

# 4. Show it: Being professional

### Observation form

#### **Trainee instructions**

observation form for this task. They will observe you while				
how professionally you behave				
how you work in a team.				
Important note: Read over the observation form first so y and assessor expects to see.	ou are familiar with the performance your verifier/supervisor			
You may also attach evidence from work you have done all optional. If you do add optional evidence, tick the evidence with the task number clearly marked. Evidence may include discussions and meeting notes with your supervisor	e you are submitting below. Attach it to your assessment,			
a copy of your performance appraisal certificates or proof of professional development courses that you have done feedback from customers				
			feedback from other staff	
			a copy of a journal you may have kept	
other (specify):				
Verifier/supervisor and assessor instructions  Complete the observation forms to confirm that the trainee's actions consistently meet the unit standard requirements.				
Trainee name				
Skills/tasks to be demonstrated				
The trainee demonstrated the following professional prac provide details below):	ctice specific to their role (tick at least <b>three</b> that apply and			
managed their personal wellness	kept up a good public image which they can maintain			
demonstrated good personal presentation	led by example and was a role model for both their			
demonstrated good time management skills	peers and the public			
was aware of their body language and using this appropriately	responded well to a level of authority other professional practice relevant to their role			

(please specify):



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Assessor or verifier/supervisor comments and feedback specific to the perfo	rmance of this task:
The trainee demonstrated <b>ALL</b> of the following:	
Contributed to team tasks.	
Communicated in a constructive way.	
Communicated in a way that fits with team dynamics.	
Communicated in a way that shows respect for others.	
Assessor or verifier/supervisor comments and feedback specific to the perfo	rmance of this task.
Verifier/supervisor details	
Name:	Date:
Signature:	
Assessor details	
Name:	Date: