

WPA 9. Third Party Evidence Form

CHC43115 Certificate IV in Disability

(For student's implementation of the client skill development program - Task 8)

Instructions

Print this document and have your supervisor/buddy observe you implementing Task 8. Your Supervisor/Buddy will use this Third party Evidence Form to evaluate your performance while implementing Task 8. Once this form (Task 9) is completed you will need to **upload it to the online campus**.

Qualification:	CHC43115 Certificate IV Disability
Student Name:	Heather Sheppard
Facility Name:	Cranhaven Lodge
Supervisor/Buddy Name:	Sheree McLeod
Position/Role:	Support worker

The purpose of this form is to confirm that the student demonstrated the below listed skills and knowledge, whilst implementing the Skill Development Program Task 8.

Third party evidence (below) should be provided and signed by a workplace expert/peer, supervisor or team leader.

Did the student satisfactorily conduct the program according to the following points?			
Did the student:	Yes	No	Comments
Consult relevant others regarding the skill development program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Work in accordance with policies and procedures of the organisation when designing and implementing the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Use the client's preferred communication method during the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Make adjustments to their own communication style to meet the client's needs where required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uphold the client's dignity and demonstrate respect throughout implementation of the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Develop a positive rapport with the client?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Uphold duty of care and client safety throughout the program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Provide the appropriate level of encouragement and prompting during implementation of the skill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

development program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feedback to the student (optional):			
Signature of Supervisor: <i>Sofia Lead</i>		Date: <i>26/10/18</i>	

This report is used as supporting evidence in the assessment process and does not represent a final judgment about the competence of the student.