

2024 - 2027

APPLIED VOCATIONAL CERTIFICATE IN

HEALTH & SOCIAL CARE



Applied Vocational Certificate Programme

The Applied Vocational Certificate (AVC) programme is designed to emphasize the practical application of vocational subjects, providing students with hands-on experience directly related to the workplace. This programme is aligned with the Malta Qualifications Framework (MQF) and offers a final certification at MQF Level 3, with exit points at MQF Levels 1 and 2. To earn the final certificate, candidates must complete all three units over the secondary cycle and meet the requirements for coursework and controlled assessments as outlined in the specific subject syllabi.

The AVC programme focuses on equipping candidates with both theoretical knowledge and practical skills relevant to specific industries, preparing them for future employability or education. This skills-based approach ensures that students develop the competencies necessary for the workforce while also providing a clear pathway for academic progression. The programme supports continuous learning, with opportunities to advance to post-secondary institutions that offer courses at MQF Levels 1-3, and potentially even higher, such as MQF Level 4. Recognized and accredited by various educational institutions, the AVC programme represents a vital step in the lifelong learning journey, aligning with both industry needs and educational standards.

Spanning over three scholastic years (Years 9, 10 and 11) and comprising 10 credits, the AVC programme fosters the development of technical and vocational skills in specific industries. This structure supports the holistic growth of candidates, preparing them not only for future employment but also for future academic pursuits in line with this policy's objectives and the relevant subject syllabi.

Subject Programme

The Applied Health and Social Care programme aims to increase the quality of care given to individuals. Students will be able to learn about the Physical, Intellectual, Emotional and Social aspects of development and acquire skills as how to meet the needs of different individuals. Students will also be prepared as how to prepare themselves for the world of work in Health and Social Care situations including skills of how to prepare for an interview.

Programme Learning Outcomes

At the end of the programme I will be able to:

- Address the basic physical, intellectual, emotional and social needs of individuals.
- Write a plan for an activity targeted towards an specific individual taking into consideration Health and Safety issues.
- Ensure that one abides by the safety measures as indicated in the specific legislation and First Aid guidance.
- Demonstrate creativity in meeting the needs of individuals.
- Demonstrate effective communication skills in one to one and group situations.
- Abide to the codes of practice whilst meeting the needs of individuals.
- Demonstrate effective self-reflection and leadership skills.

Learning Outcomes

Unit 1 : Looking after Babies, Children and Adolescents

LO 1 Demonstrate the knowledge and skills gained to feed a baby.

LO 2 Follow the principles of nappy changing a baby.

LO 3 Create a child-friendly environment.

LO 4 Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures.

LO 5 Measuring the vital signs of individuals.

Unit 2 : Working with Vulnerable Adults

LO1: Conduct an activity taking into consideration the needs of individuals.

LO2: Wash an adult mannequin taking into consideration their physical abilities.

LO3: Feed an adult taking into consideration their needs.

LO4: Carry out procedures to move and handle an individual who has mobility problems.

LO5: Demonstrate First Aid Skills

Unit 3: Working in a Health and Social Care Environment

LO1: Use effective communication skills in one – to- one and group communication.

LO2: Use communication skills to give a proper handover.

LO3: Demonstrate an understanding of how services enable individuals through care plans.

LO4: Show appropriate interpersonal skills, during an interview.

Assessment

The assessment of the Applied Vocational Certificate in Health and Social Care along the three years is based on four components – coursework, community-based projects, portfolio and controlled assessments – leading to the global subject mark.

The four components will be distributed across the years as follows:

| Year 9 | Year 10 | Year 11 |
|---|---|---|
| Coursework (assignment 1) | Coursework (assignment 1) | Coursework (assignment 1) |
| Coursework (assignment 2) | Coursework (assignment 2) | Coursework (assignment 2) |
| Portfolio including self-assessment sheet | Portfolio including self-assessment sheet | Portfolio including self-assessment sheet |
| Controlled Assessment | Controlled Assessment | Community-Based Projects* |

The Ks, Cs and As of each unit, making up the coursework and controlled assessment, are of varying percentages.

The marks obtained by the candidates are to be inputted on the MySchool platform each scholastic year.

Coursework

The coursework refers to assignment 1 and 2 which are made up of written and practical components. The assignment briefs will be prepared by teachers and be internally verified.

Community-Based Projects

*These can be organised at least once throughout the three-year programme in liaison with entities and the community at large. Community based projects can vary from initiatives within the school, national projects or in conjunction with the local council, etc.

Portfolio

The upkeep of a portfolio along the three years is highly recommended. The portfolio can be a digital or a physical folder that candidates shall be responsible for.

The portfolio can contain artefacts, handouts, pictures, charts, evidence of outings and any other material related to practical elements and coursework. Any records from the community-based projects or resources for the teaching of creative activities can also be added to the portfolio.

Additionally, the portfolio is to contain student reflections (self-reflection sheet) based on the units' content.

Controlled Assessment

The controlled assessment for Year 9 and Year 10 (Unit 1 and Unit 2) will be issued by the Education Assessment Unit (EAU) between April and May. Assessment decisions are to be internally verified.

Programme Certification

Upon completion of the three-year programme, candidates will receive a certificate and a certificate supplement indicating the MQF Level achieved. Each applied vocational subject within the AVC programme is structured to be qualified at MQF Level 3, with possible exit points at MQF Level 2 or MQF Level 1. The final qualification level depends on the total marks obtained by the candidate over the three years (with a maximum of 300 marks) as indicated in the table below.

Candidates who are absent for an entire year of the programme can qualify up to a maximum of MQF Level 2, while those absent for two full years can qualify up to a maximum of MQF Level 1.

| Award | Marks throughout the Subject | Grade |
|--------------------|------------------------------|-------|
| MQF Level 3 | 270– 300 | 1 |
| | 240 – 269 | 2 |
| | 210 – 239 | 3 |
| | 180 – 209 | 4 |
| | 150 – 179 | 5 |
| MQF Level 2 | 120 – 149 | 6 |
| | 90 – 119 | 7 |
| MQF Level 1 | 60 – 89 | 8 |
| | 0 – 59 | Fail |

Quality Assurance

Assessment is a fundamental component of the learning process. It provides candidates with feedback on their progress and achievements while adhering to key standards of reliability, validity, and fairness. To maintain these standards, it is crucial to follow established rules and procedures. The assessment guidelines ensure that all evaluations are:

- Aligned with the appropriate standards, quality, and level.
- Fair and equitable to all students.
- Valid and reliable.

