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**City & Guilds Level 3 End-**

**point Assessment for**

**ST0113/AP05 Dental**

**Nurse (Intergrated)**

**(4238-22)**

**Recording forms for**

**Providers and Employer**

Version V1.0

Last modified August 2022

For external use

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| --- | --- | --- |
| Version and date | Change detail | Section |
| V1.0 August 2022 | New version as result of revised Assessment plan AP05 published 1 July 2022 | Document |

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# Introduction

### What is in this document

This document contains recording forms to be used by End-point Assessment Providers / Employers for 703 End-point Assessment – Interview underpinned by an EPA portfolio .

Forms to be completed by the Provider / Employer:

* EPA Portfolio checklist
* Evidence reference form

This document must be used alongside the EPA Pack for Providers & Employers.

Providers and Employers must use the forms provided by City & Guilds in the format laid out in this document.

### How to use the forms

**EPA Portfolio checklist**

City & Guilds have created a ‘EPA Portfolio checklist’ to help apprentices and providers/employers ensure that all relevant information is accounted for. This form is designed to be used purely as an aid and does **not** need to be submitted/uploaded.

**Evidence reference form**

In the evidence type column you should provide a clear reference to the piece of evidence that links to that area of the standard like a file name etc. In the evidence reference column, you should record the outcome and element numbers covered.

If you are asked by the IEPA or City & Guilds to review the evidence that has been submitted, you should add to and amend the form you originally submitted.

If you are resitting the assessment you should only complete the sections for any new evidence submitted.

The evidence reference form must be submitted with the apprentice’s EPA portfolio at the Gateway, as a word processing document.

# EPA Portfolio checklist

City & Guilds has created an ‘EPA Portfolio checklist’ to help apprentices and employers / provders ensure that all relevant information is accounted for. The checklist does **not** need to be submitted.

|  |  |
| --- | --- |
| EPA Portfolio checklist | Tick when confirmed |
| 1. | Is all evidence signed by the apprentice and dated? \*E-signatures are also acceptable |  |
| 2. | Is all evidence valid, authentic, current and sufficient (VACS)? |  |
| 3. | Does evidence clearly show it is the apprentice’s individual work (and if involved in team work is it clear the specific contribution the apprentice made)? |  |
| 4. | Does the evidence clearly demonstrate their relevant knowledge? |  |
| 5. | Have you used the evidence reference form? And has all evidence been referenced?  |  |
| 6. | Are there 8 pieces of evidence which meet the requirements in the EPA Pack for Providers & Employers? |  |
| 7. |  Is the majority of the evidence holistic in its nature? |  |
| 8. | Have you checked that you have not included any pieces of evidence that are duplicated or not relevant? |  |
| 9. | Is there sufficient evidence to cover the whole of the evidence requirement it that has been referenced to? |  |
| 10. | Are any witness testimonies or employer references tailored to the apprentice? |  |
| 11. | Has any patient/customer referenced information been anonymised? |  |
| 12. | Have all external sources of information being appropriately documented and referenced to the original source, showing clear understanding of how they relate to the criteria?  |  |
| 13. | Has the appropriate stakeholder(s) e.g provider/employer checked whether the apprentice’s EPA portfolio meets all the required criteria and grading descriptors? |  |
| **Reminder:** You must submit the completed evidence reference form at Gateway in word format. |

\* where witness testimonies are included as a piece of evidence these do not need to be signed by the apprentice but instead must be signed/authenticated as outlined in the rest of the EPA pack.

**Level 3 End-point Assessment for ST0113/AP05**

**Dental Nurse (Integrated)**

# Assessment 703: Interview underpinned by an EPA portfolio - evidence reference form

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice |  Name | Enrolment number | 1234567 |

**Apprentice declaration:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice** | Signature  | **Date** | DD/MM/YY |

**Line manager 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** | Signature  | **Date** | DD/MM/YY |

**Provider/Employer declaration (if appropriate):**

**I confirm that the evidenced presented by the Apprentice is ready for End-Point Assessment. It is valid, authentic, reliable and current and sufficient to meet the requirements of the relevant standard.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Provider** | Name & Signature  | **Date** | DD/MM/YY |

**Level 3 End-point Assessment for ST0113/AP05**

**Dental Nurse (Integrated)**

**703 End-point assessment - Interview underpinned by an EPA portfolio - evidence reference form**

|  |
| --- |
| **Evidence reference form** |
| **Evidence** |  | **Evidence type****Provider/****Employer only** | **Evidence reference****Provider/****Employer only** | **Evidence meets requirement****IEPA only** | **IEPA comments****IEPA only** |
| **Evidence requirement** |
| **1** | Opening and closing the surgery*eg work product, such as completed cleaning schedules* |  |  |  |   |  |
| **2** | Carrying out decontamination in line with practice protocols |  |  |  |   |  |
| **3** | Clinical support activity including dental charting, tissue assessment, material mixing and accurate and appropriate record keeping |  |  |  |   |  |
| **4** | Activities related to processing radiographs based on the local practice system |  |  |  |  |  |
| **5** | Personal Development Plan and evidence of having taken part in the appraisal process |  |  |  |   |  |
| **6** | A record of having undergone CPR and medical emergency training in the local practice |  |  |  |  |  |
| **7** | A patient case history*must* ***not*** *contain any patient records or personal information* |  |  |  |   |  |
| **8** | Feedback from a patient/service user and a dentist |  |  |  |  |  |
| **8.1** Patient feedback: To be provided anecdotally through Expert Witness Testimony. (*Direct patient feedback/records cannot be submitted due to data protection)* |  |  |  |  |  |
| **8.2** Dentist feedback: *eg appraisal from employer, including clinician’s feedback* |  |  |  |  |  |

|  |
| --- |
| **Provider/Employer authenticity declaration** All witnesses who have signed off evidence are required to add their details below (please add an additional page if required). |
| **Name** | **Supporting ref. evidence number** | **Type of Witness****(Assessor/Expert Witness)** | **GDC Number**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **IEPA Use only****IEPA Overall comments and notes of any themes or areas to follow up around in interview** |

# Contact Us

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| --- | --- |
| EPA Gateway Team: Initial Reservation & Gateway | epa.gateway@cityandguilds.com |
| EPA Events Team: Bookings & Cancellations (Post Gateway)   | EPA@cityandguilds.com |
| EPA Customer Success Team: Including EPA Pro support | onboardingEPA@cityandguilds.com |
| Technical Advisors: Sector Specific Guidance | [Technical Advisors contact details](http://www.cityandguilds.com/whatwe-offer/centres/technical-advisors) |
| City & Guilds Sales Team | directsales@cityandguilds.com |
| ILM Sales team | 01543 266 867customer@i-l-m.com |
| City & Guilds Customer Services team | 0844 543 0000 (option 5 EPA)centresupport@cityandguilds.com |
| ILM Customer Services team | 01543 266 867customer@i-l-m.com |
| Digital Sales: on-programme delivery resources | Digitalsales@cityandguilds.com |
| Digital Credentials | digitalsupport@cityandguilds.com |
| Digital Credentials: bulk email uploads | DCServiceTeam@cityandguilds.com |



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