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| Level 2 Healthcare Support Worker – End-Point Assessment(9041-12) |

**Version 2 December 2018**

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| Version and date | Change detail | Section |
| Version 1 March 2018 | Creation of document | All |
| V1.1 14.05.2018 | Updated to reflect new template guidance | Throughout document |
| V1.2 23.05.2018 | Updated to include portfolio pro-formas | Portfolio evidence reference form |
| V1.4 06.07.18 | Added new logos and updated formatting and text of Gateway form ( entry requirements remain the same) | Gateway form |
| V1.5 August 18 | Amendment to Employer and provider declaration paragraph | Gateway form |
| V2 December 18 | Amendments to content and formatting of forms | Evidence portfolio reference form and observation form |

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1. Introduction

### What is in this document

Recording forms to be used by End-point Assessment Employers/Training providers

* Gateway declaration form
* Evidence Portfolio reference form
* Observation Evidence form
* Apprentices’ reflective account form

This document must be used alongside the **9041-12 Healthcare Support Worker EPA pack for training providers and centres**.

### How to use forms

Employers/Training providers must use the forms provided by City & Guilds in the format laid out in this document.

Note: This pack (Version 2) has revised forms for

* Portfolio of Evidence form
* Observation of Evidence form

These replace the forms included in the previous recording forms pack (Version1.5). Where possible it is advised that end-point customers use the forms in this pack, however either forms from version 2 or version 1.5 can be used until the 1 April 2019. After this date end-point customers must use the forms from version 2.

**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 of evidence reference form**

In the evidence reference column you should provide a clear reference to the piece of evidence that links to the area of the standard, this could be file name, or more detailed than this.

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.

**Observation Evidence form**

This form can be used as part of the evidence portfolio. Either the employer or training provider is required to sign off the form before it is submitted to City & Guilds as part of the gateway process.

The employer or training provider will need to use this form in conjunction with section 2 of the Assessment Pack *(Apprenticeship Occupation Standard*) in order to record the appropriate reference for the areas of standards that have been achieved in the observations.

**Reflective account form**

Either the employer or training provider is required to sign off the form before it is submitted to City & Guilds as part of the gateway process.

To support apprentices in completing the form it is recommended that training providers/employers familiarise apprentices with the concept and content of the Healthcare Support Worker Trailblazer Standards and ensure that apprentices refer to these when completing the form.

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** | **Achieved (Yes/No)** |
| Met the 15 standards required by the Care Quality Commission [as set out in the Care Certificate] |  |
| Achieved Level 1 English and Maths |  |
| Registered on and taken the assessment for a level 2 qualification (or equivalent) in Mathematics and English |  |
| Completed a portfolio of evidence with reflective account in the last 3 months of their apprenticeship |  |
| Achieved other qualifications specified by the employer:  Complete details here:  Qualification title:  Qualification title: |  |

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.

|  |  |  |
| --- | --- | --- |
| **Previous EPA** | | |
| Has the apprentice taken any assessments as part of the EPA for this apprenticeship standard with any other EPA organisation? | |  |
| **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.**

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| --- | --- | --- | --- |
| **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 successfully.**

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

Assessment 701/751: Portfolio of evidence reference form

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice |  | Enrolment  number |  |

**Apprentice declaration:**

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

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

**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** |  | **Date** |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |
| **1. Communication** | | | | | | | |
| **1.0.1** | Communicate effectively with individuals, their families, carers and healthcare practitioners using a range of techniques, keeping information confidential | |  |  |  |  | |
| **1.0.2** | Handle information (record, report and store information) related to individuals in line with local and national policies | |  |  |  |  | |
| **2. Health Intervention** | | | | | | | |
| **2.0.1** | | Support individuals with long term conditions, frailty and end of life care |  |  |  |  | |
| **2.0.2** | | Identify and respond to signs of pain or discomfort |  |  |  |  | |
| **2.0.3** | | Promote physical health and wellbeing of individuals |  |  |  |  | |
| **2.0.4** | | Assist with an individuals’ overall comfort and wellbeing |  |  |  |  | |
| **2.0.5** | | Support individuals with activities of daily living |  |  |  |  | |
| **2.0.6** | | Recognise deteriorations in health, long term conditions, physiological measurements, skin integrity and report appropriately |  |  |  |  |  |
| **2.0.7** | | Report any changes in physical health needs as appropriate |  |  |  |  | |