In order to ensure quality, assignment briefs and assessment decisions undergo internal verification by the designated internal verifier. This process ensures that assessments align with the intended learning outcomes and comply with established policy procedures. Furthermore, moderation will be conducted each academic year by moderators that will evaluate candidates work based on a specified rubric and moderation criteria ensuring that work has been fairly, accurately and consistently graded. During both internal verification and moderation, candidates' marks are subject to change.

Applied Vocational Certificate in Health and Social Care Syllabus Unit 1

| Looking after Babies and Adolescents | | | | | | | | | |
|---|--|---|--|---------------------------|---------------------------|---------------------------|--|--|---|
| Criteria to be assessed through controlled assignment are highlighted in grey | | | | | | | | | |
| | Knowledge Criteria | | | Comprehension Criteria | | | Application Criteria | | |
| | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 |
| LO1 | K-1. List the FOUR key aspects of development of a baby. | K-1. Outline TWO needs of a baby. | K-1. Describe TWO problems that may arise in babies when development is delayed. | | | | A-1. Sterilise bottle components in preparation for a feed. | A-1. Prepare a bottle feed. | A-1. Demonstrate skills to feed a baby using the prepared feed. |
| | K-2. Identify the FOUR stomach size of babies in the first week. | K-2. Describe ONE precaution that needs to be taken before and while feeding a baby. | K-2. Outline TWO advantages and TWO disadvantages of breast feeding. | | | | | | |
| LO2 | K-3. List TWO precautions that need to be taken into consideration when changing a nappy of a baby. | K-3. Mention FOUR atypical signs to look out for when changing a nappy of a baby. | K-3. Outline FOUR infection prevention and control practices when changing a nappy of a baby. | | | | A-2. Prepare equipment for nappy changing a baby mannequin in s childcare setting. | A-2. Nappy change a baby in a childcare setting. | A-2 Demonstrate safety practices whilst nappy changing a baby in a childcare setting. |

| | | | | | | | | | |
|-----|--|--|---|---|--|--|--|---|---|
| LO3 | K-4. Distinguish between a risk and a hazard. | K-4. Match FOUR different risks to hazards. | K-4. State the EIGHT key areas of a basic risk assessment of a Health and Social Care environment. | C-1. Identify EIGHT requirements needed to make a room for young children safe. | C-1. Describe TWO consequences of a room which is not safe for young children. | C-1. Suggest how a room environment could be modified to make it child friendly. | A-3. Identify SIX hazards in a particular setting with a child in mind. | A-3. Carry out THREE points of a basic risk assessment of an area in which a child is present. | A-3. Modify FOUR aspects of a room to make it child friendly. |
| | K-5. Name TWO Health and Safety legislation related to Health and Social Care. | K-5. State the aim of the ONE Health and Safety legislation mentioned in (a). | K-5. Outline how TWO Health and Safety legislation promotes Health and Safety practices. | | | | | | |
| LO4 | K-6. List ONE developmental milestone from EACH key aspect of development of children and adolescents. | K-6. Outline TWO needs of children and adolescents. | K-6. Describe TWO problems that may arise in children and adolescents when development is delayed. | C-2. Determine TWO benefits of a particular group activity organised for young children. | C-2. Outline FOUR effects on a child if the activity is not appropriate for his/her age or abilities. | C-2. Evaluate your own activity organized for a child. | A-4. Write a plan for an activity targeted towards a child taking into consideration Health and Safety issues. | A-4. Create ONE appropriate resource to carry out an activity with a child or adolescent. | A-4. Carry out the activity with a child taking into consideration his/her needs. |

Applied Vocational Certificate in Health and Social Care Unit 1

| | | | | | | | | | |
|--------------|--|---|---|--|--|--|---|---|--|
| | K-7. List FOUR different activities that can be used with children and adolescents. | K-7. Outline how a particular activity meets TWO needs of children or adolescents. | K-7. Describe TWO effects of an activity on the needs of children or adolescents. | | | | | | |
| LO5 | K-8. Name the FOUR vital signs of the human body. | K-8. Identify the normal range of the vital signs of a particular individual. | K-8. Determine from TWO nursing observation sheets if readings are high, low or within the normal range. | C-3. Indicate FOUR reasons why it is important to take the measurements of the vital signs. | C-3. Indicate FOUR common reasons why the readings of the vital signs might not be within the acceptable range. | C-3. Explain TWO common reasons why the vital signs might not be within the acceptable range. | A-5. Choose the correct equipment to measure the vital signs by taking into consideration the individual's needs. | A-5. Take the necessary precautions to ensure accuracy of readings whilst considering infection prevention and control. | A-5. Record and individual's vital signs after measuring them. |
| Marks | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 4 |

Teaching Guide: Unit 1 (Year 9)

N.B. For assessment instructions reference should be made to the attached rubric.

Unit Teaching Content

| Subject Focus | Baby's Development and Needs. |
|---------------|---|
| LO 1 | Demonstrate the knowledge and skills gained to feed a baby. |
| K-1 | <p>Key aspects of development of a baby (0 – 3 years):</p> <ul style="list-style-type: none"> • Physical: e.g. head control, rolling over, reaching out, sitting balance, crawling, cruising along furniture, walking independently, climbing onto adult chair; • Intellectual: e.g. making eye contact, cooing, gurgling, laughing, chuckling, understanding simple instructions, matching colours, saying nursery rhymes; • Emotional: e.g. smiling in response, cries when hungry, cries when in pain, becoming aware of others' feelings, shows feelings of separation from mother, loves being comforted; • Social: e.g. bonding with primary carer, looks for security, becomes interested in exploration, recognises himself in mirror, develops first interests, temper tantrums. |
| | <p>Needs of a baby (0 – 3 years):</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; rapid learning; matching; creativity; • Emotional: love; affection; feeling valued; security; support; • Social: interaction with family; interaction with extended-family; interaction with friends; participation in simple activities; adapting to new environments / people. |
| | <p>Difficulties if baby development is delayed:</p> <ul style="list-style-type: none"> • Motor skills: gross motor difficulties; fine motor difficulties; • Communication skills: speech difficulties; language difficulties; • Cognitive skills: intellectual impairment; learning difficulties; • Social and emotional skills: challenging behaviour; unsociable behaviour. |

