Self-Assessment Guide

Before undertaking any assessment, you should review the list of skills, knowledge and aptitudes relating to the assessment (drawn from the units of competency, its various elements and performance criteria) to determine whether you have current competency in these areas.

If you believe you can demonstrate the skills and knowledge required and can successfully complete the various assessment activities, you should then proceed to discuss your assessment with the assessor and complete Assessment Agreement.

However, should you not believe, for whatever reason, that you are not able to successfully complete the various assessment activities, then speak with the assessor. The assessor will assist you in identifying any skill and knowledge gaps, work through those with you and assist you as much as possible in attaining competency.

Please complete the self-assessment checklist below and discuss with the assessor.

Qualification	**Certificate in Caregiving for Elderly Persons – Level 3**
Candidate Name	
Application Serial/ Registration No.	

Instructions:

- Read each of the questions in the left-hand column of the chart
- Place a tick (√) in the appropriate box opposite each question to indicate your answer

Can I ...	**YES**	**NO**
GU-02-L3-V1: Practice Negotiation Skills		
1. Plan negotiations		
2. Participate in negotiations		
GU-03-L3-V1: Demonstrate Work Values		
1. Define the purpose of work		
2. Apply work values / ethics		
3. Deal with ethical problems		
4. Maintain integrity of conduct in the workplace		
GU-04-L3-V1: Lead Small Team		
1. Provide team leadership		
2. Assign responsibilities		
3. Set performance expectations for team members		
4. Supervise team performance		
SU-IS-02-L2-V1: Practice Personal Health and Hygiene		
1. Follow OSH and interpret healthy living		
2. Follow safety &hygiene procedures		
3. Provide Education and counselling on hygiene and sanitation		
4. Report personal safety and healthissues		
5. Prevent cross-contamination		
6. Identify and prevent hygiene risks		
OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving		
1. Interpret basics of care giving		
2. Interpret concept of ageing		
3. Interpret the physiological aspects of elderly persons		
4. Interpret medical terminologies		
5. Explain care giving rules and ethics		
6. Interpret care givers clients basic right		
OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs)		

1. Assist to maintain oral hygiene		
2. Assist in toiletingand changing diapers		
3. Assist in dressing and grooming		
4. Assist in showering/bathing		
5. Perform bedmaking		
6. Assist clients withdomestic works		
7. Feed the client		
8. Assist to performdaily exercise		
9. Assist the client in skin care		
10. Assist client in safe movement and transfer		
OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities		
1. Administer drugsaccording to the guidelines		
2. Collect sample as per the instructions		
3. Assist to perform dressings for common wound		
4. Position and transfer the client		
5. Care of catheter,colostomy bags and tracheostomy tube		
6. Assist to use supportive devices		
OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People		
1. Apply basicfirst aid		
2. Respond to emergencies and accidents		
3. Perform CPR		
4. Communicate details of the incident		
5. Provide mentalhealth support		
OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior		
1. Interpret mental health issues and rapport building process		
2. Plan responses for challenging behavior		
3. Respond for challenging behavior		
4. Report and review incidents		
OU-IS-CEP-06-L3-V2: Perform Palliative Care		
1. Assist in basic wound care		
2. Perform palliative pain care		
3. Assist in providing palliative care		
OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients		
1. Prepare the client for assistance in administering medication		
2. Take care of stroke patient		
3. Provide care for Dementia & Alzheimer's patient		
4. Manage Parkinson patient		
5. Provide care for arthritis patient		
6. Take care of cancer patient		
7. Take care of Chronic (COPD) disease patient		

I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned personnel and my manager/supervisor.

Candidate's Signature:	Date:

COMPETENCY ASSESSMENT AGREEMENT

Qualification:	**Caregiving for Elderly Persons – Level 3**
Candidate's Name:	
Assessor's Name:	
Qualification/Units of Competency to be Assessed	GU-02-L3-V1: Practice Negotiation Skills GU-03-L3-V1: Demonstrate Work Values GU-04-L3-V1: Lead Small Team SU-IS-02-L2-V1: Practice Personal Health and Hygiene OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs) OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior OU-IS-CEP-06-L3-V2: Perform Palliative Care OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients

Candidate to answer the question:	**Yes**	**No**
❑ Have the context and purpose of assessment been explained		
❑ Have the qualification and units of competency been explained?		
❑ Have the Project-Based Assessment been explained?		
❑ Do you understand the assessment procedure and evidence to be collected?		
❑ Have your rights and appeal system been explained?		
❑ Have you discussed any special needs to be considered during assessment?		

