

City & Guilds Level 3

Health and Social Care: Practice (Adults)

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

This Qualifications Wales regulated qualification is not available to centres in England.



As

sessment

Resource Pack

Version

July 2019 Version 1.0

This pack contains word versions of the appendices for the **Level 3 Health and Social Care: Practice** **(Adults)** qualification that can be completed electronically by centres.

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Appendix 1 Candidate planning form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Candidate planning – summary form** | | | | |
| **Candidate name** |  | Candidate number |  | |
| **Date of planning meeting** |  | | | |
| **Units selected** |  | | | |
|  | | | | |
| **Care and support activities to be carried out** |  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Observation 1** | | | | |
| **Timeframe for the care and support activity** |  | | | |
| **Aim of the activity**  *How the activity intends to support the individual based on their personal plan* |  | | | |
| **Outline of the activity**  *This should provide an outline of the planned activity; what you intend to do, how it will be done and the reasons why* |  | | | |
| **Other considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Observation 2:** | | | | |
| **Timeframe for the care and support activity** |  | | | |
| **Aim of the activity**  *How the activity intends to support the individual based on their personal plan* |  | | | |
| **Outline of the activity**  *This should provide an outline of the planned activity; what you intend to do, how it will be done and the reasons why* |  | | | |
| **Other considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Observation 3:** | | | | |
| **Timeframe for the care and support activity** |  | | | |
| **Aim of the activity**  *How the activity intends to support the individual based on their personal plan* |  | | | |
| **Outline of the activity**  *This should provide an outline of the planned activity; what you intend to do, how it will be done and the reasons why* |  | | | |
| **Other considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| **Observation 4:** | | | | |
| **Timeframe for the care and support activity** |  | | | |
| **Aim of the activity**  *How the activity intends to support the individual based on their personal plan* |  | | | |
| **Outline of the activity**  *This should provide an outline of the planned activity; what you intend to do, how it will be done and the reasons why* |  | | | |
| **Other considerations required**  *e.g. support of others, required resources, environmental considerations etc.* |  | | | |
| **Additional information**  *Including any other relevant information, plus any potential contingency plans that may be needed* |  | | | |
| Candidate signature: |  | | Date |  |
| Confirmation of assessor signature: |  | | Date |  |
| Confirmation of manager signature: |  | | Date |  |

Appendix 2 Assessor planning form

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor planning – summary form** | | | |
| Candidate name |  | Enrolment number |  |
| Date of planning meeting |  | | |
| Units to be covered |  | | |
|  | | | |
| Activities to be carried out |  | | |
|  | | |
|  | | |
|  | | |
| **Observation 1** | | | |
| Activity timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this planned activity |  | | |
| Learning outcomes anticipated to be evidenced from the planned activity |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Observation 2** | | | |
| Activity timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this planned activity |  | | |
| Learning outcomes anticipated to be evidenced from the planned activity |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Observation 3** | | | |
| Activity timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this planned activity |  | | |
| Learning outcomes anticipated to be evidenced from the planned activity |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Observation 4** | | | |
| Activity timeframe |  | | |
| Use this section to capture notes on the types of skills that a candidate may demonstrate in this planned activity |  | | |
| Learning outcomes anticipated to be evidenced from the planned activity |  | | |
| Additional questions that may need to be considered to pose to the candidate |  | | |
| **Use this section to capture notes on any practice-based outcomes that are not likely to be observed through practice.**  *Use this section to confirm a plan for evidencing these outcomes, or for further reviewing the planned activities* | | | |
|  | | | |

Appendix 3 Practice observation record form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observation record** | | | | | |
| Candidate name |  | Enrolment number | |  | |
| Observation number/date |  | | | | |
| Activity observed |  | | | | |
| Learning outcomes expected to be observed |  | | | | |
|  | | | | | |
| **Observations made**  *(Highlight how the observations reflect the learning outcomes/units being undertaken)* | | | | | |
|  | | | | | |
| **Evidence of Supporting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their promotion of the principles, behaviours and values of Unit 330.* | | | | | |
|  | | | | | |
| Follow-up questions asked  *(List the questions that were used to further question the candidate)* |  | | | | |
| Learning outcomes not evidenced |  | | | | |
| **Feedback for candidate**  *Use this section to capture any feedback to be provided to the candidate following this observation* | | | | | |
|  | | | | | |
| Candidate signature: |  | | Date | |  |
| Confirmation of manager signature: |  | | Date | |  |
| Confirmation of assessor signature |  | | Date | |  |