| | |
|-----|--|
| K-2 | Stomach size of a baby in the first week: day one; day two; day three; end of first week. |
| | Precautions needed before and while feeding a baby: infection control; sterilizing feeding equipment; holding the baby's head throughout all activities; holding the baby secure. |
| | <p>Advantages and disadvantages of breastfeeding:</p> <ul style="list-style-type: none"> • Advantages of breast feeding: e.g. optimal nutrition of high quality nutrients, protection against allergies, reduction of the risk of obesity, easy to digest, protection against stress for the mother, economical, helps bond between mother and baby; • Disadvantages of breast feeding: e.g. breastfed babies need to be fed more often, dietary restrictions for the mother, breast engorgement, painful due to cracked nipples, insufficient milk supply, worries about quantity, mother needs special clothing to breastfeed. |
| A-1 | Sterilising bottle components in preparation for a feed: clean bottles using warm soapy water and a bottle brush; rinse well; initialise any sterilising process; do not place teat on surface. |
| | Preparing a bottle feed: wash hands; fill the bottle with warm previously-boiled water; add formula; assemble bottle maintaining sterility; roll bottle between palms of hands; test temperature by squirting milk on the inside of wrist. |
| | Feeding the baby: hold baby at a 45-degree angle; ensure teat is full; look at baby whilst feeding; wind the baby. |

| | |
|---------------|---|
| Subject Focus | Principles of a baby's physical hygiene needs. |
| LO 2 | Follow the principles of nappy changing a baby. |
| K-3 | Precautions to be considered when changing a nappy of a baby: Choose the right items needed for nappy changing; safe positioning of baby. |
| | Atypical signs to look out for when changing a nappy of a baby: colour and consistency of faeces; presence of urine; skin rash; dermatitis; eczema. |
| | Infection prevention and control practices when changing a nappy of a baby: hand washing; putting on gloves; taking off gloves; use of disposable apron; different cleaning techniques of boys' and girls' genital areas; cleaning of umbilical cord; disposal of soiled nappy and wipes; cleaning of surface used. |

| | |
|-----|--|
| A-2 | Equipment for nappy changing a baby in a childcare setting: sanitizer; gloves and apron; nappies; wipes; nappy rash cream (e.g. Sudocream); clean clothes. |
| | Nappy changing a baby: use the nappy to clean off most of the faeces and the rest with a wipe; make good use of cream; apply a clean nappy; dress the baby in clean clothes. |
| | Safety practices whilst nappy changing a baby in a childcare setting: cleaning of the nappy changer/ mat with a disinfectant; sanitizing hands before wearing the gloves; supporting the baby's head, neck and spinal cord when moving and handling the baby to and from a nappy changer; always keeping an eye on the baby; proper cleaning procedure is used; proper disposal of soiled nappies and wipes; proper removal of gloves and apron; sanitizing hands after removing the gloves. |

| | |
|---------------|---|
| Subject Focus | Creating a child-friendly environment. |
| LO3 | Create a child-friendly environment. |
| K-4 | Risk assessment: identify the hazards; decide who might be harmed; describe how he/she may be harmed; estimate the risk; control the risk; monitor effectiveness of control of risk; record keeping; review of risk assessment. |
| K-5 | <p>Legislation: e.g.,</p> <ul style="list-style-type: none"> • LN 35 of 2003: Protection against Risks of Back Injury at Work Placement Regulations, • LN 121 of 2003: Minimum Requirements for the use of Personal Protective Equipment at Work Regulations, • LN 199 of 2015: Work Place (Provision of Health and/or Safety Signs Amendment) Regulations, • LN 293 of 2016: Work Equipment (Minimum Safety and Health Requirement) Regulations. |
| C-1 | <p>Requirements needed to make a room for young children safe:</p> <ul style="list-style-type: none"> • Toy & equipment safety: e.g. use of non-toxic colours and moulding clay, avoid toys with small detachable parts and propelling objects, use of safety belts on swings; • Sanitising and infection control: e.g. hand washing facilities and sanitizer, protective clothing, all children's possessions marked with name of child; |

| | |
|-----|--|
| | <ul style="list-style-type: none"> • Food & medication safety: e.g. cupboard locks, ensure bottle tops and lids are firmly closed, lock medicines away or high up out of reach and sight; • Preventing injuries: e.g. covers for table corners, no table cloths, socket covers. |
| | Consequences of an unsafe room for young children: e.g. choking, suffocation, falls by babies/toddlers, poisoning, burns/scalds, drowning, serious cuts/bruises. |
| | Modification of the room environment: e.g. secure and safe environment, multisensory environment, inclusive and non-discriminatory environment. |
| A-3 | Risk assessment of an area in which a child is present: identify the hazards; state the risks to each hazard (including - decide who might be harmed; describe how they may be harmed; estimate the risk); control the risk. |
| | Modifying a room to make it child-friendly (after carrying out a risk assessment): <ul style="list-style-type: none"> • Elimination of hazards; • Risk minimisation; • Set up of furniture and equipment; • Resources to be used during activities: e.g. choice of toys, pencils, colours, play dough, colouring books, plain paper. |

| | |
|---------------|--|
| Subject Focus | Meeting the needs of children and adolescents. |
| LO 4 | Conduct an activity to meet the needs of children or adolescents taking into consideration all Health and Safety procedures. |
| K-6 | Key aspects of development of children and adolescents (4 – 18 years): <ul style="list-style-type: none"> • Physical: e.g. going downstairs independently, using pedals of tricycle, walking on tiptoes, kicking a ball with force, hopping, using a scooter, using a bicycle, puberty; • Intellectual: e.g. literacy, numeracy, creativity, simple problem solving, complex problem solving, talking fluently, asking questions, challenging perceptions and beliefs; • Emotional: e.g. bonding with family members, making friends, express their feelings, feeling secure, become more self-conscious, building relationships, forming close relationships, adapting to new experiences; |

