**Level 3 End-point Assessment for ST0113/AP02 Dental Nurse (9752-22)**

**Assessment 702/752 - Practical observation**

**Declaration for Record of Observed Practice**

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| --- | --- | --- | --- |
| Apprentice Name |  | Enrolment number |  |
| **Workplace Address** |  |

**Apprentice declaration:**

I confirm that this Record (s) of Observed Practice is a true representation of my safe working practice during my apprenticeship

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

**Training Provider declaration (if appropriate):**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Provider** |  | **Date** |  |

**Record of Observed Practice (1):**

All judgements and feedback in relation of main qualification have been removed from this evidence

|  |  |  |  |
| --- | --- | --- | --- |
| **Location of observation** |   | **Evidence Reference Number** |  |
| **Date Activity observed** |  | **Time duration** |  |
| **Activity Observed** |
|  |

**Record of Observed Practice (2) – *only use if more than one record of observed practice has been submitted:***

All judgements and feedback in relation of main qualification have been removed from this evidence

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| --- | --- | --- | --- |
| **Location of observation** |   | **Evidence Reference Number** |  |
| **Date Activity observed** |  | **Time duration** |  |
| **Activity Observed** |
|  |

**Expert Witness declaration:**

* I have read the Record(s) of Observed Practice in full (providing the appropriate reference number recorded)
* I confirm it is a true reflection of the apprentices day to day practices
* I confirm I have worked with the apprentice on at least 3 occasions
* I confirm I am an appropriate person and GDC registered professional

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| --- | --- | --- | --- |
| **Full Name:** |   | **Expert Witness GDC registration number:** |  |
| **Employer Details/ Address:** |  |
| **Job Role in relation to apprentice:** |  | **Evidence Reference Number(s):** |  |
| **Expert Witness Signature:** |  | **Date:** |  |