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| --- | --- | --- | --- | --- | --- |
| **2.2.1** | Promote mental health and wellbeing |  |  |  |  |
| **2.2.2** | Recognise limitations in mental capacity and respond appropriately |  |  |  |  |
| **2.2.3** | Recognise and respond to signs of poor mental health for example dementia, depression, anxiety or other cognitive issues |  |  |  |  |
| **2.3.1** | Perform basic life support for individuals using appropriate resuscitation techniques and equipment |  |  |  |  |
| **2.4.1** | Undertake a range of physiological measurements using the appropriate equipment including height, weight, temperature, pulse, breathing rate and blood pressure |  |  |  |  |
| **3. Personal and people development** | | | | | |
| **3.0.1** | Take responsibility for, prioritise and reflect on your own actions and work |  |  |  |  |
| **3.0.2** | Work as part of a team, seeking help and guidance when you are not sure |  |  |  |  |
| **3.0.3** | Maintain and further develop your own skills and knowledge through development activities |  |  |  |  |
| **3.04** | Maintain evidence of your personal development and actively prepare for and participate in appraisal |  |  |  |  |
| **4. Health, safety and security** | | | | | |
| **4.0.1** | Maintain a safe and healthy working environment |  |  |  |  |
| **4.0.2** | Take appropriate action in response to incidents or emergencies following local guidelines |  |  |  |  |
| **4.3.1** | Use a range of techniques for infection prevention and control including waste management, hand washing and the use of Personal Protective Equipment (PPE) |  |  |  |  |
| **4.4.1** | Move and position individuals, equipment and other items safely |  |  |  |  |
| **IEPA Overall comments and notes of any themes or areas to follow up around in professional discussion**  **IEPA only** | | | | | |
|  | | | | | |

Assessment 701/751: Observation evidence form (for the portfolio of evidence)

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice |  | Enrolment  number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Observation |  | Observation Number (ref) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Observed by | Name | Signature |  |

Complete a separate observation form for each observation

|  |  |
| --- | --- |
| **Observation evidence (for the portfolio of evidence)**  ***The portfolio must include direct observation in the workplace as the primary source of evidence.*** | |
| **Observation description**  ***Eg Where did it take place? What task did the apprentice do?*** |
|  |

|  |  |
| --- | --- |
| **Observation evidence (for the portfolio of evidence)** | |
| **The apprentice has demonstrated the following areas from the standard**  **(Ref)**  *Insert rows as required* | **Comments** |
|  |  |
|  |  |
|  |  |

**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** |  | **Date** |  |

Assessment 701/751: Reflective account form

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice**  **name** |  | Enrolment  number |  |
| **Using the following reflective model write about one or more work-based events from your portfolio:** | | | |
| 1. Outline what happened | | | |
|  | | | |
| 2. What were you feeling? | | | |
|  | | | |
| 3. What went well and what didn’t go well? | | | |
|  | | | |
| 4. What else could have been done? | | | |
|  | | | |
| 5. How might things work better in the future? | | | |
|  | | | |
| 6. What have you learnt in relation to your practice that you will do differently next time? | | | |
|  | | | |

Declaration of authenticity

|  |  |  |  |
| --- | --- | --- | --- |
| Apprentice  name |  | Enrolment  number |  |

**Apprentice declaration:**

**I confirm that all work submitted in the portfolio of evidence and reflective account is my own, and that I have acknowledged any sources I have used.**

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

**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** |  | **Date** |  |