| | |
|-----|--|
| | <ul style="list-style-type: none"> • Social: e.g. sharing with others, be able to interact with others, participate in activities, searching for identity, seeking more independence, looking for more experiences, developing moral judgements, communicating in different ways. |
| | <p>Needs of children and adolescents (4 – 18 years):</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; learning; problem solving; creativity; exploration; • Emotional: love; affection; feeling valued; security; support; • Social: interaction with family; interaction with extended-family; interaction with friends; participation in activities; adapting to new environments and acquaintances. |
| | <p>Problems that may arise in children when development is delayed: e.g. difficulty in communication with others, difficulty in speech, lack of mobility, lack of independence, difficulty in making friends, difficulty in carrying out group activities, bullying.</p> |
| K-7 | <p>Activities for children and adolescents: e.g. music, drama, art, dance, ICT, photography, gardening, cooking, sport (including swimming, horse riding and yoga).</p> |
| | <p>Effects of activities on the needs of children or adolescents: e.g. enjoyment, learning through the activity, being occupied, promotes independence, meeting others, gaining confidence.</p> |
| C-2 | <p>Benefits of a group activity: e.g. of answers: communication, idea exchange, teamwork, co-operation, listening, leadership.</p> |
| | <p>Effects on a child if the activity is not appropriate: might affect self-confidence/self-esteem; social anxiety; risk taking due to peer pressure; inadequate behaviour/ frustration.</p> |
| | <p>Evaluation of an activity organised for a child based on: e.g. resources, safety, time, communication, engagement of participant, needs met. An evaluation must include strengths and weaknesses, along with the reasons behind them.</p> |
| A-4 | <p>Planning for an activity targeting a child: appropriately chosen activity; space or venue; set up of place (furniture or equipment); resources needed; time; simple guidelines of how the activity will be carried out.</p> |

| | |
|--|--|
| | Resources for an activity with a child: safe; child-appropriate; related to activity; economical; neat. |
| | Carrying out an activity with a child considering his/her needs: allocated duration; communication; engagement of child; flow of activity. |

| | | | | | |
|---------------|--|-----------------------|----------------------------------|---------------------------------|---------------------------------|
| Subject Focus | Measuring the vital signs of individuals. | | | | |
| LO 5 | Measure the vital signs of an individual in a respectful and safe manner. | | | | |
| K-8 | Vital signs of the human body: blood pressure, body temperature; pulse; breathing rate. | | | | |
| | Readings of vital signs (at rest): | | | | |
| | | Vital sign rdg | Baby – Child | Adult | Older adult |
| | | Blood pressure | 95/65mmHG (+/- 20) | 120/80 mmHG (+/- 20) | 130/85 mmHG (+/- 20) |
| | | Body Temperature | 36 °C – 37.5 °C | 36 °C – 37.5 °C | 36 °C – 37.5 °C |
| | | Pulse | 115 beats per minute (+/- 20) | 80 beats per minute (+/- 20) | 70 beats per minute (+/- 20) |
| | | Breathing rate. | 28 Breaths per minute (+/- 5) | 18 Breaths per minute (+/- 5) | 15 Breaths per minute (+/- 5) |
| C-3 | Importance of taking measurements of the vital signs: provide important feedback about the body's functions; detect medical problems; monitor medical problems or recovery following surgery; might indicate the necessity for further testing. | | | | |
| | Common reasons why pulse, temperature, breathing rate and blood pressure readings might not be within the acceptable range: e.g. family history, age, diet, shock, injury, alcohol, drugs, being active/fit, infections and diseases. | | | | |
| A-5 | Equipment to measure vital signs: digital thermometer or mercury free thermometer; digital blood pressure monitor; stopwatch. | | | | |
| | Precautions taking into consideration accuracy and infection-prevention and control: hand hygiene and cleansing of equipment; proper use of equipment; accuracy considerations when taking measurements; communication with patient to get relevant information regarding any risks. | | | | |

| | |
|--|--|
| | <p>Measuring and recording the vital signs of an individual:</p> <p>Temperature</p> <ul style="list-style-type: none">• Positioning of thermometer;• Proper recording of result; <p>Pulse</p> <ul style="list-style-type: none">• Make sure the individual is seated and calm/rested;• Locate the radial pulse (place the second and third fingers NOT the thumb for it has a pulse of its own);• Count pulse for 60 seconds;• Proper recording of result; <p>Breathing rate</p> <ul style="list-style-type: none">• Ensure the individual is at rest and doesn't know their breathing rate is being taken;• Count how many times the chest rises and falls: 1 breath = 1 rise + 1 fall;• Note whether the breathing is regular or irregular;• Properly record the number of breaths a person takes per minute; <p>Blood Pressure</p> <ul style="list-style-type: none">• Ensure the individual is relaxed and not talking.• Make sure that the individual does not have restrictive clothing impairing the blood flow;• The arm is resting on the table, level with the heart and with palm upwards;• Connection from cuff to monitor should fall downwards along the arm in line with brachial artery ensuring it is properly positioned above inner elbow and neither tight nor loose;• Properly record the systolic and diastolic pressure. |
|--|--|

Applied Vocational Certificate in Health and Social Care Syllabus Unit 2

| Working with Vulnerable Adults | | | | | | | | | |
|---|--|--|---|---------------------------|---------------------------|---------------------------|---|--|---|
| Criteria to be assessed through controlled assignment are highlighted in grey | | | | | | | | | |
| | Knowledge Criteria | | | Comprehension Criteria | | | Application Criteria | | |
| | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 |
| LO1 | K-1 List ONE developmental change from EACH aspect of an adult and an older adult. | K-1. Identify ONE need from EACH aspect of an adult and an older adult. | K-1. Outline FOUR activities of daily living which meet the needs of an older adult or a person with additional needs. | | | | A-1. Write a plan for an activity targeted towards an individual with specific needs. | A-1. Create ONE resource to carry out an activity with an individual with specific needs. | A-1. Carry out the activity with a model acting as an individual with specific needs. |
| | K-2. Name FOUR different practitioners who work with vulnerable adults. | K-2. Outline the roles of TWO different Health and Social care practitioners. | K-2. Describe the role of TWO different practitioners working with a vulnerable adult in a given scenario. | | | | | | |
| | K-3. List FOUR creative activities that can meet the needs of a vulnerable adult. | K-3. Outline how a particular activity addresses TWO needs of a vulnerable adult. | K-3. Describe TWO effects of creative activities on the needs of a vulnerable adult. | | | | | | |

