

City & Guilds Level 4

Independent Advocacy

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

January 2022 Version 1.0

Contents

[Appendix 3 Internal assessor recording form 5](#_Toc93655498)

[Appendix 6 Observation record form (Internal assessor) 8](#_Toc93655499)

[Appendix 7 Feedback form 9](#_Toc93655500)

[Appendix 8 Declaration 10](#_Toc93655501)

This pack contains word versions of the appendices for the **Level 4 Indenepent Advocacy** qualification that can be completed electronically by centres.

# Appendix 3 Internal assessor recording form

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

|  |
| --- |
| **The internal assessor should use this form to capture how each of the assessed tasks meets the marking requirements and outline the learning outcomes satisfied through each task, and how these have been achieved.** |
| **Section 1 – Review of submitted evidence (Task A)** |
|  |
| **Section 2 – Review of submitted evidence against the marking descriptors (Task B)** | |
|  | |
| **Section 3 – Review of observations and reflective log (Task C(i) and C(ii))** | |
|  | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Internal assessor signature** | Signature | **Date** | DD/MM/YY |
| **Candidate signature** | Signature | **Date** | DD/MM/YY |

# Appendix 6 Observation record form (Internal assessor)

|  |  |
| --- | --- |
| **Observation record**  A copy of this form must be completed for each practical observation made by the Internal Assessor (Task B(i)).  Each form must be submitted to City & Guilds as part of the final submission of candidate evidence for the assessment. | |
| Candidate name |  |
| Observation number/date |  |
| Type of activity observed |  |
|  | |
| Observations made  *(Highlight how the observations reflect each of the key practice outcomes)* |  |
| How has the candidate applied knowledge, understanding and skills in relation to the learning outcomes? |  |
| *General observations* |  |
| Follow-up questions asked  *(List the questions that were used to further question the candidate; and their responses)* |  |
| Candidate signature: |  |
| Date: |  |
| Internal assessor signature: |  |
| Date: |  |

# Appendix 7 Feedback form

**Qualification title:**

|  |
| --- |
|  |

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

|  |
| --- |
| Task number/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 8 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 |

**Internal assessor signature:**

**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.**

|  |  |
| --- | --- |
| Internal assessor signature | Date |

**Note:**

**Where the candidate and/or internal 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 tutor may be contacted for justification of authentication.**