

Title	Work Experience Activity Reports – for Health Care Skills Programmes
Description	This is a template for the workplace supervisor to document activities carried out by students while on the work placement. This completed report will be returned to the student when the work placement is completed and will contribute to the overall assessment of the work experience programme.
User	Completed by the workplace supervisor while the student is on work placement. It will then be used by the teacher/tutor/assessor when making the final assessment decision for student’s performance for the work experience programme
Goal	To provide a structured method for workplace supervisors to give a comprehensive account of activities carried out by the student while on the work placement. It also provides the student and the college (the VET provider) with feedback on the students’ placement experience
Objective	Facilitates the workplace supervisor who has observed the student during the work placement, in the assessment of the student when performing work-related task. Also facilitates the teacher/tutor/trainer when making the final assessment decision for the work experience programme
Method	This can be completed electronically or in hard copy
Recommended Use	Students furnish their Work Experience/Placement provider with the Work Experience – Activity Reports Booklet in order for their Supervisor/Manager to complete the activity reports and return to the student when the work placement is completed
When	Completed when the students are on work placement.
Language	English
Further links	



An Bord Oideachais agus Oiliúna Chathair Bhaile Átha Cliath  
City of Dublin Education and Training Board

Health  
Services  
Skills

Work  
Experience

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Activity Reports

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Students Name :

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## **Student/Learner Requirements**

Students are required to furnish their **Work Experience/Placement** provider with the *Work Experience – Activity Reports Booklet* in order for their Supervisor/Manager to complete the activity reports and return to the student when the work placement is completed.

The Contact and Contract Details Sheet will be completed prior to the learners placement by the

- Students/Learner
- Work Experience Tutor

When arriving on **Work Experience/Placement** learners are required to get the Supervisor/Manager to sign **The Contact and Contract Details Sheets** and request that they take a copy in order for all parties to have required contact and contract details.

The key purpose of the **Work Experience/Placement** is to develop the knowledge, skills and experience of students/learners in the field to enhance and improve their care skills and soft skills with relevance to their placement.

The student/learner will develop an understanding of healthcare workplace practices, and can identify the theory into practice. Students are required as part of their qualification to engage in practical work experience/placement.

## **Supervisor/ Managers Completion of Work Experience - Activity Report Booklet**

The report forms an important part of the overall assessment of **Health Service Skills qualifications** for a number of the modules the students are completing.

It should be completed by a Supervisor/Manager who has observed the learner/student during the work experience and by the Work Experience Assessor from the learner/student's centre.

Where the learner/student has displayed excellence please ensure that this is evident in the Supervisors Report feedback sheet as this goes towards the learner/student's overall assessment criteria and is graded appropriately.

This booklet should be returned to the student/learner when they have completed their placement.

## Contact & Contract Details Sheets

### Student Details (to be completed by student)

<b>Name :</b>	
<b>Phone no:</b>	
<b>Email:</b>	

### Placement Details (to be completed by work supervisor)

<b>Name of Organisation/Company</b>	
<b>Supervisors Name:</b>	
<b>Position within organisation:</b>	
<b>Phone No:</b>	
<b>Email:</b>	
<b>Address of Organisation:</b>	
<b>Placement Dates:</b>	
<b>Working Days/hours:</b>	
<b>Student reports to:</b>	

<b>Student's signature:</b>		<b>Date</b>	
<b>Work Supervisor signature:</b>		<b>Date</b>	
<b>Teacher/Tutor/Trainer signature:</b>		<b>Date</b>	

## Infection Prevention and Control (IPC) Checklist

Infection Prevention and Control Learner Record –Work Placement Activity Report

Student/Learner Name:			
Name of Line Manager/Supervisor:		Date:	
Signature of Line Manager/Supervisor:			

**Guidelines:**  
 This report forms an important part of the overall assessment of **Infection Prevention and Control** for QQI certification.  
 The work place record of above student is an accurate reflection of activities/responsibilities performed by the student named above.  
 It should be completed by a supervisor/manager who has observed the learner during the work experience. The Work Experience Supervisor/Manager should indicate the learner’s performance by placing a tick for each of the criteria. In the case of the “prevention of sharps injury” (in Section 1) and the disposal of sharps (in Section 2) it is sufficient for the student to have witnessed the correct procedures to obtain a tick for the criteria.

- Performance of correct procedure for cleaning, disinfection and sterilization**  
 Following correct/safe practise procedures in the decontamination of equipment/environment
  - Low Risk (e.g. floors, furniture, mobility aids)
  - Medium Risk (e.g. bed pans, urinals, commodes)
  - Patient care equipment
 Following correct/safe practise procedures
  - Prevention of sharps injury
  - Soiled and clean laundry management
- Performance of correct procedures for handling, storage, and disposal of waste including the correct colour-coded bag or bin:**
  - Sharps
  - Household Waste
  - Clinical/hazardous waste
  - Biological spillages
- Implements local terminal cleaning procedures in settings such as:**
  - Isolation room
  - Single use items
  - Outbreak management

## Skills Demonstration Tasks

### Learner Record –Work Placement Activity Report

Student/Learner Name:			
Name of Line Manager/Supervisor:		Date:	
Signature of Line Manager/Supervisor:			
<b>Guidelines:</b>			
This report forms an important part of the overall assessment of Health Service Skills qualification and is relevant to a number of modules being completed, such as Care Skill, Care Support etc.			
It should be completed by a supervisor/manager who has observed the learner during the work experience and by the Work Experience Assessor from the learner's centre.			

<b>Task – Mobilising a Client</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Transfer of a Client</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Physical need s (walking, movements) with a Client</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				

Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Inputting details or witnessing inputting of details</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task –Personal Hygiene needs of a Client</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Feeding Task</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	

Communicate effectively with the client	Yes		No	
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<b>Task – Social needs of a client</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Another task of your choice</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	

<b>Task – Another task of your choice</b>	Yes		No	
Brief Description of Task:				
Was Equipment Use	Yes		No	
If <b>YES</b> what care equipment did you use?				
Adhered to client safety and security procedures	Yes		No	
Completed the safe disposal of soiled linens (if applicable)	Yes		No	
Communicate effectively with the client	Yes		No	



Constructive Feedback from Workplace Supervisor