Applied Vocational Certificate in Health and Social Care

| | | | | | | | | | |
|-------------------|--|--|---|---|--|--|---|--|--|
| <p>LO2</p> | <p>K-4. Sort EIGHT various equipment in their respective FOUR categories.</p> | <p>K-4. State the function of FOUR different pieces of equipment.</p> | <p>K-4. Outline FOUR situations in which bathing may be assisted.</p> | <p>C-1. List FOUR values associated with the practice of Health and Social.</p> | <p>C-1. Outline TWO rights of service users.</p> | <p>C-1. Describe how keeping values and rights will help the service user feel better in a given scenario.</p> | <p>A-2. Use the appropriate technique in making an un-occupied bed.</p> | <p>A-2 Carry out the necessary preparations to assist an adult to bathe.</p> | <p>A-2. Demonstrate how to wash upper limbs during an assisted bathing activity on an individual/ mannequin.</p> |
| | <p>K-5. List the FIVE main constituents that are needed for a healthy diet.</p> | <p>K-5. Match FIVE different constituents with FIVE different types of food.</p> | <p>K-5. Outline the purpose of TWO constituents in a healthy diet.</p> | | | | | | |
| <p>LO3</p> | <p>K-6. Categorise the FIVE constituents of a healthy diet for the older adult into high or low intake.</p> | <p>K-6. Outline reasons for intake levels of TWO constituents of a healthy diet in the older adult.</p> | <p>K-6. Describe an appropriate complete meal (1 main dish and a drink) for the older adult with reference to the constituents of a healthy diet.</p> | <p>C-2. Indicate FOUR difficulties that an individual with additional needs may have during feeding.</p> | <p>C-2. Outline TWO causes that create the difficulties that an individual with additional needs may have during feeding in a given scenario.</p> | <p>C-2. Describe TWO methods prescribed by professionals to improve intake of food for an individual with additional needs in a given scenario.</p> | <p>A-3. Prepare a feed for an adult with swallowing difficulties.</p> | <p>A-3. Prepare a healthy and colourful plate for an older adult.</p> | <p>A-3. Feed a person who has suffered a stroke.</p> |

Applied Vocational Certificate in Health and Social Care

| | | | | | | | | | |
|---------------------|---|---|---|--|--|--|--|---|---|
| <p>LO4</p> | <p>K-7. Name FOUR causes of pressure sore development.</p> | <p>K-7. Mention FOUR areas on the body where pressure sores commonly occur.</p> | <p>K-7. Describe TWO ways how pressure sores can be avoided.</p> | <p>C-3. Indicate FOUR difficulties an individual may have while trying to move.</p> | <p>C-3. Outline TWO different factors which may cause difficulties for an individual to move.</p> | <p>C-3. Describe ONE moving and handling methods prescribed by a professional for an individual with mobility problems.</p> | <p>A-4. Carry out a risk assessment before moving and handling an individual with mobility problems.</p> | <p>A-4. Take preventive measures before moving and handling an individual with mobility problems to safeguard both the individual and the person providing the service.</p> | <p>A-4. Move and handle an individual with mobility problems.</p> |
| <p>LO5</p> | <p>K-8. Outline TWO importance of working in a team in an emergency situation.</p> | <p>K-8. State FOUR all the information needed when calling for help in an emergency situation.</p> | <p>K-8. Identify FOUR situations which might require someone to summon help from a health care professional.</p> | | | | <p>A-5. Prepare a First Aid Box against an inventory.</p> | <p>A-5. Demonstrate the First Aid procedure needed in a minor accident.</p> | <p>A-5. Demonstrate the First Aid procedure needed in a major accident.</p> |
| <p>Marks</p> | <p>1</p> | <p>1</p> | <p>2</p> | <p>2</p> | <p>2</p> | <p>2</p> | <p>3</p> | <p>3</p> | <p>4</p> |

Teaching Guide: Unit 2 (Year 10)

N.B. For assessment instructions reference should be made to the attached rubric.

Unit Teaching Content

| | |
|---------------|---|
| Subject Focus | Meeting the needs of a vulnerable adult and older adult through an activity. |
| LO1 | Conduct an activity taking into consideration the needs of individuals. |
| K-1 | <p>Developmental aspects of adults and older adults:</p> <ul style="list-style-type: none"> • Physical: e.g. wrinkles, hair loss, menopause/andropause, posture change, brittle bones, decreased vision, difficulty with hearing high pitched sounds, brain becomes smaller; • Intellectual: e.g. complex problem solving, exploring new hobbies, focusing on specific information, good judgement to deal with problems, make compromises, question regulations, lifelong learning; • Emotional: e.g. appreciation of meaningful relations, high intensity emotions decrease, looking for contentment, looking for security, mature expression of love, loneliness, fear of death; • Social: e.g. voluntary work, independence, relationships, parenthood, social interaction at work, social network, organising/participating in family activities, finding new hobbies. |
| | <p>Needs of adults and older adults:</p> <ul style="list-style-type: none"> • Physical: balanced diet; exercise; warmth; safety; rest; • Intellectual: communication; lifelong learning; problem solving; creativity; reflection; • Emotional: love; affection; to feel valued; security; support; • Social: family; friends; colleagues; community; participation in leisure activities. |
| | <p>Activities of daily living: e.g. maintaining a safe environment, communicating, breathing, eating and drinking, eliminating, personal cleansing, dressing, mobilising, doing hobbies, expressing sexuality, sleeping.</p> |
| K-2 | Practitioners who work with vulnerable adults: e.g. nurses, doctors, social workers, psychologists, care workers, physiotherapists, speech and language pathologists, occupational therapists, podologists. |

| | |
|-----|---|
| K-3 | Creative activities to meet the needs of a vulnerable adult: e.g. music, drama, art, dance, ICT, photography, gardening, cooking, physical movement. |
| | Effects of creative activities on the needs of a vulnerable adult: e.g. enjoyment, enhances communication, being occupied, promotion of independence, increases social opportunities, gaining confidence, stimulates cognitive function. |
| A-1 | Plan for an activity targeting individuals with specific needs: appropriately chosen activity; space or venue; set up of place (furniture or equipment); resources needed; time; simple guidelines of how the activity will be carried out. |
| | Resource to carry out an activity with an individual with specific needs: safe; appropriate for individual's needs; related to activity; economical; neat. |
| | Carrying out an activity with a model acting as an individual with specific needs: allocated duration; communication; engagement of individual; flow of activity. |

