

Level 3 Advanced Technical Diploma in Complementary Therapies

(6004-30)

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| **Synoptic Assignment 6004-031**  **Recording forms** |
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**About this document**

This document contains the mandatory recording forms for the synoptic assignment within the Level 3 Advanced Technical Diploma in Complementary Therapies (6004-30).

Declaration of authenticity form.

* Declaration of authenticity form.
* Candidate record form.
* Practical observation form.

**Declaration of authenticity**

**Technical qualifications**

|  |  |
| --- | --- |
| **Assessment ID** | **Qualification number** |
|  |  |
| **Candidate name** | **Candidate number** |
|  |  |
| **Centre name** | **Centre number** |
|  |  |

**Additional Support**

Has the candidate received any additional support in the production of this work?

**No  Yes ** (Please tick appropriate)

If yes, give details below (and on a separate sheet if necessary).

|  |  |
| --- | --- |
|  |  |

**Candidate:**

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

*I also confirm that I had no knowledge of the content of this assignment prior to the delivery from my tutor/assessor and that I will not divulge the content of this assignment to other potential candidates.*

|  |  |
| --- | --- |
| **Candidate signature** | **Date** |
|  |  |

**Tutor:**

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

*I also confirm that I have raised any potential cases of malpractice to City & Guilds.*

|  |  |
| --- | --- |
| **Tutor signature** | **Date** |
|  |  |

Note: Where the candidate and/or tutor is unable to, or does not confirm authenticity through signing this declaration form, the work will be returned to the centre and this will delay the moderation process. If any question of authenticity arises, the tutor may be contacted for justification of authentication.**Candidate Record Form**

**Technical qualifications**

**Level 3 Advanced Technical Diploma in Complementary Therapies (6004-30)**

**Level 3 Complementary Therapies- Synoptic assignment (6004-031)**

|  |  |
| --- | --- |
| **Candidate name** | **Candidate number** |
|  |  |
| **Centre name** | **Centre number** |
|  |  |

***Marker Notes*** *– Please always refer to the relevant marking grid for guidance on allocating marks and make notes that describe the quality of the evidence and justification of marks. Expand boxes as required.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AO1 – Recall -** Breadth, depth, accuracy | | | | | | | | | | | | | | | | | | | | | | | | |
| 10% | **1** | | | | **2** | | | | **3** | | | | **4** | | | | **5** | | | | **6** | | | |
| AO1 Mark | Notes & justification | | | | | | | | | | | | | | | | | | | | | | | |
| **AO2 – Understanding -** Security of concepts, causal links | | | | | | | | | | | | | | | | | | | | | | | | |
| 20% | **1** | | **2** | | **3** | | **4** | | **5** | | **6** | | **7** | | **8** | | **9** | | **10** | | **11** | | **12** | |
| AO2 Mark | Notes & justification | | | | | | | | | | | | | | | | | | | | | | | |
| **AO3 - Practical skill -** Dexterity, fluidity, confidence, ease of application | | | | | | | | | | | | | | | | | | | | | | | | |
| 30% | **1** | **2** | | **3** | **4** | **5** | | **6** | **7** | **8** | | **9** | **10** | **11** | | **12** | **13** | **14** | | **15** | **16** | **17** | | **18** |
| AO3 Mark | Notes & justification | | | | | | | | | | | | | | | | | | | | | | | |
| **AO4 – Bringing it together -** use of knowledge to apply skills in new context | | | | | | | | | | | | | | | | | | | | | | | | |
| 30% | **1** | **2** | | **3** | **4** | **5** | | **6** | **7** | **8** | | **9** | **10** | **11** | | **12** | **13** | **14** | | **15** | **16** | **17** | | **18** |
| AO4 Mark | Notes & justification | | | | | | | | | | | | | | | | | | | | | | | |
| **AO5 - Attending to detail / perfecting -** Repeated checking, perfecting, noticing, engaged | | | | | | | | | | | | | | | | | | | | | | | | |
| 10% | **1** | | | | **2** | | | | **3** | | | | **4** | | | | **5** | | | | **6** | | | |
| AO5 Mark | Notes & justification | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tutor signature** | **Date** |  | **Total** |
|  |  |  |  |

