



People Handling Practical Skills Form for Training Assessment/Workplace Supervision

rainee's	Name:					
Assessor's Name:						
Training	Assessment/Workplace Supervision					
Date(s): _						
	cription of assessed/supervised task:					
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For each assessed/supervised task indicate the following – \checkmark = yes × = no or n/a = not applicable - against each question.

Did the member of staff plan the activity before initiating contact with the client? Did the member of staff consult the risk assessment/care plan? Did the member of staff encourage the client's independence where possible? Did the member of staff ask for assistance from other handlers where required? Did the member of staff use the appropriate equipment safely where required? Did the member of staff communicate effectively with each other? Did the member of staff communicate effectively with the client? Was the client in agreement to the task being undertaken? Did the staff member adopt the safest posture possible at the start of the move? Did the staff member adopt the safest posture possible during of the move? Did the staff member adopt the safest posture possible at the end of the move? Was the client safe and comfortable throughout the task? Was the member of staff stable throughout the task? Was the member of staff stable throughout the task? Was the client made safe and comfortable on completion of the task? Was appropriate documentation completed at the end of the task? Was appropriate documentation completed at the end of the task?	Task Number	1	2	3	4	5	6	7	8	9	10
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Assessor's Comments
Trainee's Comments
Agreed Action Plan for Future Assessments/Supervisions
Trainee's Signature
Assessor's Signature