| | |
|---------------|--|
| Subject Focus | Hygiene procedures for adults and older adults. |
| LO2 | Wash an adult mannequin taking into consideration his/her physical abilities. |
| K-4 | <p>Categories of equipment that aids the individual in:</p> <ul style="list-style-type: none"> • Bathing and toileting: e.g. bath grab rails, bath seats, shower stools, commodes, toilet frame with seats, raised toilet seat, bed pans and urinals, non-slip bath and shower mats; • Personal care and dressing: e.g. long handled hair brush, flannel strap, wash mitten, denture cup; long stick shoe horn, sock aid, button hook, zipper aid, jewellery helper, elastic shoe laces; • Mobility: e.g. walking frames, tripod, quadripod, walking stick, crutches, wheelchairs, hoists, transfer boards; • Feeding: e.g. large-handled cutlery, weighted cutlery, angled cutlery, beaker with large handles, weighted beaker, scoop plate, plate guard, portioned plates. |
| | Situations in which bathing may be assisted: e.g. individuals after surgery, individuals with acute illness, individuals who are wheelchair bound, individuals who use aids to walk or transfer, individual with acute dementia, pregnancy. |
| C-1 | The values associated with the practice of Health and Social Care are the following: e.g. fairness, compassion, generosity, commitment, courage, courtesy, honesty, self-control. |

| | |
|-----|---|
| | The rights of service users: e.g. to be respected, to be granted equal opportunities; to be allowed privacy; to be safeguarded from danger and harm; to be allowed access to information about themselves; confidentiality. |
| A-2 | Unoccupied bed making technique: clear the bed; put the fitted sheet on; put the top sheet on; make hospital corners. |
| | The necessary preparations to assist an adult to bathe: <ul style="list-style-type: none"> • Wash hands according to the WHO guidelines; • Wear apron; • Prepare equipment: basin; soap; sponge/facecloth; towels; clean clothes. |
| | Washing the upper limbs during assisted bathing on an individual/ mannequin: <ul style="list-style-type: none"> • Show respect, dignity and privacy while meeting the individual's needs: draw curtain; communicate with the individual. • Washing technique: bring equipment close to where the individual is going to be washed; position individual in bath/shower/wheelchair; uncover arms; wash the fingers and work up to the armpit; towel dry the arms; dress a cardigan. |

| | |
|---------------|---|
| Subject Focus | Healthy diet for vulnerable adults. |
| LO3 | Feed an adult taking into consideration his/her needs. |
| K-5 | Constituents of a healthy diet: carbohydrates; proteins; fats; vitamins and minerals; water. |
| K-6 | The appropriate complete meal consisting of a dish and a drink has to be made up of different constituents of a healthy diet. |
| C-2 | Difficulties that an individual with additional needs may have during feeding: e.g. chewing difficulties due to teeth problems, ill-fitting dentures, reduced taste, dry mouth, poor digestion, poor appetite. |
| | Causes of difficulties that an individual with additional needs may have during feeding: e.g. pain in mouth or jaw area, deterioration of taste buds, reduced saliva production, reduced digestive juices, illness, side effects of medication, dementia. |
| | Methods to improve food intake for an individual with additional needs: e.g. cut food in small pieces, liquidise the food, add thickener when needed, season the food with herbs and spices, moisten the food, give small amounts at a time, give |

| | |
|-----|--|
| | nutritive snacks, do not give food that has a different consistency, avoid fizzy drinks. |
| A-3 | Preparation of feed for an adult with swallowing difficulties: add thickener; stir; check for consistency. |
| | Preparation of a plate suitable for an older adult: good presentation of food on plate; healthy for the individual according to the nutritional needs; consistency of food; suitable according to the individual's feeding needs. |
| | Feeding a person who has suffered a stroke: proper sitting position of individual; protective bib for individual; candidate to sit in the individual's line of vision; small portions at a time; give the individual choice of one's food preference from the food on the plate. |

| | |
|---------------|--|
| Subject Focus | Moving and handling an adult or an older adult. |
| LO4 | Carry out procedures to move and handle an individual who has mobility problems. |
| K-7 | Causes of pressure sores: friction; compression; shearing; tearing. |
| | Areas on the body where pressure sores commonly occur: ears; head; shoulder blades; back bone; elbows; sacrum; buttocks; knees; ankles; heels. |
| | Prevention of pressure sores: e.g. change position frequently, use of pressure relief mattress or cushions, use of Sudocrem®, remove any creased material beneath the patient, keep skin clean and dry, change nappy often, use pillows, exercise, diet rich in protein. |
| C-3 | Difficulties of an individual when trying to move: e.g. obesity, pain, swelling of joints, stiffness of joints, muscle weakness, deterioration of nerves, brittle bones, tremors, deformities. |
| | Factors causing difficulties for an individual to move: e.g. arthritis, fibromyalgia, neuromuscular conditions, Parkinson's disease, osteoporosis, stroke, dementia. |
| | Moving and handling methods for an individual with mobility problems: e.g. moving in bed, rolling from side to side, sitting up in bed, sitting at the edge of the bed, standing with support, walking with help (use of walking aids), transfer board, hoist. |

| | |
|-----|--|
| A-4 | <p>Risk assessment before moving and handling an individual with mobility problems: the type of task to be performed; the weight of the individual; the capabilities of the individual and his/her behaviour; the working environment.</p> |
| | <p>Preventive measures before moving and handling an individual with mobility problems to safeguard both the individual and the person providing the service: make sure that equipment is functional and/or appropriate; remove clutter; service giver to wear appropriate clothing, footwear and tie up hair if long enough.</p> |
| | <p>Moving and handling a patient: use of the correct equipment; use the appropriate technique; teamwork; dignity of the patient.</p> <p>Moving and handling techniques can be from the following: sitting transfer from bed to wheel chair using a transfer board <i>or</i> transfer of patient <i>or</i> transfer of a patient who can take some weight on his legs and needs to be transferred from bed to chair <i>or</i> repositioning of patient on bed <i>or</i> repositioning of patient on wheel chair <i>or</i> walking with a Zimmer frame <i>or</i> help patient to stand from wheelchair using one person on one side.</p> <p><i>It is highly recommended that during delivery transfer of patient from bed to wheelchair using hoist is demonstrated.</i></p> |

