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| Adult Care Worker – End-Point Assessment(9040-12) |

**Version 2.7 November 2020**

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| Version and date | Change detail | Section |
| December 2017 | Creation of document |  |
| April 2018 | Amended self-evaluation to self-assessment and added service user testimonies , added new Level 2 Diploma in Care | Self-assessment, service user testimonies and Gateway form |
| July 2018 | Added new Logos and version of Gateway form with updated text and formatting (requirements remain the same | Gateway form |
| V2.3 August 18 | Amendment to Employer and provider declaration paragraph | Gateway form |
| V2.4 September 18 | Amended typographical error | Page 10 1st paragraph |
| V2.5 October 18 | Password removal | n/a |
| V2.6 January 2020 | Formatting amendments | Throughout |
| V2.7 November 2020 | Gateway Declaration form updated | Gateway form |

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1. Introduction

### What is in this document

Recording forms to be used by End-point Assessment customers/Employers/Training providers

* Gateway declaration form
* Apprentices’ self-assessment form

This document must be used alongside the Assessment Pack for training providers/employers.

### How to use forms

Centres / End-point assessment customers / Employers / Training providers must use the forms provided by City & Guilds in the format laid out in this document.

**End-point Assessment Gateway Declaration Form**

This must be completed with the Apprentice and submitted to City& Guilds as part of the end-point assessment booking process

**Self-assessment form**

Either the employer or training provider is required to sign off the form before it is submitted to City & Guilds as part of the gateway process.

To support apprentices in completing the form it is recommended that training providers/employers familiarise apprentices with the concept and content of the Adult Care Worker Trailblazer Standard and ensure that apprentices refer to these when completing the form.

**Service user testimonies**

All feedback collated should meet the requirements as set out in the instructions for the apprentice. Where apprentices are collecting the feedback themselves they should be issued with the instructions page as provided later in this pack.

City & Guilds will only accept evidence submitted in the testimony forms provided in this pack. As detailed in the instructions for the apprentice, there is no set word count and it is not expected that evidence would exceed one A4 page.

The information in the form can be either typed or handwritten and can include any of the following:

* Feedback written by the service user
* Information extracted from employer’s own feedback systems (e.g. scanned or copied and pasted)
* Oral responses of the service user transcribed by the apprentice/ employer/training provider

Where a service user has limited verbal communication and uses other methods of communication and/or communication aids (e.g. Makaton or visual aids) the apprentice/employer/ training provider should reference the communication process as well recording the service users responses.

**End-Point Assessment Gateway Declaration Form**

Please complete this form to confirm that all parties are satisfied that the apprentice has met the gateway requirements and can be put forward for end-point assessment (EPA) with City & Guilds.

|  |  |  |  |
| --- | --- | --- | --- |
| Apprenticeship Standard |  | Apprenticeship start date |  |
| **Apprentice**  **name** |  | **ULN** (Unique Learner Number) |  |

|  |  |
| --- | --- |
| **Entry requirement(s)** | **Taken / Achieved (Yes)** |
| Readiness for Independent End-point Assessment |  |
| Achievement of the  Level 2 Diploma in Health and Social Care (Adults) (England) |  |
| OR |  |
| Level 2 Diploma in Care |  |
| Complete induction based on the 15 Care Certificate standards |  |
| Achieved a Level 1 qualification in English (or equivalent) |  |
| Achieved a Level 1 qualification in maths (or equivalent) |  |
| **Entry requirement(s)** | **Submitted (Yes)** |
| Complete self-assessment |  |
| Submission of service user testimonies |  |

Providers must submit evidence of achievement to us for each gateway requirement. It is the provider’s responsibility to keep auditable evidence of these requirements. Without appropriate evidence, we will not be able to complete your booking or carry out the EPA. Customers may still be charged.

|  |  |  |
| --- | --- | --- |
| **Previous EPA** | | **Yes / No** |
| Has the apprentice taken any assessments as part of the EPA for this apprenticeship standard with any other EPA organisation? | |  |
| **If yes** | | |
| Which EPA organisation was this? |  | |
| What was the date(s) of the EPA? |  | |
| What grade(s) was issued, eg fail / pass / merit / distinction? |  | |

**Employer and provider declaration:**

**I confirm that the gateway meeting has been carried out to confirm that the apprentice:**

* **Has achieved all EPA gateway requirements as listed above and has the knowledge, skills and behaviours required by the apprenticeship standard and is eligible for EPA.**
* **Has been employed throughout their apprenticeship.**
* **Has completed a minimum of 12 months and 1 day on-programme before submitting the final gateway evidence to City & Guilds.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** |  | **Date** |  |
| **Training Provider**  **(if appropriate)** |  | **Date** |  |

**Apprentice declaration:**

**I confirm that I have gone through a gateway process to check that I am eligible for EPA.**

**I give City & Guilds permission to apply to the Education and Skills Funding Agency, (ESFA) and the Institute for Apprenticeships for the apprenticeship certificate on my behalf when I complete EPA.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |

Providers should submit the completed form to us through the EPA portal. Please refer to the [**Manual for the End-Point Assessment Service**](https://www.cityandguilds.com/~/media/cityandguilds-site/documents/apprenticeships/manual-for-the-end-point-assessment-service%20pdf.ashx) for details, including timeframes.