I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned personnel and my manager/supervisor.

Candidate's Signature:		Date:	
Assessor's Signature:		Date:	

PRACTICAL DEMONSTRATION – OBSERVATION CHECKLIST	
Candidate Name:	
Assessor Name:	
Qualification:	**Certificate in Caregiving for Elderly Persons – Level 3**
Assessment Centre:	
Date of Assessment:	
Instructions:	The tasks listed on the observation checklist of the practical demonstration will provide performance evidence of the candidate. Performance can be observed in an actual workplace or in a simulated working environment. If performance of particular tasks cannot be observed, you may ask the candidate to explain a procedure or enter into a discussion on the subject. The assessment activity (practical demonstration) should: ▪ fit industry requirements in which the assessment will be conducted ▪ adhere, where possible, to reasonable adjustment practices ▪ ensure that suitable performance benchmarks are applied and explained to the candidate

OBSERVATION RECORD		
Performance Criteria	Place a ✓ to show if evidence has been demonstrated competently	
	Yes	**No**
Job-Name:		
GU-02-L3-V1: Practice Negotiation Skills		
1. Plan negotiations	☐	☐
2. Participate in negotiations	☐	☐
GU-03-L3-V1: Demonstrate Work Values		
1. Define the purpose of work	☐	☐
2. Apply work values / ethics	☐	☐
3. Deal with ethical problems	☐	☐
4. Maintain integrity of conduct in the workplace	☐	☐
GU-04-L3-V1: Lead Small Team		
1. Provide team leadership	☐	☐
2. Assign responsibilities	☐	☐
3. Set performance expectations for team members	☐	☐
4. Supervise team performance	☐	☐
SU-IS-02-L2-V1: Practice Personal Health and Hygiene		
1. Follow OSH and interpret healthy living	☐	☐
2. Follow safety &hygiene procedures	☐	☐
3. Provide Education and counselling on hygiene and sanitation	☐	☐
4. Report personal safety and healthissues	☐	☐
5. Prevent cross-contamination	☐	☐
6. Identify and prevent hygiene risks	☐	☐
OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving		
1. Interpret basics of care giving	☐	☐
2. Interpret concept of ageing	☐	☐
3. Interpret the physiological aspects of elderly persons	☐	☐
4. Interpret medical terminologies	☐	☐
5. Explain care giving rules and ethics	☐	☐
6. Interpret care givers clients basic right	☐	☐

OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs)		
1. Assist to maintain oral hygiene	☐	☐
2. Assist in toiletingand changing diapers	☐	☐
3. Assist in dressing and grooming	☐	☐
4. Assist in showering/bathing	☐	☐
5. Perform bedmaking	☐	☐
6. Assist clients withdomestic works	☐	☐
7. Feed the client	☐	☐
8. Assist to performdaily exercise	☐	☐
9. Assist the client in skin care	☐	☐
10. Assist client in safe movement and transfer	☐	☐
OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities		
1. Administer drugsaccording to the guidelines	☐	☐
2. Collect sample as per the instructions	☐	☐
3. Assist to perform dressings for common wound	☐	☐
4. Position and transfer the client	☐	☐
5. Care of catheter,colostomy bags and tracheostomy tube	☐	☐
6. Assist to use supportive devices	☐	☐
OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People		
1. Apply basicfirst aid	☐	☐
2. Respond to emergencies and accidents	☐	☐
3. Perform CPR	☐	☐
4. Communicate details of the incident	☐	☐
5. Provide mentalhealth support	☐	☐
OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior		
1. Interpret mental health issues and rapport building process	☐	☐
2. Plan responses for challenging behavior	☐	☐
3. Respond for challenging behavior	☐	☐
4. Report and review incidents	☐	☐
OU-IS-CEP-06-L3-V2: Perform Palliative Care		
1. Assist in basic wound care	☐	☐
2. Perform palliative pain care	☐	☐
3. Assist in providing palliative care	☐	☐
OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients		
1. Prepare the client for assistance in administering medication	☐	☐
2. Take care of stroke patient	☐	☐
3. Provide care for Dementia & Alzheimer's patient	☐	☐
4. Manage Parkinson patient	☐	☐