| | |
|---------------|---|
| Subject Focus | First Aid. |
| LO5 | Demonstrate First Aid skills. |
| K-8 | <p>Importance of working in a team in an emergency situation: e.g. synergy between team members, increased safety of service users, increased efficiency in reaching targets.</p> |
| | <p>Information when calling for help: exact address of emergency or any noticeable landmarks; directions to the scene of emergency; telephone number from where call is taking place; details of incident such as number of people involved; description of injuries and any known pre-existing medical conditions.</p> |
| | <p>Situations that might require someone to summon help: e.g. cardiac arrest, falls, fractures, bleeding, burns, choking, unconsciousness.</p> |

| | |
|-----|--|
| A-5 | <p>Preparation of a First Aid box: choose the correct items; correct quantity of each item.</p> <p>The list of items to be given is the following: 1 personal protection shield; 3 individually wrapped gauze pads; 3 triangular bandages; 3 sterile dressings in various sizes; 3 pairs of surgical gloves; 3 roller bandages of different sizes; 6 safety pins; 10 individually wrapped sterile adhesive dressing in various sizes; a suitable supply of sterile eye wash; 2 sterile eye pads with attachment.</p> |
| | <p>First Aid application in a minor accident: using prevention and infection control methods; apply the correct First Aid procedure.</p> <p>The minor accidents to be considered are: 1st degree burns <i>or</i> minor cuts <i>or</i> minor nose bleeds <i>or</i> minor sprains/strains.</p> |
| | <p>First Aid application in a major accident: check safety for the casualty and first aider; manage the situation; apply the correct First Aid procedure; call for help.</p> <p>The major accidents to be considered are: fractures <i>or</i> cardiac arrests <i>or</i> unconsciousness <i>or</i> choking.</p> |

Applied Vocational Certificate in Health and Social Care Syllabus Unit 3

| Working in a Health and Social Care Environment | | | | | | | | | |
|---|---|--|---|---|---|---|--|---|--|
| No Criteria to be assessed as controlled. | | | | | | | | | |
| | Knowledge Criteria | | | Comprehension Criteria | | | Application Criteria | | |
| | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 | Assessment Criteria MQF 1 | Assessment Criteria MQF 2 | Assessment Criteria MQF 3 |
| LO1 | K-1. Identify the sender and the receiver. | K-1. Label the FIVE stages of the communication cycle. | K-1. Outline the communication cycle. | | | | | | |
| | K-2. List the FOUR different contexts for communication. | K-2. Match FOUR different scenarios to different contexts. | K-2. Outline FOUR consequences of adopting an inappropriate approach in different situations. | C-1. Identify FOUR different barriers to communication within a given Health and Social Care scenario. | C-1. Outline FOUR ways to overcome barriers to communication within a Health and Social Care scenario. | C-1. Describe TWO ways to overcome barriers to communication with an individual with additional needs. | A-1. Participate in a group interaction, using basic competences. | A-1. Participate in a spontaneous one-to-one interaction using verbal communication skills. | A-1. Participate in a spontaneous one-to-one interaction using non-verbal communication skills. |
| | K-3. Name the FOUR forms of communication. | K-3. Match FOUR skills with FOUR different forms of communication. | K-3. Describe TWO different forms of communication, referring to a different skill related to each form. | | | | A-2. Prepare a presentation about a topic related to Health and Social Care. | A-2. Deliver a presentation about a topic related to Health and Social Care. | A-2. Interact with the audience while delivering a presentation about a topic related to Health and Social Care. |

Applied Vocational Certificate in Health and Social Care Unit 3

| | | | | | | | | | |
|------------|--|--|---|--|--|--|---|---|-------------------------------|
| | K-4. Mention FOUR different roles in a group interaction. | K-4. Name FOUR basic competences that one should have to be able to communicate effectively in a group interaction. | K-4. Describe TWO basic competences that one should have to be able to communicate effectively in a group interaction. | | | | | | |
| LO2 | K-5. Define what a handover is in a Health and Social Care environment. | K-5. Outline TWO reasons why handover is important in a Health and Social Care environment. | K-5. Describe TWO consequences of inadequate handover in a Health and Social Care environment. | | | | A-3. Fill-in a checklist to give a handover to a Health and Social Care practitioner. | A-3. Give a verbal handover to a Health and Social Care practitioner. | A-3. Write a handover report. |
| LO3 | K-6. State FOUR important points of care plans in Health and Social Care. | K-6. Outline TWO ways how care plans are developed. | K-6. Prepare ONE short term and ONE long term SMART goals related to a given scenario. | | | | | | |

Applied Vocational Certificate in Health and Social Care Unit 3

| | | | | | | | | | |
|---------------------|--|---|---|---|--|---|---|---|--|
| <p>LO4</p> | <p>K-7. Define first impressions in a job interview.</p> | <p>K-7. Outline TWO important points of giving a good first impression in a job interview.</p> | <p>K-7. Describe TWO ways how to give good first impressions in a job interview.</p> | <p>C-2. Outline FOUR preparation processes that need to be done prior to an interview.</p> | <p>C-2. Describe skills required for an interview.</p> | <p>C-2. Evaluate TWO strengths and TWO weaknesses that you showed during the interview you participated in.</p> | <p>A-4. Write a CV and a covering letter in order to apply for a specific job in a Health and Social Care organisation.</p> | <p>A-4. Carry out research on the organisation of the prospective employment.</p> | <p>A-4. Undergo a job interview related to Health and Social Care.</p> |
| <p>Marks</p> | <p>1</p> | <p>1</p> | <p>2</p> | <p>2</p> | <p>2</p> | <p>2</p> | <p>3</p> | <p>3</p> | <p>4</p> |
| | <p>Submission of Portfolio 20%</p> | | | | | | | | |

Teaching Guide: Unit 3 (Year 11)

N.B. For assessment instructions reference should be made to the attached rubric.