Appendix 4 Progress meeting record form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Progress meeting record form** | | | | |
| Candidate name |  | Enrolment number |  | |
| Date of meeting |  | | | |
| Period covered |  | | | |
|  | | | | |
| *Summary of discussion points:* | | | | |
| **Evidence of Promoting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their application of the principles, behaviours and values of Unit 330.* | | | | |
|  | | | | |
| **Candidate comments/feedback**  *This section is provided as a space for the candidate to capture any of their own comments or feedback on the meeting* | | | | |
|  | | | | |
| **Feedback provided**  *Highlight any supportive/developmental feedback provided to the candidate during this session* | | | | |
|  | | | | |
| Follow-up questions asked  *(List the questions that were used to further question the candidate, and briefly outline their responses)* |  | | | |
| Learning outcomes evidenced |  | | | |
| Candidate signature: |  | | Date |  |
| Confirmation of manager signature: |  | | Date |  |

Appendix 5 Reflective review form

|  |  |  |  |
| --- | --- | --- | --- |
| **Candidate – reflective review form template** | | | |
| Candidate name |  | Candidate number |  |
| Care and support provided/activity |  | | |
| Date of care and support provided/activity |  | | |
|  | | | |
| **What did you observe/experience during the assessment?** | | | |
|  | | | |
| **What did you feel worked well, or what were the areas where you felt they went less well?** | | | |
|  | | | |
| **What impact did your practice have on the outcomes for the individual?** | | | |
|  | | | |
| **What was the result of your practice in supporting others?** | | | |
|  | | | |
| **What would you consider doing differently in future, and how you would go about doing this?** | | | |
|  | | | |
| **Any other observations/reflections**  *Use this section to highlight any other observations or reflections that you made on your practice.* | | | |
|  | | | |

Appendix 6 Professional discussion recording form

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate name | Title | Candidate  number |  |
| **Assessor name** | Assessor name | **Assessment date** | DD/MM/YY |

|  |
| --- |
| **Section 1** |
| **Provide details below that will support the structure of the discussion, e.g.**   * Key topic/themes to be covered during the discussion * Types of questions to ask that will help evidence the candidate’s knowledge/understanding |
|  |
| **Section 2** |
| **Notes captured during the discussion** |
| **Overall comments and conclusions drawn** |

**I confirm that the evidence presented here is an accurate account of the assessment that took place.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor signature** | Signature | **Date** | DD/MM/YY |
| **Candidate signature** | Signature | **Date** | DD/MM/YY |

Appendix 7 Assessment completion record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task** | **Evidence** | **Evidence record reference** | **Learning outcomes confirmed** | **Notes** | **Feedback for candidate** |
| **A** | **Reflective log** |  |  |  |  |
| **Portfolio of evidence** |  |  |  |  |
| *Evidence 1* |  |  |  |  |
| *Evidence 2* |  |  |  |  |
| *Evidence 3* |  |  |  |  |
| **B1-B4** | **Candidate Planning Form** |  |  |  |  |
| **C1** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 1** |  |  |  |  |
| **C2** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 2** |  |  |  |  |
| **C3** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 3** |  |  |  |  |
| **C4** | *Candidate evidence* |  |  |  |  |
| *Candidate evidence* |  |  |  |  |
| **Assessor observation 4** |  |  |  |  |
| **D1** | **Reflective review 1** |  |  |  |  |
| **D2** | **Reflective review 2** |  |  |  |  |
| **D3** | **Reflective review 3** |  |  |  |  |
| **D4** | **Reflective review 4** |  |  |  |  |
| **E** | **Professional discussion notes** |  |  |  |  |
| *Candidate evidence* |  |  |  |  |

Appendix 8 Feedback form

**Qualification title / route:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Assessor name | Date of submission |

|  |
| --- |
| Unit number/s and title/s |

|  |  |  |
| --- | --- | --- |
| **Evidence Reference** | **Feedback** | **Target date and action plan for resubmission** |
|  |  |  |

I confirm that this assessment has been completed to the required standard and meets the requirements for validity, currency, authenticity and sufficiency.

|  |
| --- |
| Assessor signature and date: |

Appendix 9 Declaration

**Declaration of Authenticity**

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Centre name | Centre number |
|  |  |

**Candidate:**

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

|  |  |
| --- | --- |
| Candidate signature | Date |

**Manager:**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Manager signature | Date |

**Assessor**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Assessor signature | Date |

**Note:**

**Where the candidate and/or manager/assessor is unable to, or does not confirm authenticity through signing this declaration form, the work will not be accepted at moderation. If any question of authenticity arises, the manager/assessor may be contacted for justification of authentication.**