Level 3 End-point Assessment for (ST0217/AP02) Senior Healthcare Support Worker - Adult Nursing Support (9043-22)

**V1.0 June 2019**

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| Version and date | Change detail | Section |
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Introduction

### What is in this document

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

* End-point Assessment Gateway Declaration form
* Apprentice Details form
* Declaration of Authenticity form
* Portfolio Evidence Reference form

This document must be used alongside the **End-point Assessment Pack for Centres / End-point Assessment Customers / Employers** document.

### Guidance on how to use the recording forms

Centres / End-point Assessment customers / Employers 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.

**Portfolio 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.

**Note: The evidence reference form must to be uploaded to the EPA Portal as a word processing document.**

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 |  | Start date |  |
| **Apprentice name** |  | **Enrolment**  **number** |  |

|  |  |
| --- | --- |
| **Entry Requirement(s)** | **Achieved (Yes/No)** |
| The apprentice has completed an induction which meets the 15 Standards as set out in the Care Certificate. |  |
| The apprentice has achieved the Level 3 Diploma in Healthcare Support (RQF). |  |
| The apprentice has collated a portfolio to underpin the professional discussion. |  |
| The apprentice has achieved Level 2 English and Maths (equivalent to GCSEs at grades A\* to C). |  |

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.

|  |  |  |
| --- | --- | --- |
| **Any previous End-Point Assessments** | | |
| Has the apprentice taken any assessments as part of the EPA for this apprenticeship standard with any other EPA organisation? | | Yes/No |
| **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:**

1. **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.**
2. **Has been employed throughout their apprenticeship.**
3. **Will have completed a minimum of 12 months and 1 day on-programme before the first EPA assessment with 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 ESFA and the Institute for Apprenticeships for the apprenticeship certificate on my behalf when I complete EPA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice**  **Signature** |  | **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.

Apprentice details

Please fill in all of your details before you carry out any assessments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Apprentice Details** | | | | | | |
| Surname |  | | |  | Forename(s) |  |
|  | | | | | | |
| City & Guilds enrolment number | | |  | | | |
|  | | | | | | |
| **Centre Details** | | | | | | |
| Name | |  | |  | Centre No |  |
|  | | | | | | |

I understand the requirements of the qualification and that all the work towards the assessments must be my own.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Apprentice signature** |  | | | |
|  | | | | |
| **Assessor name**  (please print) |  |  | Signed |  |
|  | | | | |
|  |  | | Date |  |

Declaration of Authenticity

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice  name | 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 |

**Tutor/Assessor 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **Tutor/Assessor** | Signature | **Date** | DD/MM/YY |

|  |  |  |
| --- | --- | --- |
| Portfolio of Evidence 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. | Does it showcase the apprentice’s best pieces of work? |  |
| 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 criteria and grading descriptors that has been referenced to? |  |
| 10. | Are any witness testimonies or employer references tailored to the apprentice? |  |
| 11. | Has any client/customer reference 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) eg employer/training provider checked whether the apprentice’s portfolio meets all the required criteria and grading descriptors? |  |
| **Reminder:**  You must upload the completed evidence reference form to the EPA portal in Word format | | |

Portfolio Evidence Reference Form

Level 3 – Senior Healthcare Support Worker (AP02) – Adult Nursing Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evidence reference form** | | | | | | |
| **Standard reference** | | **Evidence type**  **Employer /Training Provider only** | **Evidence reference**  **Employer /Training Provider only** | **Evidence meets standard**  **IEPA only** | **IEPA comments**  **IEPA only** |  |
| **C1 Health and well being** | | | | | | |
| 1.03 | promote physical and mental health and wellbeing, providing opportunistic brief advice on health and wellbeing |  |  |  |  | |
| 1.05 | recognise issues and deteriorations in mental and physical health, report and respond appropriately, supporting others to do so |  |  |  |  | |
| **C2 Duty of care and candour, safeguarding, equality and diversity** | | | | | | |
| 2.02 | implement a duty of care and candour |  |  |  |  | |
| 2.03 | safeguard and protect adults and children; promote the principles to others |  |  |  |  | |
| **C3 Person centred care, treatment and support** | | | | | | |
| 3.03 | promote clinical effectiveness, safety and a good experience for the individual |  |  |  |  | |
| **C5 Personal, people and quality improvement** | | | | | | |
| 5.02 | take responsibility for, prioritise and reflect on your own actions, work and performance; maintain and further develop your own skills and knowledge, participate in appraisal |  |  |  |  | |
| 5.04 | act as a role model; mentor peers; deliver training through demonstration and instruction |  |  |  |  | |
| **C6 Health, safety and security** | | | | | | |
| 6.03 | undertake risk assessments |  |  |  |  | |
| **B1 Assist with clinical tasks** | | | | | | |
| 1.1c | assist with tissue viability risk assessments |  |  |  |  | |
| 1.1d | assist with caring for wounds |  |  |  |  | |
| 1.1e | obtain and test samples and other specimens |  |  |  |  | |
| 1.1f | support frailty, end of life care |  |  |  |  | |
| 1.1i | recognise limitations in mental capacity and respond appropriately |  |  |  |  | |
| **Behaviours** | | | | | | |
| BH3 | have the courage to challenge areas of concern and work to best practice, be adaptable, reliable and consistent |  |  |  |  | |
| BH5 | show resilience and self-awareness show supervisory leadership |  |  |  |  | |
| **IEPA Overall comments and notes of any themes or areas to follow up around in professional discussion/interview/viva**  **IEPA only** | | | | | | |
|  | | | | | | |