



Log Book

for

On-the-Job Training (OJT)

COVID Frontline Worker (Home Care Support)

HSS/Q5105,v1.0

Candidate's Signature:

Training Centre Coordinator's Signature:



Logbook for On-the-Job Training (OJT)

COVID Frontline Worker (Home Care Support)

HSS/Q5105,v1.0

Name of the Candidate

Name of Healthcare Organization (HCO)

Period of Training (in no. of working days)

From (Date)

To (Date)

Candidate's Signature:

Training Centre Coordinator's Signature:



Definitions

Training Centre Coordinator: The person who may be trainer or administrative personnel from training centre who would be coordinating with healthcare organization for on-job training of candidate.

Head/Supervisor of Healthcare Organization: A Senior Management personnel of healthcare organization, preferably Medical Superintendent or medical director or Department head.

Duty Department: Department of Healthcare Organization where the candidate's duty is being allocated.

Mentor of Duty Department: The technical official of the duty Department under whom the candidate has been allocated for mentorship. The official preferably having 3 years of experience in the technical field.

Supervisor of Duty Department: A senior personnel from the duty department preferably department head/in-charge.

Candidate's Signature:

Training Centre Coordinator's Signature:



Details

Candidate Details:

Name of the Candidate: _____ Father's/Guardian's Name: _____

Candidate Enrolment No. (SIP/Aadhaar Last No.) _____

Training Centre Coordinator Details:

Name, Designation & Contact Details of Training Centre Coordinator: _____

Name & Address of Training Centre: _____

Signature of Training Centre Coordinator: _____

Head/Supervisor of HCO (Healthcare Organization where OJT is undertaken) Details:

Name, Designation & Contact Details of Head/Supervisor at HCO: _____

Name & Address of Healthcare Organization: _____

Signature and seal of Head/Supervisor at HCO: _____

Candidate's Signature:

Training Centre Coordinator's Signature:



Guidelines for filling the Log Book

Objective: To capture the learning experience of candidates, the activities performed by the candidates in different departments of HCO to meet overall outcomes and performances outlined in QP-NOS/Curriculum.

How to fill:

There are 6 Sections:

Daily entries to be made in the log book and signed by candidate and supervisor/mentor/training coordinator.

Section 1: Attendance/Duty Tracker: All columns to be filled by candidate except Supervisor's Remarks

Section 2: Daily Tracker: All columns to be filled by candidate except Supervisor's Comments on Candidate performance, Rating on Scale 0-5, and Supervisor's Sign.

There may be multiple Departments in which candidate has worked for particular element of particular NOS. However, the mentioned columns to be filled by the supervisor of Duty Department with whom he has maximally worked for the particular element in consultation of mentors of all duty departments with whom candidate has worked for particular element of particular NOS.

Section 3: Score Matrix: All columns to be filled by Head/Supervisor of Healthcare Organization (HCO).

Section 4: Snapshots of OJT: Candidate needs to paste the photos, preferably while working in each department/each NOS.

Section 5: Overall Comments/Observations: Sections to be filled by Candidate and Head/Supervisor of Healthcare Organization (HCO).

Section 6: Certificate for OJT Assessment: Sections to be filled by Candidate, Training Centre Coordinator and Head/Supervisor of Healthcare Organization (HCO).

Candidate's Signature:

Training Centre Coordinator's Signature:



Section 1

Candidate's Signature:

Training Centre Coordinator's Signature:



Attendance/Duty Tracker

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Home Care Support)

QP Code of Job Role: HSS/Q5105, v1.0

Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

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Attendance/Duty Tracker

Name of the Candidate: _____

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				

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Name of the Candidate: _____

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
31.				
32.				
33.				
34.				
35.				
36.				
37.				
38.				
39.				
40.				
41.				
42.				
43.				
44.				
45.				

