**Level 5 End-point Assessment for ST0215/AP01 Healthcare Assistant Practitioner**

**(9576-12)**

**Assessment 700/750 - Practical observation**

**Apprentice Reflective Statement to confirm competency**

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| **Apprentice Name** | Name | **Enrolment number** |  |
| **Expert Witness Name** | Name | **Date** | DD/MM/YY |
| **Organisation Name** |  | | |
| **Relationship to apprentice** | ***Please provide details of your relationship to the apprentice (eg: how long have you worked with the apprentice and in what capacity).*** | | |

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| Healthcare Support Worker  Reflective Statement |
| Your reflective statement should be a reflection on either a single or a range of clinical or therapeutic-based activities. In addition, where possible, this should be based on activity/ activities undertaken in the last three months. However it is acknowledged that some Apprentices may require a longer period of time to meet individual circumstances. It is suggested that your statement should not exceed **2000 words** in length. Your focus should be providing an accurate account of the practice undertaken rather than meeting a required word limit. Should your account be over 2000 words, you should review the content and reduce the number of words used. Your City & Guilds End-point Assessor will review the statement in full.  The statement must, as a minimum, meet the emboldened elements of each requirement, although you are encouraged to meet all requirements. Any non-bold requirement not met within the statement, will be assessed during the Question and Answer session. A checklist has been provided below to assist you in referencing your statement back to the requirements. |

Skills and behaviours in **bold** must be met to achieve a pass. Other criteria that are not referenced with the Reflective Statement will need to form part of the question and answer session with the City & Guilds Independent End-point Assessor.

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| **Skills descriptors** | |
| **1** | **Communicate complex sensitive information through a variety of methods** |
| **2** | **Manage information, keeping accurate records and ensuring confidentiality** |
| **3** | **Use** and promote **a range of techniques to prevent the spread of infection** including hand hygiene, the use of Personal Protective Equipment (PPE) and waste management. |
| **4** | Promote and **maintain a safe and healthy working environment** |
| **5** | **Identify and manage risks** |
| **6** | **Demonstrate** and promote **what it means in practice to provide person centred care and support** |
| **7** | **Treat people with dignity**, respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences |
| **8** | **Show respect and empathy for those you work with**; have the courage to challenge areas, of concern and work to best practice; be adaptable, reliable and consistent |
| **9** | **Show discretion and self-awareness** |
| **10** | **Promote effective inter-professional and multi-disciplinary team working** with peers, colleagues and staff from other agencies |
| **11** | **Provide appropriate leadership within the scope of the role** |
| **12** | **Undertake defined clinical or therapeutic interventions appropriately delegated by a Registered Practitioner** |

**You must use this section to record you reflective statement.**

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| Level 5 Healthcare Assistant Practitioner  Reflective Statement |
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| Expert Witness Declaration |
| **I can confirm that:**   * I have read/listened to the Reflective Statement in its entirety and I can confirm that in my opinion, the detail is an accurate and a fair account of the named Apprentice’s ability. * I am an appropriate person to be an Expert Witness * I am a registered professional working at least one level above the apprentice * I have worked alongside the Apprentice on at least three occasions  |  |  | | --- | --- | | **Expert Witness Role** |  | | **Professional Registration Number** |  | | **Registered Body** |  | |

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| **Expert Witness Signature** | Name | **Date** | DD/MM/YY |

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| Apprentice Declaration |
| **I confirm that:**   * The examples provided within this reflective statement are accurate and based on real-work based examples where I have practically demonstrated competency against the standard. * I understand that the details of the examples included will be explored further by the Independent End-point Assessor during the Question and Answer session. |

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