Unit Teaching Content

| | |
|---------------|---|
| Subject Focus | One-to-one and group communication |
| LO 1 | Use effective communication skills in one-to-one and group communication. |
| K-1 | Stages of the communication cycle: ideas occur; message encoded; message sent; message received and decoded; feedback to sender. |
| K-2 | Different contexts for communication: one-to-one; group; formal; informal. |
| | Scenarios to which different context are to be matched should include the following individuals: service-users; colleagues; managers; other individuals. |
| | Consequences of adopting an inappropriate approach in different situations: e.g. barriers may be created between individuals, you may not be taken seriously, tension may be created, bad reputation, affects professional relationships, lack of boundaries. |
| K-3 | Forms of communication: verbal; non-verbal; written; augmentative and/or alternative forms. |
| | Forms of communication and their skills: <ul style="list-style-type: none"> • Verbal: e.g. greeting, checking for understanding, probing, empathy, confrontation, constructive feedback, summarization, termination; • Non-verbal: e.g. facial expressions, eye contact, gestures, touch, posture, proximity, tone of voice, speech pace; • Written: e.g. incident reports, journals, contact book, policies and procedures, memos, medical records, telephone notes, prescriptions or referrals; • Augmentative and/or alternative: e.g. sign language, lip reading, flash cards, signs and symbols, key word signing, picture exchange communication system, Braille, electronic devices, computer applications specific for certain needs. |
| K-4 | Roles in a group interaction: e.g. shaper, finisher, implementer, plant, evaluator, specialist, team worker, co-ordinator, resource investigator. |
| | Basic competences for effective communication in a group interaction: recognising when using formal and informal communication; active listening; turn taking; decoding appropriately non-verbal skills; respecting others' opinions whilst being assertive. |

| | |
|-----|--|
| C-1 | Barriers to communication: e.g. disability, speech difficulties, foreign language, cultural differences, jargon, emotional difficulties, behavioural difficulties, mental health problems, dementia, environmental problems, differing sense of humour, illegibility. |
| | Overcoming communication barriers: e.g. adapting the environment, understanding language needs and preferences, using the individual's preferred language, timing, electronic devices (text phones, telephone amplifiers, hearing loops), effective non-verbal communication. |
| | Persons with additional needs: dementia or physical disability or intellectual disability or specific learning disability. |
| A-1 | <i>N.B.</i> For assessment purposes, marks should be awarded for the basic competences mentioned above in K4. |
| | Verbal: greeting; probing; checking for understanding; summarisation; termination; constructive feedback, empathy, confrontation; |
| | Non-verbal: facial expression; eye contact; posture; proximity; tone of voice; gestures, touch, speech pace. |
| A-2 | Preparation of presentation using at least 4 visuals (slides, A4 posters, charts. Objects): <ul style="list-style-type: none"> • Consistent design and layout; • Good structure and sequence; • Use of key phrases and no whole paragraphs present; • Clarity: colours; font size; • Effective use of good quality pictures. <i>N.B.</i> For assessment purposes, candidates should provide at least 4 slides or charts or A4 posters. |
| | Delivery of presentation: tone of voice; eye contact; body language; limited reference to script; trail of thought; summarisation. |
| | Interaction with audience while delivering a presentation: asking questions; answering questions from the audience; reacting to comments; good classroom management. |

| | |
|---------------|--|
| Subject Focus | Giving a proper handover in Health and Social Care situations |
| LO 2 | Use communication skills to give proper handover. |
| K-5 | Importance of handover: to prioritise tasks; to plan further care; to review the most unstable service users; to maintain the ongoing confidentiality of service user records. |
| | Consequences of inadequate handover: e.g. service users not being seen, test results overlooked, confusion over care planning, slowing the speed of service user care, severity of service user's clinical situation not being communicated, wasting of time due to searching for information which was not passed on, stress and tension on service workers when plans are not clear impairing decision making. |
| A-3 | Filling-in a checklist to give a handover: <ul style="list-style-type: none"> • Identification of client; • Completeness of checklist: date and time; signature; • Clarity: distinguish between selected checkboxes; legibility. |
| | Verbal handover: use of verbal skills; use of non-verbal skills; complete handing over using the checklist as a reference. <i>N.B. This criterion should be assessed through a role play.</i> |
| | Writing a handover report: identification of client, date and time; signature; legibility; writing factual information; keep it straight and simple. |

| | |
|---------------|---|
| Subject Focus | Health and Social Care practitioners' role and responsibilities. |
| LO3 | Demonstrate an understanding of how services enable individuals through care plans. |
| K-6 | Importance of a care plan: e.g. to evaluate service users' needs, to develop a plan to meet service users' needs, promotes systematic communication, eliminates gaps and duplications, facilitates coordination of care, addresses appropriate interventions. |
| | The way care plans are developed: e.g. case reviews, case conferences, ward rounds. |
| | SMART goals: short term goals; long term goals. |

| Subject Focus | Job interview |
|---------------|---|
| LO 4 | Show appropriate interpersonal skills during an interview. |
| K-7 | The importance of giving a good first impression in a job interview: e.g. building a relationship with the interviewer, demonstration of respect by the interviewer, giving the perception of being knowledgeable of the areas to be questioned. |
| | Managing first impressions in a job interview: <ul style="list-style-type: none"> • Self-Presentation: e.g. professional dress code, physical hygiene, appearance; • Non-verbal cues: e.g. smile, eye contact, posture; • Verbal: e.g. greeting, answering appropriately, termination; • Using appropriate language: e.g. formal, professional language, concise. |
| C-2 | Preparation process prior to an interview: research the organisation; review any online personal profiles; prepare any papers and certificates; prepare the appropriate answers. |
| | Knowledge and skills required for an interview: answering the questions in an appropriate and concise manner; assertive with an appropriate tone of voice. |
| | N.B. For assessment purposes, the MQF 3 criterion should be carried out after A-5. |
| A-4 | Documents required to apply for a job in a Health and Social Care organisation: <ul style="list-style-type: none"> • C.V.: structure; recent experience first; personal qualities; • Covering letter: date; addresses; content related to job being applied for; signature; no spelling mistakes. |
| | Research on the organisation of the prospective employment: aim of organisation; type of service offered; service users who gain from the use of the service; hours of work. |
| | Conduct in an interview: <ul style="list-style-type: none"> • Practices employed upon arriving and meeting the interviewer: correct way of addressing the interviewer; adequate attire and cleanliness; • Practices employed during the interview: posture; eye contact; gestures; presentation of relevant documents; • Communicating knowledge: clarity of language while answering questions; formality; • Dealing with different working situations presented by interviewer: complaints; working long hours; lack of teamwork; working under pressure. |