**Technical qualifications - Practical Observation Form**

|  |  |
| --- | --- |
| **Assessment ID** | **Qualification number** |
|  |  |
| **Candidate name** | **Candidate number** |
|  |  |
| **Centre name** | **Centre number** |
|  |  |

Complete the table below referring to the relevant marking grid found in the assessment pack. Do not allocate marks at this stage.

| **Assessment Objective (AO)** | **Notes *–*** *detailed, accurate and differentiating notes that identify areas of strength and weakness are necessary to distinguish between different qualities of performance and to facilitate accurate allocation of marks once all evidence has been submitted.* |
| --- | --- |
| **AO1** Describe how well the candidate shows **recall** of knowledge e.g. stating facts without explanation / simple descriptions of what they are carrying out / showing aspects of straightforward knowledge through logical sequencing and application of skill etc. |  |
| **AO2**  Describe how well the candidate shows **understanding** when carrying out practical tasks e.g. their explanation of why they are completing a process or how they may change their course of action / are they able to justify their actions etc. |  |
| **AO3**  Describe how well the candidate demonstrated their **practical** **skills**. e.g. how practiced/fluid is hand eye coordination and dexterity / how confident are they / how accurate or ‘polished’ is the outcome / safe working etc. |  |
| **AO4**  Describe how well the candidate **brings it all together** – e.g. how **coherent** are their actions / how well do they draw from the breadth of their knowledge and skills / reflection on theory when solving practical problems / How well can they work out solutions to new contexts/ problems on their own / time management etc. |  |
| **AO5**  Describe how well the candidate **attended to detail** e.g. professionalism / perfecting / accuracy / checking / taking care / methodical working e*tc*. |  |

|  |  |
| --- | --- |
| **Tutor signature** | **Date** |
|  |  |

### **Task 3 Client Consultation form**

**Client 1 Reflexology**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name** |  | **Assessment date** |  |

|  |  |
| --- | --- |
| Client’s health and lifestyle including occupation | |
|  | |
| **Details of foot analysis** | |
|  | |
| **Left foot** | **Right foot** |
|  |  |
| **Treatment Plan including justification and reflexes worked on** | |
|  | |
| **Treatment Plan including justification and reflexes worked on** | |
|  | |
| **After care advice and recommendations** | |
|  | |
| **Client feedback** | |
| **Did your therapist explain the treatment and findings Yes No**  **Were you satisfied with your treatment Yes No**  **Client comments:-** | |
| **Signed by Client:- Date:-** | |
| **Self –reflection / Evaluation** | |
| * **Areas that went well** * **Areas that could have been improved** | |

### **Task 3 Client Consultation form**

**Client 2 Body Massage**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name** |  | **Assessment date** |  |

|  |
| --- |
| Client’s health and lifestyle including occupation |
|  |
| **Details of skin/ body analysis** |
| thC2EDRL9O |
| **Treatment Plan including justification** |
|  |
| **After care advice and recommendations** |
|  |
| **Client feedback** |
| **Did your therapist explain the treatment and findings Yes No**  **Were you satisfied with your treatment Yes No**  **Client comments:-** |
| **Signed by Client:- Date:-** |
| **Self –reflection / Evaluation** |
| * **Areas that went well** * **Areas that could have been improved** |

### **Task 3 Client Consultation form**

**Client 3 Aromatherapy**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate Name** |  | **Assessment date** |  |

|  |  |
| --- | --- |
| Client’s health and lifestyle including occupation | |
|  | |
| **Details of skin/ body analysis** | |
| thC2EDRL9O | |
| **Blend essences, carriers and %** | |
| **Body blend** | **Facial Blend** |
|  |  |
| **Treatment Plan including justification of choosen blend** | |
|  | |
| **Treatment Plan including justification of choosen blend** | |
|  | |
| **After care advice and recommendations** | |
|  | |
| **Client feedback** | |
| **Did your therapist explain the treatment and findings Yes No**  **Were you satisfied with your treatment Yes No**  **Client comments:-** | |
| **Signed by Client:- Date:-** | |
| **Self –reflection / Evaluation** | |
| * **Areas that went well** * **Areas that could have been improved** | |