STAFF MEMBER REVIEW

**Full Name: Date:**

1. Overall, I rate **name of House**\_\_\_\_ /10 as a place to work.
2. What do you like about working for SILC**/ name of House?**
3. **What do you NOT like about working for SILC/ name of House?**
4. Rank the following in the order that the factor most motivates you (1st = highest, 12th = lowest). You may remove or add additional factors.

Being Respected by Peers and Parents/Family Members

Being a Member of a Good Team

Challenge

Flexibility (when I work and what I do)

Improving the Lives of Participants

Influence (I can change how things get done)

Learning

Money = Remuneration

My Family

My Health and Well Being

Social (enjoying working with Participants, Parents & Staff)

Teaching

1. **What things would you like to change?**
2. **Documentation Date Date**

Police Check or Working with Children

Employee Information

Code of conduct

Confidentiality

IFA signed

**Number Expiry Date**

Drivers licence

1. **TRAINING**

|  |  |  |
| --- | --- | --- |
| **Training type** | **Training** | **Completed date** |
| **Prerequisite** | **First aid** |  |
| **Prerequisite** | **CPR Refresher** |  |
| **Mandatory (if applicable)** | **MAPA** |  |
| **Mandatory** | **Person Centred Training** |  |
| **Mandatory (if applicable)** | **Seizure Management Training** |  |
| **Mandatory** | **Understanding Abuse** |  |
| **Mandatory** | **Responding to Abuse** |  |
| **Mandatory** | **Fire Safety and Emergency Response** |  |
| **Mandatory** | **Work Health and Safety** |  |
| **Mandatory** | **Person Centred Practice Across Cultures** |  |
| **Mandatory** | **Working with Diverse People** |  |
| **Mandatory** | **Medication Management** |  |
| **Mandatory** | **Recognising Restrictive Practices (if applicable)** |  |
| **Mandatory** | **Manual Handling for Disability Support Workers** |  |
| **Core** | **Human Rights and You** |  |
| **Core** | **Supported Decision Making** |  |
| **Elective** | **Picture Exchange Communication System (PECS)** |  |
| **Elective** | **Relationships and Sexuality for People with Disability** |  |
| **Elective** | **Autism Awareness Training** |  |

1. **Employee’s Comments**

1. **Reviewer’s Comments**

1. **Completion of Staff Review**

Employee Signature Date

Reviewer’s Signature Second Reviewer’s Signature

Date Date