



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

## BROKERAGE SHIFT REPORT

**WHEN COMPLETED EMAIL TO: SESLHD-ABC@HEALTH.NSW.GOV.AU**

Date of service: \_\_\_\_\_ Agency: \_\_\_\_\_

Support worker name: \_\_\_\_\_

### SHIFT DETAILS

Shift hours: \_\_\_\_\_ Start time: \_\_\_\_\_ Finish: \_\_\_\_\_

Travel during shift:  Yes  No If yes → Destination/s: \_\_\_\_\_

### REPORT

Did the client present for your service today?  Yes  No

Did the client do the agreed tasks for the shift?  Yes  No

Did the client set any new tasks for the shift?  Yes  No

Progress with today's tasks  
(Progress scale of 1 – 5, 1 = none, 2 = little, 3 = some, 4 = good, 5 = goal achieved)

Goals	Progress (1-5)	Details/Comments/Feedback
Medication		
Showering		
Cleaning/washing		
Cooking		
Shopping		
Social activities		
Walking		
Appointments		
Other:		

Level of support provided (tick all that apply)

Worker completed some tasks for the client  Physical support

Worker completed all tasks for the client  Verbal prompts

The client's level of participation with the tasks:

None  A little  Some  Quite a bit  A lot

Did the client face any challenges or difficulties during the shift?  Yes  No

If Yes → details: \_\_\_\_\_

Were there any incidents or emergencies that occurred during the shift?  Yes  No

If Yes → details: \_\_\_\_\_

Is there any follow-up required?  Yes  No

If Yes → details: \_\_\_\_\_

Any suggestions for service improvement? \_\_\_\_\_



SES060062

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

S1144A 280423



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MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**REPORT (Continued)**

Any other comments:

**FORM COMPLETION INFORMATION**

Only describe observations (what you see and hear), and do so in a respectful manner without expressing your own reactions, thoughts, judgements, or opinions. Be aware that clients have a right to request access to this report.

Examples:

- The client's hair is too long. / The client's hair needs to be cut.
- The client has long hair.
  
- The client was uncooperative and refused to take a shower/was too lazy to clean the house.
- The client did not take a shower or clean the house.
  
- The client got angry over nothing and ruined the shift.
- The client appeared angry and abusive towards me. He swore loudly and kicked the door.
  
- I was surprised that the client was so friendly.
- The client appeared in a good mood and friendly towards me.

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING



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