

City & Guilds Level 2

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.



Assessment Resource Pack

Version

July 2019 Version 1.0

Assessment pack

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This pack contains word versions of the appendices for the **Level 2 Health and Social Care: Practice (Adults)** qualification that can be completed electronically by centres.

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** | | | | |
| **Type of care and support/activity to be undertaken**  *This should briefly describe how it contributes to support the health and well-being of the individual/s* |  | | | |
| **Outline of how the care and support will be provided**  *This should be a brief outline of the planned care and support, and timeframe* |  | | | |
| **Requirements for the care and support**  *This includes any preparation needed; environmental considerations and any resources* |  | | | |
| **Outline your role within the process, and details of others who will be involved** |  | | | |
| **Additional information**  *Including any potential contingency plans that may be needed* |  | | | |
| **Observation 2** | | | | |
| **Type of care and support/activity to be undertaken**  *This should briefly describe how it contributes to support the health and well-being of the individual/s* |  | | | |
| **Outline of how the care and support will be provided**  *This should be a brief outline of the planned care and support, and timeframe* |  | | | |
| **Requirements for the care and support**  *This includes any preparation needed; environmental considerations and any resources* |  | | | |
| **Outline your role within the process, and details of others who will be involved** |  | | | |
| **Additional information**  *Including any potential contingency plans that may be needed* |  | | | |
| **Observation 3** | | | | |
| **Type of care and support/activity to be undertaken**  *This should briefly describe how it contributes to support the health and well-being of the individual/s* |  | | | |
| **Outline of how the care and support will be provided**  *This should be a brief outline of the planned care and support, and timeframe* |  | | | |
| **Requirements for the care and support**  *This includes any preparation needed; environmental considerations and any resources* |  | | | |
| **Outline your role within the process, and details of others who will be involved** |  | | | |
| **Additional information**  *Including any potential contingency plans that may be needed* |  | | | |
| **Observation 4** | | | | |
| **Type of care and support/activity to be undertaken**  *This should briefly describe how it contributes to support the health and well-being of the individual/s* |  | | | |
| **Outline of how the care and support will be provided**  *This should be a brief outline of the planned care and support, and timeframe* |  | | | |
| **Requirements for the care and support**  *This includes any preparation needed; environmental considerations and any resources* |  | | | |
| **Outline your role within the process, and details of others who will be involved** |  | | | |
| **Additional information**  *Including 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 |  | Candidate number |  |
| Date of planning meeting |  | | |
| Units to be covered |  | | |
|  | | | |
| Care and support 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 activity |  | | |
| Learning outcomes anticipated to be evidenced from the 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 activity |  | | |
| Learning outcomes anticipated to be evidenced from the 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 activity |  | | |
| Learning outcomes anticipated to be evidenced from the 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 activity |  | | |
| Learning outcomes anticipated to be evidenced from the 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 reviewing the planned care and support to be undertaken* | | | |
|  | | | |

Appendix 3 Observation record form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observation record** | | | | | |
| Candidate name |  | Candidate number | |  | |
| Observation number/date |  | | | | |
| Care and support observed |  | | | | |
| Learning outcomes expected to be observed |  | | | | |
|  | | | | | |
| **Observations made**  *(Highlight how the observations reflect the units being undertaken)* | | | | | |
|  | | | | | |
| **Evidence of Supporting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their application of the principles, behaviours and values of Unit 230.* | | | | | |
|  | | | | | |
| 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 employer/mentor signature: |  | | Date | |  |
| Confirmation of assessor signature |  | | Date | |  |

Appendix 4 Progress meeting record form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Progress meeting record form** | | | | |
| Candidate name |  | Candidate number |  | |
| Date of meeting |  | | | |
| Period covered |  | | | |
|  | | | | |
| *Summary of discussion points:* | | | | |
| **Evidence of Supporting Core Practice**  *Outline any specific examples or evidence where the candidate has demonstrated their application of the principles, behaviours and values of Unit 230.* | | | | |
|  | | | | |
| **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?**  *You may wish to consider thinking about questions such as,*   * *What were you feeling?* * *What made you feel that way?* | | | |
|  | | | |
| **What did you feel worked well, or what were the areas where you felt they went less well?** | | | |
|  | | | |
| **What would you consider doing differently in future, and how you would go about doing this?**  *You may wish to consider thinking about questions such as,*   * *What else could have been done?* * *How might things work better in the future?* * *What have you learnt in relation to your practice that you would do differently next time?* | | | |
|  | | | |
| **Any other observations/reflections** | | | |
|  | | | |

Appendix 6 Discussion recording form

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

|  |
| --- |
| **Section 1** |
| **Key outcome areas not evidenced through the tasks/portfolio, or to be further consolidated** |
|  |
| **Provide details below that will support the structure of the discussion, e.g.**   * Types of questions to ask that will help evidence the candidate’s knowledge/understanding for key outstanding outcome areas |
|  |
| **Section 2** |
| **Notes from 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** | **Activity review 1** |  |  |  |  |
| **D2** | **Activity review 2** |  |  |  |  |
| **D3** | **Activity review 3** |  |  |  |  |
| **D4** | **Activity review 4** |  |  |  |  |

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.**