

PERSONAL CAPABILITY REQUIREMENTS

Pool Deck Supervisor

Requirements	Frequency			
	Unlikely	Possible	Occasionally	Regularly
Passive				
Sitting - desk				X
Sitting - counter		X		
Sitting - vehicle		X		
Standing				X
Telephone				X
Computer – desktop				X
Computer – laptop			X	
Observations: customer and/or client safety				X
Writing				X
Reading				X
Manual Handling				
Bending spine forwards				X
Twisting spine to side				X
Bending Spin Backward e.g. A small degree of back bending may be required when filing in the confined space of the compactus			X	
Working with one or both hands above shoulder height		X		
Lifting floor-waist (No more than 5kg per item)				X
Lifting at waist height (No more than 5kg per item)				X
Lifting waist-overhead (No more than 5kg per item)		X		
Pushing (trolley weighing up to 50kg)				X
Pulling (trolley weighing up to 50kg)				X
Moving equipment and/or furniture				X
Lifting/holding children				X
Exerting force with one hand or one side of body				X
Exerting force in an awkward posture		X		
Holding, supporting or straining		X		
Agility				
Squatting		X		
Kneeling		X		
Looking up			X	
Looking down				X
Reaching forwards or sideways >30cm from the body				X
Gripping or grabbing				X

	Unlikely	Possible	Occasionally	Regularly
Mobility				
Walking				X
Walking whilst carrying weight<5Kgs				X
Walking on uneven ground		X		
Climb Steps/Stairs				X
Climb ladder	X			
Driving – passenger vehicle				
Driving – light commercial (normal licence)	X			
Driving – bus (endorsed licence)	X			
Driving – machinery/heavy commercial (endorsed licence)	X			
Sensory				
Fine hand coordination			X	
Hearing – hold direct conversation, telephone, noise, alarm				X
Hearing - telephone				X
Hearing – alarm/disturbance				X
Visual – computer screens, electronic signs				X
Visual – read printed material, signage				X
Visual – driving	X			
Emotional				
Dealing with customers				X
Dealing with aggressive customers		X		
Supporting age dependent persons				X
Managing conflict			X	
Managing complex personal counselling	X			
Providing empathy				X
Work Environment				
Indoor air conditioned				X
Outdoor – exposed to elements		X		
Outdoor – plant and equipment	X			
Confined spaces	X			
Working at height	X			
Dust		X		
Pollen (or other allergens)		X		
Cleaning agents		X		
Foul smells		X		
Personal waste			X	

Note: This template does not represent an exhaustive account of all job factors however it forms a basis to guide staff and medical professionals as to the activities for which a personal capability must be sustained.

Applicant acknowledgement

I have read and understood the personal capability requirements that are attached to this position and declare that I am capable of meeting the requirements as indicated and acknowledge the requirement to maintain such capability whilst performing the position.

Name _____ Signed _____ Date ____/____/201__

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