

Employee Self Evaluation

As a Registered Care Provider HWH is required to complete annual staff appraisals. This form gives us an opportunity to understand your care provision preferences, goals and competencies so we can assign your shifts correctly and structure any additional training you may require.

Employee Name: *

Billy Binks

Have you read and signed the current Support Worker Position Description? *

You can find the current Support Worker - Position Description in the Care-Team/Resources folder in Basecamp. If you answer No, we will know to organise a copy for you to sign.

☒ Yes

☐ No

Current Contact Details: *

Details of any changes in Address, Phone & eMail to ensure our records are up to date.

12 Hope Street, Hopetown

Employee Reflections

Review of responsibilities as outlined in the Support Worker Position Description

Your Evaluation of Typical Tasks *

How competent do you feel you are in supporting your clients in the following tasks

	Very	Moderately	Limited	N/A
Adhering to the Care Instructions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking and meal preparation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Immediately reporting changes in client conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light domestic duties.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring and reporting client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal care needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting dignity, independence and empowerment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting all emerging risks, issues and incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting client carers to maintain their caring relationships.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely and accurate Shift Notes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport to appointments and engagements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Standard Support Tasks *

How confident do you feel supporting Standard Needs clients with the following;

	Very Confident	Moderately	Limited	Not Applicable	More Training Please
Blood Glucose Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dysphagia Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Falls Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal Planning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Care and Wound Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Higher Intensity Care *

How competent are you in supporting Higher Needs Clients with the following:

Providing Higher Intensity care requires annual competency checks so if you need a refresher or wish to learn more we are here to help

	Very Confident	Moderately Confident	Limited Confidence	Not Applicable	Need more training
Complex Bowel Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complex Wound Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enteral Feeding & Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Seizure Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Dysphasia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoma Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcutaneous Injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tracheostomy Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urinary Catheters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilator Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Evaluation of Personal Behaviours*

How do you rate yourself with the following:

	Always	Mostly	Sometimes	Rarely
I arrive on time for my shifts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good rapport with HWH clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with my fellow HWH Support Workers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have initiative to solve problems that may arise.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
My availability is reliable.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a great attitude when I am a work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talent LMS courses have been useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I do everything I am capable of to succeed as a Support Worker.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluation of Policy & Procedures*

Have you done the courses or read and understood the following:
If NO we can guide you to the documents and courses. Refer again to the Care-Team Resources - Quick Access Directory in Basecamp

	Yes	No
HWH Duty of Care Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HWH Code of Conduct	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HWH Social Media Policy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HWH Professional Boundaries Policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HWH Ethical Behaviour in the Workplace	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Identify any additional Training Needs:

Epilepsy Management

Identify career development objectives & growth opportunities:

Nothing at the moment

Secondary Employment

With the focus on Infection Control the NDIS is keen we keep records of any other jobs/work you may have.

Details of other employment: *

List your other employer(s) and what type of job(s) are you doing

Smiths Hardware - Inventory Management

Additional Comments

Employer Reflections

Based on feedback from clients & office team.

What are the employees strengths?

What areas could be improved?

Date to discuss with Support Worker

☐ Date:

☐ Completed

This form was created inside HomeWise Health.

Google Forms