# Lay Pastoral Assistant

# Assessed Visit Feedback Form

Name: Feedback from:

This Visit was a Pass/ or a Practice:

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| Details of the Visit undertaken: |  |

**Listening and Empathy**

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| Did the candidate appear to have listened appropriately and empathetically? |

**Self Care and Awareness?**

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| Was an appropriate risk assessment completed? Did the candidate appear to be self aware of the dangers and risks to themselves and those in their care? Were appropriate boundaries in place? Was the candidate aware of their own limitations? |

**Commendations**

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| What was done particularly well and is a good model for future visits? |

**Areas for Development**

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| What would be the area to work on for developing in future? |

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**Participants Response to the Feedback above:**