Observation Form** |
| **Subject 5: Palliative Care Services**  **I. Organisational Policies and Procedures**  **II. Progress Notes**  **III. Reflective Journal**  **IV. Observation Form**  **Subject 6: Empowering People with Disability**  **I. Person-Centred Approach**  **II. Observation Form**  When you have completed all the parts above, then you are ready to submit this Skills Workbook along with the files outlined in the *Evidence Checklist* section of this workbook.  **Ensure that your file submissions use the prescribed filenames.**  IMPORTANT REMINDER  Students must achieve a satisfactory result to ALL assessment tasks to be awarded COMPETENT for the unit relevant to this subject.  To award the student competent in the units relevant to this subject, the student must successfully complete all the requirements listed above according to the prescribed benchmarks. |

Task and Evidence Checklist

| **Task Description** | **Document Filename** | **Description** | **Check when submitted ** | **Assessor has confirmed the task with Supervisor** | |
| --- | --- | --- | --- | --- | --- |
| **Subject 1** | | | | | **Check Yes/No if completed** |
| I. Vocational Placement Attendance Log  Candidate has completed at least 120 hours of vocational placement attendance as confirmed by Supervisor. | *Subject1-AttendanceLog* | Vocational Placement Attendance Log |  | Yes        No | |
| Remarks: | |
|  | | | | | |
|  | | | | | |
| II: Using Individualised Plans as Basis of Support  Candidate has completed the templates requiring responses from individualised care plans of at least three clients. | Responses to be provided in the Skills Workbook. | |  | Yes        No | |
| Remarks: | |
|  | | | | | |
|  | | | | | |
| III. Workplace Skills Demonstration  Candidate has performed all the tasks documented in the Third-Party Report Form as confirmed by the Supervisor. | *Subject1-TPR* | Third-Party Report Form |  | Yes        No | |
| Remarks: | |
| **Subject 2** | | | | | **Check Yes/No if completed** |
| I. Conduct a Workplace WHS Inspection  Candidate has conducted a WHS inspection in their vocational workplace. | *Subject2-Workplace Safety Inspection* | Workplace Inspection Sheet |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| II. Manual Handling Risk Assessment and Control  Candidate has reviewed manual handling activities in the workplace, identified control measures, and identified the persons responsible for implementing these measures, as confirmed by the Supervisor. | *Subject2-Manual Handling Plan* | Manual Handling Risk Assessment Plan |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| III. Participate in a Workplace Safety Meeting  Candidate has participated in a workplace safety meeting. | *Subject2-Workplace Safety Meeting* | Meeting Minutes |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| IV. Performance Review: Compliant Aged Care Practice  Candidate has performed all the tasks documented in the Third-Party Report Form as confirmed by the Supervisor. | *Subject2-TPR* | Third-Party Report Form |  | Yes        No | |
| Remarks: | |
| **Subject 3** | | | | | **Check Yes/No if completed** |
| I. Continuous Improvement  Task 1: Meeting  Candidate has attended a meeting with the Supervisor and at least one colleague to discuss about areas for improvement in the workplace, and areas for improvement for their knowledge and skills as support workers. | *Subject3-Meeting Minutes* | Meeting Minutes |  | Yes        No | |
| Remarks: | |
| Task 2: Continuous Improvement Planning  Candidate has implemented the strategies documented in the Continuous Improvement Planning Sheet as confirmed by the Supervisor. | *Subject3-Continuous Improvement Planning Sheet* | Continuous Improvement Planning Sheet |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| II. Cultural Reflections  Candidate has completed the Cultural Reflections Sheet.  Candidate has demonstrated inclusive work practices towards people from different cultural backgrounds in the workplace. | *Subject3-Cultural Reflections* | Cultural Reflections |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| III. Observation Form  Candidate has performed all the tasks documented in the Observation Form as confirmed by the Supervisor. | *Subject3-TPR* | Third-Party Report Template |  | Yes        No | |
| Remarks: | |
| **Subject 4** | | | | | **Check Yes/No if completed** |
| I. Activity Planning Sheet  Candidate has participated in two separate meetings with the Supervisor: one for each client who is living with dementia, and their families and carers.  The completed Activity Planning Sheets were based from discussions during the two meetings. | *Subject 4-APS1* | Activity Planning Sheet (for Client 1) |  | Yes        No | |
| Remarks: | |
| *Subject 4-APS2* | Activity Planning Sheet (for Client 2) |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| II. Progress Notes  Candidate has observed and completed progress notes for the client. | *Subject 4-PN1* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *Subject 4-PN2* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *Subject 4-PN3* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *Subject 4-PN4* | Progress Notes |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| III. Reflective Journal  Candidate has completed the Reflection Journal and discussed this with the Supervisor. | Responses to be provided in the Skills Workbook. | |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| IV. Observation Form  Candidate has performed all the tasks documented in the Third-Party Report Form as confirmed by the Supervisor. | *Subject4-TPR* | Third-Party Report Template |  | Yes        No | |
| Remarks: | |

| **Task Description** | **Document Filename** | **Description** | **Check when submitted ** | **Assessor has confirmed the task with Supervisor** | |
| --- | --- | --- | --- | --- | --- |
| **Subject 5** | | | | | **Check Yes/No if completed** |
| I. Organisational Policies and Procedures  Candidate has accessed the organisations’ policies and procedures relevant to palliative care. | Responses to be provided in the Skills Workbook. | |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| II. Progress Notes  Candidate has observed and completed progress notes for three clients in palliative care services. | *S5-PN-1-symptoms* | Progress Notes  Documentation of a client’s pain and other symptoms. |  | Yes        No | |
| Remarks: | |
| *S5-PN-2-strategy1* | Progress Notes  Documentation of the effectiveness of two (2) implemented strategies for responding to signs of pain and other symptoms. |  | Yes        No | |
| Remarks: | |
| *S5-PN-3-strategy1* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *S5-PN-4-strategy2* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *S5-PN-5-strategy2* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *S5-PN-6-client1* | Progress Notes  Documentation of issues and needs of three (3) clients in palliative care. |  | Yes        No | |
| Remarks: | |
| *S5-PN-7-client2* | Progress Notes |  | Yes        No | |
| Remarks: | |
| *S5-PN-8-client3* | Progress Notes |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| III. Reflective Journal  Candidate has completed the Reflection Journal and discussed this with the Supervisor. | Responses to be provided in the Skills Workbook. | |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| IV. Third-Party Report Template  Candidate has performed all the tasks documented in the Third-Party Report Form as confirmed by the Supervisor. | *Subject 5-TPR* | Third-Party Report Template |  | Yes        No | |
| Remarks: | |

| **Task Description** | **Document Filename** | **Description** | **Check when submitted ** | **Assessor has confirmed the task with Supervisor** | |
| --- | --- | --- | --- | --- | --- |
| **Subject 6** | | | | | **Check Yes/No if completed** |
| I. Person-Centred Approach  Candidate has collaborated with the client with a disability and the Supervisor in planning a person-centred delivery plan for the client.  The strategies in the delivery plan template have been implemented the candidate. | *S6-PCSDP* | Person-Centred Service Delivery Plan |  | Yes        No | |
| Remarks: | |
|  | | | | | |
| II. Observation Form  Candidate has performed all the tasks documented in the Third-Party Report Form as confirmed by the Supervisor. | *Subject6-TPR* | Third-Party Report Template |  | Yes        No | |
| Remarks: | |

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| **ASSESSOR’S DECLARATION** | | |
| I declare that I have contacted the candidate’s Vocational Placement Supervisor to confirm that the candidate has satisfactorily performed all of the tasks included in this Skills Workbook. The Supervisor further affirms that they have observed the candidate perform the tasks outlined above according to the descriptions provided by the candidate.  The Supervisor’s name, qualification details, and signatures affixed which appear on all Observation Forms accompanying this Skills Workbook are true and accurate. | | |
| **Assessor Name** |  | Assessor’s Signature |
| **Date Signed** |  |

**Please go to the following Gap part:**

**Skills Workbook**

**CHC33015 Certificate III in Individual Support**

**Specialising in Ageing**



**Skills Workbook – Gap Assessment**

**Subject 1:   
Support Independence and Wellbeing**

**Subject 1:   
Support Independence and Wellbeing**

|  |  |
| --- | --- |
| The information and evidence gathered in the following pages will document your successful completion of the skill requirements for the following units: | |
| |  |  | | --- | --- | | **CHCCCS015** | Provide individualised support | | **CHCCCS023** | Support independence and wellbeing | | C:\Users\abigail.c\Documents\2 - Transition Developments\Individual Support\Subject 1\6 - Images\Abraham Chatzkel.jpg |
| **Overview**  For this assessment:   * **Task 1 Demonstrating workplace skills:** In this task, your assessor will provide:   + The completed Primary Skills Assessment (PSAs) forms from your 120 hours of work placement   + A completed Record of Observation forms (Appendix 1) based on these PSAs * **Task 2 Recording and reporting on client support and independence at work:** In this task, you will reflect on and record how you supported the 3 clients’:   + individualised care plan   + independence and well being   while completing your 120 hours of work placement. | |
| **Assessment Requirements**  To complete these tasks, you will need:   * access to three (3) Aged Care Clients individualised care plan * access to your Skills Workbook templates and forms | |

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| **Task 1 Demonstrating workplace skills:**  The assessor will provide:   * The completed Primary Skills Assessment (PSAs) forms from the student’s 120 hours of work placement * A completed Record of Observation forms (Appendix 1) based on these PSAs |

|  |
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| **Task 2 Recording and reporting on client support and independence at work**  Based on the provision of the individualised support and supporting the independence and wellbeing for 3 clients during your 120 hours of work placement, complete a Progress Notes form below for each client.  Save your completed Progress Notes form for each client as:   * *Your name* Subject 1 SWB Client 1 * *Your name* Subject 1 SWB Client 2 * *Your name* Subject 1 SWB Client 3   Submit each form, correctly named, for assessing. |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRESS NOTES** | | | |
| Client 1 First or preferred name: |  | | |
| Is the Client Low or High Care? |  | | |
| Date and time: |  | | |
| Care Manager: |  | | |
| **ACTIVTIES** | | | |
| **Primary Skills Assessment/s undertaken:** | | | |
| *Primary Skills Assessment/s (PSA):*  *(List all relevant PSAs)* | |  | |
| *Record of Observation Report* | | Primary Skill Assessment – Record of Observation - CHCCCS015 & CHCCCS023 | |
| **List 1-2 activities/tasks you undertook which supported the client’s:** | | | |
| *Individual Care Plan (30-70 words):* | |  | |
| *Independence and wellbeing (30-70 words):* | |  | |
| **Report to supervisor or other relevant personnel/people:** | | | |
| *Potential or actual hazards and/or risks observed when supporting the client (5-20 words)* | |  | |
| *Client’s physical health and/or wellbeing which was beyond your job role, and which needed to be addressed (5-20 words)* | |  | |
| *Changes in the client’s physical condition and/or wellbeing which needed to be addressed (5-20 words)* | |  | |
| **Review your own performance:** | | | |
| *How well did you perform each PSA activity? (20-40 words)*  *How could you improve what you did in any way for each PSA Activity? (20-40 words)* | |  | |
| Signature: | | Student’s First and Last name: |  |
| Position: |  |
| Organisation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROGRESS NOTES** | | | |
| Client 2 First or preferred name: |  | | |
| Is the Client Low or High Care? |  | | |
| Date and time: |  | | |
| Care Manager: |  | | |
| **ACTIVTIES** | | | |
| **Primary Skills Assessment/s undertaken:** | | | |
| *Primary Skills Assessment/s (PSA):*  *(List all relevant PSAs)* | |  | |
| *Record of Observation Report* | | Primary Skill Assessment – Record of Observation - CHCCCS015 & CHCCCS023 | |
| **List 1-2 activities/tasks you undertook which supported the client’s:** | | | |
| *Individual Care Plan (30-70 words):* | |  | |
| *Independence and wellbeing (30-70 words):* | |  | |
| **Report to supervisor or other relevant personnel/people:** | | | |
| *Potential or actual hazards and/or risks observed when supporting the client (5-20 words)* | |  | |
| *Client’s physical health and/or wellbeing which was beyond your job role, and which needed to be addressed (5-20 words)* | |  | |
| *Changes in the client’s physical condition and/or wellbeing which needed to be addressed (5-20 words)* | |  | |
| **Review your own performance:** | | | |
| *How well did you perform each PSA activity? (20-40 words)*  *How could you improve what you did in any way for each PSA Activity? (20-40 words)* | |  | |
| Signature: | | Student’s First and Last name: |  |
| Position: |  |
| Organisation: |  |

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| --- | --- | --- | --- |
| **PROGRESS NOTES** | | | |
| Client 3 First or preferred name: |  | | |
| Is the Client Low or High Care? |  | | |
| Date and time: |  | | |
| Care Manager: |  | | |
| **ACTIVTIES** | | | |
| **Primary Skills Assessment/s undertaken:** | | | |
| *Primary Skills Assessment/s (PSA):*  *(List all relevant PSAs)* | |  | |
| *Record of Observation Report* | | Primary Skill Assessment – Record of Observation - CHCCCS015 & CHCCCS023 | |
| **List 1-2 activities/tasks you undertook which supported the client’s:** | | | |
| *Individual Care Plan (30-70 words):* | |  | |
| *Independence and wellbeing (30-70 words):* | |  | |
| **Report to supervisor or other relevant personnel/people:** | | | |
| *Potential or actual hazards and/or risks observed when supporting the client (5-20 words)* | |  | |
| *Client’s physical health and/or wellbeing which was beyond your job role, and which needed to be addressed (5-20 words)* | |  | |
| *Changes in the client’s physical condition and/or wellbeing which needed to be addressed (5-20 words)* | |  | |
| **Review your own performance:** | | | |
| *How well did you perform each PSA activity? (20-40 words)*  *How could you improve what you did in any way for each PSA Activity? (20-40 words)* | |  | |
| Signature: | | Student’s First and Last name: |  |
| Position: |  |
| Organisation: |  |

**Appendix 1**

Primary Skill Assessment – Record of Observation - CHCCCS015 & CHCCCS023

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate name:** |  | | |
| **Candidate’s Student ID** |  | | |
| **Assessor name:** |  | | |
| **Assessment – Client 1** | **Date:** | | **Time:** |
| **Low or High Care *(Select One):*** | |  |
| **Place of Assessment:** |  | |
| **Assessment – Client 2** | **Date:** | | **Time:** |
| **Low or High Care (Select One):** | |  |
| **Place of Assessment:** |  | |
| **Assessment – Client 3** | **Date:** | | **Time:** |
| **Low or High Care *(Select One):*** | |  |
| **Place of Assessment:** |  | |
| **Instructions**  This Record of Observation covers the following units:   * CHCCCS015 Provide individualised support * CHCCCS023 Support independence and wellbeing   Your Assessor will use this Record of Observation to record how you interact with each client while completing one or more of the following Primary Skill Assessment forms:   * PSA-007 Assisting with a tub bath or shower * PSA-032 Helping the person walk * PSA-045 Providing denture care * PSA-048 Serving meal trays   Not all observables must be observed for each client, however, all observables must be met at least once. | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessors note:** Please date any comments to avoid confusion. If there is not enough space please use the Comments page at the end of this Record of Observation. | | | | |
| ***S = Satisfactory/ Marked as a tick ✓***  ***NYS = Not Yet Satisfactory/ Marked as x*** | **Client 1** | **Client 2** | **Client 3** | **Comments** |
| **The Student completed Task 1:** | | | | |
| *Step 1*  Reviewed:   * Client’s Individualised Care Plan * Relevant PSA/s   Prepared the relevant support activities and equipment (as applicable) |  |  |  |  |
| *Step 2* – As per completed PSA form/s |  |  |  |  |
| **Client interactions – While providing individualised support and/or supporting a client’s independence and wellbeing, the Student:** | | | | |
| **1** Used positive and supportive communication when dealing with client in a way which: | **Client 1** | **Client 2** | **Client 3** | **Comments** |
| * developed and maintained trust |  |  |  |  |
| * supported the client’s self-determination |  |  |  |  |
| * supported the client to identify and acknowledge their own strengths and self-care capacity |  |  |  |  |
| * encouraged the client to build, strengthen and maintain independence |  |  |  |  |
| * promoted and encouraged daily living habits that contribute to a healthy lifestyle |  |  |  |  |
| * promoted self-esteem and confidence |  |  |  |  |
| **2** Communicated with the supervisor about the client in a way that supported the client’s self-determination |  |  |  |  |
| **3** Recognised, respected and accommodated the client’s individual differences to maximise dignity and privacy |  |  |  |  |
| **4** Maintained confidentiality and privacy of the client in relation to the organisation’s policy and protocols |  |  |  |  |
| **5** Did not impose their own values and attitudes on others |  |  |  |  |
| **6** Considered the client’s individual needs, stage of life, development and strengths when engaging in support activities |  |  |  |  |
| **7** Sought the assistance of others to support the client - (***NB:*** *for 2 of your 3 clients, the student must interact with a client’s family/carers – Supervisor confirmation may be required*) |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| **Observation Outcome** | | | | | | |
| **Client 1** | **Date:** |  | | **Time:** |  |
| **This Candidate has been deemed** | | | Satisfactory / Not Yet Satisfactory **(Circle one)** | | |
| **Candidate signature:** |  | | | **Date** |  |
| **Assessor signature** |  | | | **Date** |  |
| **Assessor Feedback:** | | | | | |
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| **Observation Outcome** | | | | | | |
| **Client 2** | **Date:** |  | | **Time:** |  |
| **This Candidate has been deemed** | | | Satisfactory / Not Yet Satisfactory **(Circle one)** | | |
| **Candidate signature:** |  | | | **Date** |  |
| **Assessor signature** |  | | | **Date** |  |
| **Assessor Feedback:** | | | | | |
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| **Observation Outcome** | | | | | | |
| **Client 3** | **Date:** |  | | **Time:** |  |
| **This Candidate has been deemed** | | | Satisfactory / Not Yet Satisfactory **(Circle one)** | | |
| **Candidate signature:** |  | | | **Date** |  |
| **Assessor signature** |  | | | **Date** |  |
| **Assessor Feedback:** | | | | | |
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Assessor Feedback: (inclusive of reassessment)

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| **DECISION:**  **Student worked with two low care clients and one high care client.**  **All components of the Record of Observation have been completed:**  **❑ Yes – Satisfactory ❑ No - Not yet satisfactory (NYS)** |
| **Assessor Declaration:** I declare that I have conducted a fair, valid, reliable and flexible assessment with this student, and I have provided appropriate feedback  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**STUDENT AND ASSESSOR COVER SHEET**

**GAP ASSESSMENT – SKILLS WORKBOOK**

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| This form is to be completed by the student then the assessor and used as a final record of student competency for this assessment task. | | | |
| Student Name: |  | | |
| Student ID No: |  | | |
| Date |  | | |
| Unit Code: | **CHCCCS015** | Unit Title: | Provide individualised support |
| Unit Code: | **CHCCCS023** | Unit Title | Support independence and wellbeing |
| **Student Declaration** | I had time to practice before the assessments. 🞎  The Assessor has gone through the Instructions and I understand that this is a formal assessment. 🞎  I understand I must demonstrate the skills and answer questions myself. 🞎  I understand I will get my results and feedback at the end of the assessment 🞎  I have read about the reassessments and appeals 🞎  I am ready for assessment and sign here. 🞎 | | |
| **Student**  **Signature** |  | | |

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| The Assessor will ensure that the following documentation has been uploaded into the Moodle Course: | | Result  S = Satisfactory  NYS = Not Yet Satisfactory | Reassessment  S = Satisfactory  NS = Not Yet Satisfactory |
| **Task 1** | ❑ Primary Skills Assessment/s – **Assessor** to provide completed PSAs for:   * Client 1 * Client 2 * Client 3   ❑ Record of Observations Report – Covering Clients 1-3 – **Assessor** to complete for each of the above clients | S | NS | S | NS |
| **Task 2** | ❑ Progress Notes – **Student** to complete and submit   * Client 1 * Client 2 * Client 3 | S | NS | S | NS |
| **Logbook** | ❑ Work placement logbook – 120 hours completed – **Student** to provide | S | NS | S | NS |
| **Authentication** | Audio/ video/other media that captures student’s ID in submission of work and in the role play/skills performance on file.  Written responses where required in student’s own words or acknowledged where referencing is included.  Plagiarism checked | S | NS | S | NS |

Assessor Feedback: (inclusive of reassessment)

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| **DECISION: All components of this Cover Sheet has been completed:**  **❑ Yes – Satisfactory ❑ No - Not yet satisfactory (NYS)** |
| **Assessor Declaration:** I declare that I have conducted a fair, valid, reliable and flexible assessment with this student, and I have provided appropriate feedback  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**End of Document**