



Footcare Competencies Checklist

DCW Name: _____

Date: _____ Venue: _____

Podiatrist: _____

Nail Reduction

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 1. Initial check of feet and nails. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Set up of equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Clipper technique | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Filing and finishing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Resources

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| 1. NGS Footcare Guidelines | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Footcare: Cutting & Filing Nails | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

This to confirm that _____ (Direct Care Worker) is competent in the basic footcare tasks of cutting & filing.

Podiatrist Signature: _____ Date: _____

Health Service/Agency: _____