

Associate Skill Profile



Healthcare Assistant

Name	<input type="text"/>
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Date	<input type="text"/>
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Speciality	<input type="text"/>
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Grade	<input type="text"/>
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PLEASE READ

Please tick the box in accordance with the level of expertise as indicated below:

- 1 Familiar with the procedure and can perform alone
- 2 Familiar with the procedure but need supervision
- 3 Understand the theory of the procedure but never performed the task
- 4 No knowledge of the procedure

PERSONAL HYGIENE	1	2	3	4
Bath / Shower / Assisted Wash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of bath aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mouth Care (including dentures)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of feet (excluding toe nails)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing / Undressing of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed bath	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shaving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of hair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of finger nails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care of eyes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure area care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INFECTION CONTROL	1	2	3	4
Caring for MRSA positive patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barrier Nursing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Universal precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hand Washing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TOILETING	1	2	3	4
Emptying & changing a catheter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Catheter care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stoma care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of bedpans / urine bottles / commodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collection of stool / urine / sputum specimen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incontinence care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

GENERAL	1	2	3	4
First Aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of Health & Safety precautions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bed making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Simple dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Report writing / handover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laundry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MOBILITY	1	2	3	4
Moving & Handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Hoists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Walking Aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of wheel chairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

KNOWLEDGE OF SERVICE USER GROUPS	1	2	3	4
Elderly people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dementia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palliative care / care of terminally ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with physical disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People living with HIV / AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children / families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving & Handling Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Care & Observation Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Aid Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic Food Hygiene Certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NUTRITION	1	2	3	4
Preparation of food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special diets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision / assistance with feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Associate Skill Profile

Healthcare Assistant (continued)

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EXPERIENCE	1	2	3	4
Hospital / NHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Escort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OBSERVATIONS	1	2	3	4
Observe patient confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPR / BP recording chart	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Checking pulse respiration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pressure area care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urine testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood sugar testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Observing/recording changes in patient condition & reporting to senior staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OTHER SKILLS / COMMENTS

I confirm that the skills that are ticked are a true and accurate representation of my skill and experience

Name

Signed _____

Date _____

Name of Interviewer

Signed _____

Date _____