5. Provide care for arthritis patient	☐	☐
6. Take care of cancer patient	☐	☐
7. Take care of Chronic (COPD) disease patient	☐	☐

Feedback to candidate:

Assessment decision for this assessment activity:

☐ **Competent** ☐ **Not Yet Competent**

Candidate's Signature:		**Date:**	
Assessor' Signature:		**Date:**	

Competency Assessment Results Summary (CARS)

Candidate Name			
Assessor Name			
Registration No			
Title of Qualification	**Certificate in Caregiving for Elderly Persons – Level 3**		
Assessment Centre		**Date of Assessment:**	

The performance of the candidate in the following unit(s) of competency and corresponding assessment methods

Units of Competency	Assessment Events					
	Written Test		Demonstration		Oral Questioning	
	S	NS	S	NS	S	NS
GU-02-L3-V1: Practice Negotiation Skills						
GU-03-L3-V1: Demonstrate Work Values						
GU-04-L3-V1: Lead Small Team						
SU-IS-02-L2-V1: Practice Personal Health and Hygiene						
OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving						
OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs)						
OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities						
OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People						
OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior						
OU-IS-CEP-06-L3-V2: Perform Palliative Care						
OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients						

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.
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.
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

Recommendation	❑ For issuance of NSC/SOA (Indicate title/s of SOA, if Full Qualification is not met)	❑ For submission of Additional documents Specify:	❑ For re-assessment (pls. specify)

Did the candidate overall performance meet the required evidence/standards?	❑ Yes	❑ No

OVERALL EVALUATION	❑ **Competent**	❑ **Not Yet Competent**

General Comments [Strengths/Improvements needed]

Candidate signature:		Date:	
Assessor signature:		Date:	
Assessment Centre Manager signature		Date:	
Attested by(Representative of NSDA):	Name and Signature	Date:	

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

Candidate Name			
Assessor Name			
Registration No			
Title of Qualification	**Certificate in Caregiving for Elderly Persons – Level 3**		
Assessment Centre		**Date of Assessment:**	

The performance of the candidate in the following unit(s) of competency and corresponding assessment methods

Units of Competency	Assessment Events					
	Written Test		Demonstration		Oral Questioning	
	S	NS	S	NS	S	NS
GU-02-L3-V1: Practice Negotiation Skills						
GU-03-L3-V1: Demonstrate Work Values						
GU-04-L3-V1: Lead Small Team						
SU-IS-02-L2-V1: Practice Personal Health and Hygiene						
OU-IS-CEP-01-L3-V2: Interpret Basic Knowledge of Elderly Care Giving						
OU-IS-CEP-02-L3-V2: Support Clients in Activities Daily of Living (ADLs)						
OU-IS-CEP-03-L3-V2: Perform Clinical Care Giving Activities						
OU-IS-CEP-04-L3-V2: Respond to Emergencies for Elderly People						
OU-IS-CEP-05-L3-V2: Respond to Challenging Behavior						
OU-IS-CEP-06-L3-V2: Perform Palliative Care						
OU-IS-CEP-07-L3-V2: Manage Clients with Stroke, Dementia & Alzheimer's, Parkinson, Arthritis, Cancer, Chronic (COPD) Disease Patients						

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.
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.
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

Recommendation	❑ For issuance of NSC/SOA (Indicate title/s of SOA, if Full Qualification is not met)	❑ For submission of Additional documents Specify:	❑ For re-assessment (pls. specify)
Did the candidate overall performance meet the required evidences/standards?		❑ Yes	❑ No
OVERALL EVALUATION	❑ **Competent**	❑ **Not Yet Competent**	

Candidate signature:		Date:	
Assessor signature:		Date:	
Assessment Centre Manager signature		Date:	
Attested by (Representative of NSDA):	Name and Signature	Date:	