

Self Assessment Competency Tool

To be used in conjunction with Burnaid Training Video & Burnaid Protocol

Surname:		Given Names:	
Title: (Mr/Mrs/Miss/Dr etc):		Personal Number:	
Job Title/Designation:			
Dept/ward or Unit:		Ext:	

Self assessment is undertaken by reviewing the training material available and answering the following statements with clear understanding for the use of Burnaid.

These statements are designed to indicate competence to use Burnaid. Responsibility for use remains with the user, so if you are in any doubt regarding your competence with Burnaid, you should seek education to bring improvement.

To complete self assessment you must be able to answer “yes” to all the questions before considering yourself to be competent. If you are not competent, instigate learning & then repeat self assessment.

Question:	Initial Assessment:	Final Assessment:
<p>Are you Confident to use Burnaid? Can You:</p> <ol style="list-style-type: none"> 1. Explain Burnaid’s primary use? 2. Indicate four benefits of using Burnaid? 3. State the three steps for first aid treatment of burns? 4. Describe what Burnaid is made of? 5. Identify what type of Burnaid product is suitable for different types of Burns? 6. Show how Burnaid is applied? 7. State indicators for further medical treatment of burns? 8. Indicate how long Burnaid can be left on? 9. List any potential problems with use of this product? 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>

Assessment Statement:

I have watched the Burnaid training presentation, reviewed the Burnaid protocol and have answered “yes” to all the questions above. I declare that:

I am competent to use this product without further training

Signature: _____ Date: _____

I require further training before I use this product in a competent manner

Signature: _____ Date: _____

Indicate what you’re further learning requirements are?

Keep a copy of this form for your personal training record and send original to manager or education services for verification of competency to use Burnaid.