

Preferred Tasks Form

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|-------------------------------------------------------------|-----------------------|
| Name: | |
| Task - please mark your preferred tasks with an X | Preferred Task |
| Type of work I like to do: | |
| Companionship. | |
| Personal care. | |
| Taking client out. | |
| Family support. | |
| Art/Stimulation Therapy. | |
| Animal care. | |
| Stepdown Care (when client comes out of hospital). | |
| End of Life Care. | |
| Other (please list). | |
| | |
| Would you like to be involved in the following? | |
| Preparing care plans. | |
| Liaising with primary care team. | |
| Dealing with family members. | |
| Becoming a care manager. | |
| Other (please list). | |
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| Ideas on how Codladh Sámh can improve their service: | |
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| | |
| Type of work I do not like to do (please list) | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| HCA Name: | |
| Signature: | |
| Date: | |