



## Competency Assessment Results Summary (CARS)

<b>Candidate Name</b>						
<b>Assessor Name</b>						
<b>Registration No</b>						
<b>Title of Qualification</b>	<b>Certificate in Caregiving for Elderly Persons, Level 3</b>					
<b>Assessment Centre</b>				<b>Date of Assessment:</b>		
The performance of the candidate in the following unit(s) of competency and corresponding assessment methods						
<b>Units of Competency</b>	Assessment Events					
	Written Test		Demonstration		Oral Questioning	
	S	NS	S	NS	S	NS
GU009L3V1 Practice Negotiation Skills						
GU010L3V1 Demonstrate Work Value						
GU011L4V1 Lead Small Team						
SUIS004L3V1 Orientation to mental retardation & autism spectrum disorders associated problems						
OUISCEP01L3V1 Provide care to elderly people						
OUISCEP02L3V1 Respond to Challenging Behavior						
OUISCEP03L3V1 Perform palliative care						
OUISCEP04L3V1 Manage clients with stroke, Dementia, Parkinson & Alzheimer's disease						
<p>Note 1: For written test Satisfactory result shall only be given to candidate who successfully answer all the questions identified in the above-named Qualification/Cluster of Units of Competency.</p> <p>Note 2: Satisfactory Performance shall only be given to candidate who demonstrated successfully all the competencies identified in the above-named Qualification/Cluster of Units of Competency.</p> <p>Note 3: For oral questioning Satisfactory result shall only be given to candidate who successfully answer all the questions identified in the above-named Qualification/Cluster of Units of Competency</p>						
<b>Recommendation</b>	<input type="checkbox"/> For issuance of NSC/SOA (Indicate title/s of SOA, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents Specify:		<input type="checkbox"/> For re-assessment (pls. specify)	
Did the candidate overall performance meet the required evidence/standards?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>OVERALL EVALUATION</b>			<input type="checkbox"/> <b>Competent</b>		<input type="checkbox"/> <b>Not Yet Competent</b>	
<b>General Comments</b> [Strengths/Improvements needed]						
Candidate's Name/ signature:				Date:		
Assessor's Name/ signature:				Date:		
Assessment Centre Manager signature				Date:		
Attested by (Representative of NSDA):	Name & Signature			Date:		

**CANDIDATE'S COPY** (Please present this form when you claim your NC/SOA)  
**COMPETENCY ASSESSMENT RESULTS SUMMARY**



<b>Candidate Name</b>						
<b>Assessor Name</b>						
<b>Registration No</b>						
<b>Title of Qualification</b>	<b>Certificate in Caregiving for Elderly Persons, Level 3</b>					
<b>Assessment Centre</b>				<b>Date of Assessment:</b>		
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Recommendation	<input type="checkbox"/> For issuance of NSC/SOA (Indicate title/s of SOA, if Full Qualification is not met)		<input type="checkbox"/> For submission of Additional documents Specify:		<input type="checkbox"/> For re-assessment (pls. specify)	
Did the candidate overall performance meet the required evidences/standards?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>General Comments</b> [Strengths/Improvements needed]						
OVERALL EVALUATION		<input type="checkbox"/> <b>Competent</b>			<input type="checkbox"/> <b>Not Yet Competent</b>	
Candidate's Name/ signature:					Date:	
Assessor's Name/ signature:					Date:	
Assessment Centre Manager signature					Date:	
Attested by (Representative of NSDA):	Name & Signature				Date:	