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| Healthcare Assistant Practitioner – End-point Assessment(9576-12) |

**Version 1 July 2018**

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| Version and date | Change detail | Section |
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1. Introduction

### What is in this document

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

* Gateway declaration form

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

### How to use forms

Centres / End-point assessment customers / Employers / Training providers must use the forms provided by City & Guilds in the format laid out in this document.

**Gateway form**

This must be completed with the Apprentice and submitted to City& Guilds as part of the end-point assessment booking process.

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.

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

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| --- | --- |
| **Entry requirement(s)** | **Achieved (Yes/No)** |
| The 15 standards required by the Care Quality Commission (as set out in the Care Certificate) |  |
| Level 2 Mathematics qualification (or relevant equivalent)  |  |
| Level 2 English qualification (or relevant equivalent) |  |
| Completed a regulated Level 5 Occupational Competence Qualification  |  |
| Completed a reflective journal. |  |

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** | **Yes/No** |
| 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.**

**Will have completed a minimum of 12 months and 1 day on-programme before the first EPA event 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.**

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| **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.

# X:\G Drive\Marketing2\Brand\1.UK Rebrand\FINAL C&G LOGO\City & Guilds Logo\Print\Colour\CMYK\JPEG\C&G_Logo_CMYK.jpgLevel 5 – Level 5 Healthcare Assistant Practitioner

Reflective Journal declaration of authenticity form

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

**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**

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| --- | --- | --- | --- |
| **Line manager** | Signature  | **Date** | DD/MM/YY |

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

Providers should submit the completed form to us through the EPA portal along with the reflective journal. 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.