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Day	Duty Department	Date	Candidate Signature	Mento/Supervisor's Sign
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				

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61.				
62.				
63.				
64.				
65.				
66.				
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				

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76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				

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Section 2

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Daily Tracker

(Separate sheet to be used each day)

Name of the Candidate (Candidate ID): _____

Day & Date: _____ **Course: COVID FRONTLINE WORKER (HOME CARE SUPPORT)**

Today's activity aligned to NOS (National Occupational Standards) title: _____

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Name of Activities performed:	
Number of cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
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Name of Equipment used:	
Candidate's Observation/ Learning:	
Supervisor's Name and Designation (who is rating this element):	
Supervisor's Comments on Candidate's performance:	
*Rating on Scale 0-5:	Supervisor's Signature:

***Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)**

Candidate's Signature:

Training Centre Coordinator's Signature:



Daily Tracker

(Separate sheet to be used each day)

Name of the Candidate (Candidate ID): _____

Day & Date: _____ **Course: COVID FRONTLINE WORKER (HOME CARE SUPPORT)**

Today's activity aligned to NOS (National Occupational Standards) title: _____

Name of Duty Department/s visited and their Mentor/s:	
Name of Activities performed:	
Number of cases observed:	
Name of Equipment used:	
Candidate's Observation/ Learning:	
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(Separate sheet to be used each day)

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Candidate's Signature:

Training Centre Coordinator's Signature:



Daily Tracker

(Separate sheet to be used each day)

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Candidate's Signature:

Training Centre Coordinator's Signature:



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Candidate's Observation/ Learning:	
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Candidate's Signature:

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Daily Tracker

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Day & Date: _____ Course: COVID FRONTLINE WORKER (HOME CARE SUPPORT)

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*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)

Candidate's Signature:

Training Centre Coordinator's Signature:



Section 3

Candidate's Signature:

Training Centre Coordinator's Signature:



Score Matrix

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Home Care Support)

QP Code of Job Role: -: HSS/Q5105, v1.0

Name & Contact Details of Head/Supervisor at HCO: _____

NOS Title & Code	Maximum OJT Marks Allotted	*Average Rating on Scale 0-5 by Supervisor	Marks obtained	Signature of Head/ Supervisor of HCO	Remarks of Head/ Supervisor of HCO
HSS/N9622: Follow Sanitization and Infection Control Guidelines	2				
HSS/N 5133 - Assist patient in bathing, dressing up and grooming	20				
HSS/N5104 - Support Individuals to eat and drink	20				
HSS/N5105 - Assist the patient in normal elimination	20				
Pre-filled HSS/N5136: Support patients with diverse needs in coping up with their health conditions.	24				
GRAND TOTAL	Maximum OJT Marks allotted				
	86				

*Rating Scale: 5: Excellent (100%), 4: Very Good (90%), 3: Good (70%), 2: Average (50%), 1: Below Average (25%), 0: Poor (0%)

Candidate's Signature:

Training Centre Coordinator's Signature:



Section 4

Candidate's Signature:

Training Centre Coordinator's Signature:



Snapshots during OJT

Candidate's Signature:

Training Centre Coordinator's Signature:



Snapshots during OJT

Candidate's Signature:

Training Centre Coordinator's Signature:



Snapshots during OJT

Candidate's Signature:

Training Centre Coordinator's Signature:



Snapshots during OJT

Candidate's Signature:

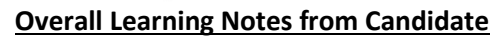
Training Centre Coordinator's Signature:



Section 5

Candidate's Signature:

Training Centre Coordinator's Signature:



Overall Comments/Observation from Head/Supervisor of HCO

Training Centre Coordinator's Signature:



Section 6

Candidate's Signature:

Training Centre Coordinator's Signature:



Summary of OJT

Name of the Candidate: _____

Name of Job Role: COVID Frontline Worker (Home Care Support)

QP Code of Job Role :- : HSS/Q5105, v1.0

Name & Address of Training Centre: _____

Name & Address of Healthcare Organization (HCO) where OJT had taken place: _____

Total Marks Obtained for OJT: _____

Signature of Candidate: _____

Signature of Head/Supervisor of Healthcare Organization: _____

Signature of Training Centre Coordinator: _____

Signature of External Assessor (during Summative Assessment): _____

Remarks of External Assessor: _____

Note: The OJT marks may/may not be reflected on final mark sheet separately.

Candidate's Signature:

Training Centre Coordinator's Signature: