

Trainee's Assessment

Support a person to meet personal care needs
in an aged care, health, or disability context

US 23386 V2

Level 3 Credits 6

Name _____

careerforce

Trainee's assessment

This trainee's assessment contains:

- Instructions for the trainee
- Assessment tasks
- Demonstration checklists
- Feedback form
- Assessment result sheet

Tips for the trainee

Before you start this assessment you must read the instructions.

The following colours show different areas of this assessment:

- **Green boxes:** sections to be filled out and usually signed – by you or someone else such as an assessor, verifier or supervisor.
- **Purple boxes:** areas for the assessor to write in. Please do not write in these boxes.
- **Blue boxes:** tasks where you are asked to give a written or spoken answer.
- **Grey boxes:** tasks where your answer is a demonstration.

A person assessed as competent in this unit standard is able to:

	Outcome	Task and evidence
Describe a person's personal care needs.	1	One – Written or spoken answer (Blue)
Support a person to meet personal care needs.	2	Two – Demonstration (Grey)

Instructions for the trainee

- Your answers to the assessment tasks need to show the assessor that you have a full understanding of the topic. The assessor may require you to discuss your responses.
- This assessment is “open book”, which means that you can use any information you wish when you are completing this assessment. This information may include learning materials, books, the internet, and your organisation’s policies and procedures.
- Your answers can be written or spoken. You will also be asked to carry out a practical task.
 - When you write your answer, use pen in the space provided. Initial any alterations you make. Please write your name on any additional pages and attach them to the assessment.
 - When you answer verbally, the assessor will make full notes of your answer in the space provided in this assessment or may use a digital voice recorder.
 - When you are asked to carry out a practical task, your assessor or verifier will observe you and complete a checklist. The assessor/verifier may require you to perform the task on more than one occasion.
- For any documents you supply, remove all identifying details of the people receiving services or support.

- You need to show that your work complies with your organisation’s policies and procedures.
- If you require assistance with any aspect of the assessment, please contact your assessor.

Definitions of terms

The word **trainee** in this assessment refers to the person being assessed. Other terms that may be used are candidate, student or employee.

Person refers to a person accessing services in a health or disability setting in either a residential care facility or in a private home – the person’s own or a friend’s, group’s or family member’s. Other terms used for the person being supported include client, consumer, individual, resident, service user or tūroro.

Service plan is a general term that describes the individual or group plan for service delivery. This plan is developed by service providers with the person or people receiving support and their families/whānau. A service plan may include a care plan or a rehabilitation plan.

An **organisation’s policies and procedures** are the policies and procedures of the trainee’s employer and include ethical codes, standards and organisational requirements.

Workplace assessor or assessor means the person who will assess the trainee.

A **verifier** is a workplace supervisor or manager who understands the assessment, works closely with the trainee and can confirm the trainee has performed the task competently.

Preferred communication method may include but is not limited to: verbal communication, pictures, symbols, signs, sign language and other communication devices, gestures.

Abbreviations

ER refers to the evidence requirements of the unit standard – the evidence (descriptions, explanations, documents etc) that you must provide and/or the actions that you must do or demonstrate.

MER means “more evidence required”.

References

- Careerforce workbook – 23386 V2 Support a person to meet personal care needs in an aged care, health, or disability context.
- Your organisation’s policies and procedures.

Note

This unit standard **cannot be assessed against in a simulated environment**. The assessment must be carried out in the workplace.

Think of a person you support and answer the questions below.

Question 1: What are the personal care needs set out in this person’s service plan? Describe the personal care that you provide to that person.

Question 2: Describe how the personal care needs reflect the person’s current functional ability.

Sample answer: *The person I support is unable to bend and has difficulty when showering and dressing. I carry out personal cares and help her with the parts of her body that she cannot reach. She also has poor balance, so is required to use a walking frame when moving from her bedroom to the bathroom, with one support worker accompanying her at all times.*

Assessor’s use only
Notes and decision:



Two large, empty rectangular boxes for assessor notes and decisions, each with a white circle on the right side.


Assessor's feedback on the trainee's performance

Task One: Achieved <input type="radio"/> More evidence required <input type="radio"/>	Assessor's name:	Date:
Reassessment: Achieved <input type="radio"/> More evidence required <input type="radio"/>	Assessor's name:	Date:

An observer will fill in this checklist as you carry out five practical tasks. The tasks may be carried out over several days and may be with different people you support. The observer may be your assessor or a verifier who can confirm that you have competently performed five tasks which must include:

- **Showering and/or bathing**
- **Toileting**
- **Care of assistive aids, eg glasses, hearing aids, dentures, orthotics or wigs**
- **Other tasks may include: dressing and undressing, grooming, preparing for bed and positioning an individual in bed, skin care or oral hygiene.**

Practical task demonstrated: Showering and/or bathing	Person: Date:
This task was completed in accordance with the:	
<ul style="list-style-type: none"> • Person’s service plan. • Person’s current functional ability (eg sensory, physical). • Organisation’s policies and procedures. • Person’s preferred communication method (please name) eg talking, pictures, symbols, signs, sign language, gestures. 	
The person’s rights, preferences and independence were promoted by:	
<ul style="list-style-type: none"> • Using the person’s preferred name. • Respecting the person’s choices. • Respecting the person’s privacy. • Maintaining confidentiality. • Respecting the person’s cultural identity. • Other (please identify). 	
Changes or concerns in the person’s physical condition were observed and reported.	

Assessor’s/verifier’s use only  or MER

Notes and decision:

(Assessor to make notes)

Practical task demonstrated:
Toileting

Person:
Date:

This task was completed in accordance with the:

- Person's service plan.
- Person's current functional ability (eg sensory, physical).
- Organisation's policies and procedures.
- Person's preferred communication method (please name) eg talking, pictures, symbols, signs, sign language, gestures.

The person's rights, preferences and independence were promoted by:

- Using the person's preferred name.
- Respecting the person's choices.
- Respecting the person's privacy.
- Maintaining confidentiality.
- Respecting the person's cultural identity.
- Other (please identify).

Changes or concerns in the person's physical condition were observed and reported.

Assessor's/verifier's use only

Notes and decision:



(Assessor to make notes)

Practical task demonstrated:
Care of assistive aids

Person:
Date:

eg glasses, hearing aids, dentures, orthotics, wigs, other. Please identify.

This task was completed in accordance with the:

- Person's service plan.
- Person's current functional ability (eg sensory, physical).
- Organisation's policies and procedures.
- Person's preferred communication method (please name) eg talking, pictures, symbols, signs, sign language, gestures.

The person's rights, preferences and independence were promoted by:

- Using the person's preferred name.
- Respecting the person's choices.
- Respecting the person's privacy.
- Maintaining confidentiality.
- Respecting the person's cultural identity.
- Other (please identify).

Changes or concerns in the person's physical condition were observed and reported.

Assessor's/verifier's use only
Notes and decision:



(Assessor to make notes)



**Practical task demonstrated:
Other (1)**

**Person:
Date:**

eg dressing and undressing, grooming, preparing for bed and positioning an individual in bed, skin care, oral hygiene, other. Please name.

This task was completed in accordance with the:

- Person's service plan.
- Person's current functional ability (eg sensory, physical).
- Organisation's policies and procedures.
- Person's preferred communication method (please name) eg talking, pictures, symbols, signs, sign language, gestures.

The person's rights, preferences and independence were promoted by:

- Using the person's preferred name.
- Respecting the person's choices.
- Respecting the person's privacy.
- Maintaining confidentiality.
- Respecting the person's cultural identity.
- Other (please identify).

Changes or concerns in the person's physical condition were observed and reported.

Assessor's/verifier's use only
Notes and decision:



(Assessor to make notes)



Practical task demonstrated:
Other (2)

Person:
Date:

eg dressing and undressing, grooming, preparing for bed and positioning an individual in bed, skin care, oral hygiene, other. Please name.

This task was completed in accordance with the:

- Person's service plan.
- Person's current functional ability (eg sensory, physical).
- Organisation's policies and procedures.
- Person's preferred communication method (please name) eg talking, pictures, symbols, signs, sign language, gestures.

The person's rights, preferences and independence were promoted by:

- Using the person's preferred name.
- Respecting the person's choices.
- Respecting the person's privacy.
- Maintaining confidentiality.
- Respecting the person's cultural identity.
- Other (please identify).

Changes or concerns in the person's physical condition were observed and reported.

Assessor's/verifier's use only
Notes and decision:



(Assessor to make notes)



Verifier's name:
(if different from the assessor)

Verifier's signature:
(if different from the assessor)

Assessor's feedback on the trainee's performance

Task Two: Achieved

More evidence required

Assessor's name:

Date:

Reassessment: Achieved

More evidence required

Assessor's name:

Date:

Instructions for the trainee

When you have finished the assessment

- Please give your completed assessment and any additional material to your assessor. You might like to make a copy for your records.
- When you have been assessed as having achieved this unit standard, the results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.
- Your assessor will give your assessment material back to you. Please keep it safe.
- If you wish to appeal against the assessment result or process, you should complete an "Appeal of Trainee Assessment Result Form". This form can be downloaded from the Shortcuts/Forms/Trainee Forms section of the Careerforce website www.careerforce.org.nz
- **Please complete the trainee's declaration below.**

Trainee's declaration

I was told about and understood the assessment requirements.

I have prepared my answers myself.

I agree that this document can be photocopied for the purpose of moderation, as part of quality control processes.

I agree that once the assessment decision has been made, my personal details and results will be sent to Careerforce for registering credits on the New Zealand Qualifications Framework.

Trainee's signature:

Trainee's name (please print):

Date:

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Please complete this feedback form to help us to improve our assessments.

Please respond to the questions with a tick in the relevant circle and with comments in the boxes.

	Yes	No	Sometimes
Did you think the assessment booklet was well laid out?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you find the assessment questions easy to understand?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you most like about this assessment?

What did you least like about this assessment?

If you could change something to improve this assessment, what would it be?

Additional comments:

Contact details (optional)

Name:	Workplace:
Phone:	Email:

When you have completed this page, please pull it out, fold it in three, secure it with tape and send it (Freepost) to: Senior Educational Support Administrator, Careerforce, PO Box 25 255, Christchurch 8144 Fax (03) 371 9285

Freepost Authority CONSULT

Senior Educational Support Administrator

Careerforce

PO Box 25 255

Christchurch 8144

US 23386 V2 – Support a person to meet personal care needs in an aged care, health, or disability context

Level 3 Credits 6

Assessment result sheet (completed by assessor)

Trainee's information	
Name:	
Employer:	
NZQA/NSI number (ROL):	Date of birth:

Trainee's performance summary

Assessment tasks	Achieved
Task One	<input checked="" type="radio"/>
Task Two	<input checked="" type="radio"/>

Comments/feedback to the trainee

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Assessment result

I have assessed the trainee and confirm:

The requirements have been met to demonstrate competency in 23386 V2.

Name:	Assessor's number:
Signed:	Date:

For the credits to be registered on the New Zealand Qualifications Framework, send a copy of this form to:
Training Support Team, Careerforce, PO Box 25 255, Christchurch 8144

Training Support Team

Careerforce

PO Box 25 255

Christchurch 8144