

SUPPORT WORKER EXAMPLE SKILLS ASSESSMENT TEST

SUPPORT PLAN EXCERPT

Date: 27/07/2021

DOB: 22/11/1979

Client: Joe Bloggs

Disability: Paraplegic

Past Medical History:

- Chronic pain
- Muscle spasms
- Swift changes in mood due to pain levels

Allergies: Nil Known

Equipment: Manual wheelchair, mobile hoist, tilt in space shower chair, slide sheet.

- Mobility:**
- Joe uses a manual wheelchair at all times.
 - Monitor inflation of tires and cleanliness of chair.
 - In the event of a fall call an ambulance.

1. What is the client's disability?

2. What would you do in the event of a client fall?

NUMERACY

1. Your client needs to drink a litre of water over a three (3) hour period, you have a 250ml cup, how many cups of water would you give them? _____
2. If you have a travel allowance of \$0.75c per kilometre and you travel 40 kilometres, how much in dollars could you claim? _____

TWENTY FOUR HOUR CLOCK

Please convert the following:

2:00am = _____

2100hrs = _____

You are called into work at 0700 and work through to 0900 then recommence at 1300 and work until 1700, how many hours have you worked?

WORK HEALTH AND SAFETY



Can you find four hazards in the bedroom?

1 _____

3 _____

2 _____

4 _____

What could be done to prevent an accident or injury in this bedroom?