**Digital Credentials:**

Digital Credentials (Open Badges) are available for this standard. If you, the Apprentice, would like to receive a Digital Credential, please provide your email address below.

By providing your email address to us, you agree that City & Guilds may share your email address with its digital credentialing partner, and authorise City & Guilds to issue a Digital Credential (Open Badge) to you upon successful completion of your end-point assessment.

|  |  |
| --- | --- |
| **Apprentice email** |  |

Find out more about digital credentials here [**https://www.cityandguilds.com/digital-credentials**](https://www.cityandguilds.com/digital-credentials)

Please note that when you receive an email from City & Guilds to claim your digital credential, you will need to create a free online account with our digital credential provider, which you can unsubscribe from at any time.

**Level 2 Adult Care Worker**

Assessment 701/751: Self-assessment form

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice Name** |  | **Enrolment**  **number** |  |

**Apprentice declaration:**

**I confirm that all work submitted is my own, and that I have acknowledged any sources I have used.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice** |  | **Date** |  |

**Line manager /training provider declaration:**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the Apprentice’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the apprentice.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line manager/**  **training provider** |  | **Date** |  |

|  |  |
| --- | --- |
| Refer to the Adult Care Worker Trailblazer Apprenticeship Standard. Your training provider/employer can provide you with a copy.  Next to each of the headings below list some of the main work activities and tasks that you undertake in your role, describing what you have done well and the areas you wish to improve on. | |
| **Trailblazer Standard Headings** | **Bullet point your examples here** |
| 1. **Carrying out the responsibilities of your job role** |  |
| 1. **Treating people with respect and dignity and honouring human rights** |  |
| 1. **Communicating clearly and responsibly** |  |
| 1. **Supporting individuals to remain safe from harm (Safeguarding)** |  |
| 1. **Promoting health and wellbeing for the individuals they support and work colleagues** |  |
| |  | | --- | | 1. **Working professionally, including their own professional development** | |  |



**Level 2 Adult Care Worker**

Assessment 701/751: Collecting service user testimonies

Instructions for the Apprentice

In preparation for your professional discussion you are required to submit two service user testimonies which provide feedback on the care support services the service users are receiving.

When asking service users for feedback it is important that this is done sensitively and that they are not put under pressure to do something they may be uncomfortable with. The service user has the right to refuse.

You will work your line manger/tutor to make decisions on

1. How this information will be collected.
2. How this information can be recorded or transcribed for service users who have limited verbal or written communication abilty.
3. Which service users you will approach for feedback.
4. How to ensure the service user has given their consent to use their testimony.
5. What alternative you have if you are not able to obtain a testimony from the service user.

There is not a minimum word count as it is appreciated the length of statements can vary from service user to service user. However statements should be sufficient to include

1. The service user’s experience of the service in general

and/or

1. The service and support you have provided to the service user.

Testimonies **must**

1. Be submitted in the form provided and not exceed one side of A4 paper. Additional pages should not be submitted.
2. Be signed and verifed by your line manager/tutor.
3. **Not** identify the service user by name or by any other information which could identify them.

**NOTE:** Where a service user is not able or does not wish to provide testimonies, these can be evidenced by either:

* testimonies from service user families/carers
* line manager/tutor witness testimony describing observed interaction between the apprentice and service user. In such instances the line manager/tutor will be required to provide a statement within the pro-forma as to the why service user was unable to provide feedback.

**Individual A**

Service User Testimony

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice Name** |  | **Enrolment**  **number** |  |
| Ask the service user if they would be able to give you some comments (feedback) on their experiences of how you and your service provide care and support to help meet their needs.  The service user may provide these comments in writing, verbally or in another format which you can then describe and summarise in the space provided below.  Ensure that you have their consent and that you do not use names or anything else that would identify the service user. | | | |
|  | | | |

**Line manager /training provider declaration:**

**I confirm that the above testimony is authentic and that individual A has been in receipt of care provided by the apprentice.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line manager/**  **training provider** |  | **Date** |  |

**Individual B**

Service User Testimony

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice Name** |  | **Enrolment**  **number** |  |
| Ask the service user if they would be able to give you some comments (feedback) on their experiences of how you and your service provide care and support to help meet their needs.  The service user may provide these comments in writing, verbally or in another format which you can then describe and summarise in the space provided below.  Ensure that you have their consent and that you do not use names or anything else that would identify the service user. | | | |
|  | | | |

**Line manager /training provider declaration:**

**I confirm that the above testimony is authentic and that individual** B **has been supported by the apprentice.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Line manager/**  **training provider** |  | **Date** |  |