



M 2.6

Staff Medication Skills Assessment Record

Name of Staff member being assessed: _____ Assessors Name: _____

Employment commencement date: _____ Date Competency attained: _____

Assessment area	Instruction Date	Direct Demonstration Date	Observation Dates x 2	Compulsory Training Date	Date Read Policy	Observed Competent	3 month assessment completed	Annual assessment Date Completed
Supply						YES/NO		
Medication Arrival						YES/NO		
Storage						YES/NO		
Administration						YES/NO		
Documentation						YES/NO		
Storage						YES/NO		

Outline additional actions required for areas where competency has not been attained proficiently **or** staff member has requested additional training and support.

Date successfully completed first assessment: _____ Coordinator/Senior Worker: _____ Area Coordinator _____