

City & Guilds Level 4

Preparing for Leadership and Management in Health and Social Care

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.

Assessment Resource Pack

Version

March 2023 Version 1.1

|  |  |  |
| --- | --- | --- |
| **Version and date** | **Change detail** | **Section** |
| 1.1 March 2023 | Minor amendment to wording | Declaration form |

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This pack contains word versions of the appendices for the **Level 4 Preparing for Leadership and Management in Health and Social Care** qualification that can be completed electronically by centres.

Appendix 1 External assessment recording form

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

|  |
| --- |
| **Section 1 – Review of submitted report** (Task D(i)) |
| **Provide details below of how the evidence submitted in the report meets the requirements of the pass criteria** |
|  |
| **Key outcome areas where evidence is limited, further clarification or expansion is expected to be observed** |
|  |
| **Section 2 – Presentation** (Task D(ii)) |
| **Use the section below to capture notes on the candidate’s presentation; including how the content of the presentation meets the requirements of the pass criteria, and any expansion on outcome areas where limited evidence was identified in the Report.** |
|  |
| **Section 3 – Discussion** |
| **Provide details below that will support the structure of the discussion based on review of the Report (Section 1), 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 |
|  |
| **Use the section below to capture evidence from the discussion with the candidate; this should include any specific questions asked.** |
|  |
| **Use the section below to provide final conclusions on how the entire assessment has met the requirements of the pass criteria** |
|  |

|  |  |
| --- | --- |
| **Final performance conclusion** |  |

**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 2 Assessment summary form

**Qualification title:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Internal assessor name | Date of submission |

|  |
| --- |
| Task: |

|  |  |
| --- | --- |
| **Use the section below to capture notes from the candidate’s response** | |
|  | |
| **Based on the evidence provided, outline how the candidate’s responses meet/ do not meet the pass criteria** | |
|  | |
| Grade outcome |  |
| Assessor signature/date |  |

Appendix 3 Feedback form

**Qualification title:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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 4 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 |

**Tutor/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.**

|  |  |
| --- | --- |
| Tutor/assessor signature | Date |

**Note:**

**Where the candidate and/or tutor is unable to or does not confirm authenticity through signing this declaration form, the work will not be accepted by City & Guilds. If any question of authenticity arises, the tutor may be contacted for justification of authentication.**