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| Level 2 Adult Social Care Certificate (3096-02) |

**Version 1.0 June 2024**

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| Version and date | Change detail | Section |
| Version 1.0 June 2024 | Launch |  |
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Introduction

### What is in this document

* Reflective Journal
* Declaration of Authenticity

This document must be used alongside the **Assessment Pack for Candidates** document.

Reflective Journal template

There is no right or wrong way to reflect on your practice. Different people learn in different ways and

while one person may learn by reflecting on a positive outcome, another may find it most useful to

focus on a situation they found challenging.

There are prompts provided to help you add value to your reflection.

Some prompts will be more relevant than others depending on your activity, your practice and whether

you are reflecting as a group or an individual.

**It is best practice that this form is completed in detail every two weeks and also after every**

**meeting with your assessor.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate name** |  | **Enrolment**  **number** |  |
| **Details of activities**  **reflected on** |  | | |
| **Date of reflection** |  | | |
| **What event or topic are you reflecting on?**  *Give a brief description. You don’t need to give all the details, but rather focus on the event itself.*  *Too broad a focus can make it difficult to give the topic the attention it needs and might be hard to give direction to your reflection, especially if you are reflecting as a team and everyone may want to make input. Remember to maintain confidentiality.*  *Reflect on the following:*   * *what did you do?* * *how did you do it?* * *why did you do it in that way? (include any reference to legislation, codes of practice, national guidance/policies)* * *who was involved?* | | | |
|  | | | |
| **Would you call this a positive or challenging event?**  *Even when things go right, they can still be challenging. Think about the outcomes of this event and whether you feel they could have been improved.*   * *What were you feeling?* * *What made you feel that way?* | | | |
|  | | | |
| **What happened?**  *Give a brief description of the event.*   * *How did you respond?* * *How did your team respond?* * *What did you feel during the event?* * *What did you feel afterwards?* | | | |
|  | | | |
| **Looking back**   * *Are you satisfied with how you responded? If so, why? If not, why?* * *Do you think you worked effectively with your colleagues? What worked well? If not, what would help effective work in the future?* * *Did you have all the support you needed? If so in what way? If not, what would have helped?* * *If in a team, was the team satisfied with your contribution? If so how? If not, why?* | | | |
|  | | | |
| **Looking forward**   * *If there is a similar event in the future, would you do anything differently? Please explain your answer.* * *What did you learn from this experience and/or your reflection on it?* * *How will this learning improve your practice?* * *How will this learning be used to benefit individuals in your service?* * *Are there lessons to be learned for your team/ your colleagues/ the policies or systems you follow?* * *Did the things you learned after this event help you achieve any of your development objectives?* * *Did this event help you identify new learning objectives?* | | | |
|  | | | |
| **Any other thoughts /reflections** | | | |
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Declaration of Authenticity

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| **Qualification title:** | Level 2 Adult Social Care Certificate |

**Candidate declaration**

I confirm that the evidence provided for this qualification is my own work.

|  |  |
| --- | --- |
| **Candidate name:** |  |
| **Candidate Signature:** |  |
| **Date:** |  |
| **Enrolment number:** |  |

**Assessor declaration**

I confirm that this candidate has achieved all the requirements for this qualification with

the evidence provided.

Assessment was conducted under the specified conditions and context, and is valid,

authentic, reliable, current and sufficient.

(Where there is more than one assessor, the co-ordinating assessor for the qualification

should sign this declaration.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor name:** |  | | |
| **Assessor Signature:** |  | **Date** |  |
| **Countersignature**  **(if applicable):** |  | **Date** |  |

**Internal Quality Assurer declaration**

I have internally quality assured the assessment work for this qualification by carrying

out the following (please tick):

|  |  |  |
| --- | --- | --- |
| sampling candidate and assessment evidence | **Date** |  |
| discussion with candidate | **Date** |  |
| observation of assessment practice | **Date** |  |
| other – please state | **Date** |  |

I confirm that the candidate’s sampled work meets the standards specified for this qualification and may be presented for external quality assurance and/or certification.

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal Quality**  **Assurer name:** |  | **Date** |  |
| **Internal Quality**  **Assurer Signature:** |  | **Date** |  |
| **Countersignature**  **(if applicable):** |  | **Date** |  |

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We partner with our customers to deliver work-based learning programmes that build competency to support better prospects for people, organisations and wider society. We create flexible learning pathways that support lifelong employability because we believe that people deserve the opportunity to (re)train and (re)learn again and again – gaining new skills at every stage of life, regardless of where they start.

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