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| Logo, company name  Description automatically generated | **Level 3 Diploma in Health and Social Care: Principles and Contexts****Non-examination assessment: Unit 8 Tasks 1 and 2** |
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**Name of Candidate:       Candidate Number:**

**Name of Centre:       Centre Number:**

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| **Non-examination assessment: Unit 8 Tasks 1 and 2** |
| **Tasks** | **Maximum Mark** | **Centre Mark** | **Moderator Mark** | **Centre Comments** |
| **Task 1** |  |
| **(a)** | 22 |  |  |  |
| **(b)** | 10 |  |  |  |
| **(c)** | 18 |  |  |  |
| **Task 2** |  |
| **2** | 10 |  |  |  |

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| --- | --- | --- | --- | --- |
| **Total** | **60** |  |  |  |

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| **Non-examination assessment: Comments** |
| **To be completed by the individual supervising the NEA.** Please indicate where help beyond normal supervisory guidance has been given and how this has affected the marks awarded. |
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| **List the sources of information used in developing the NEA.** |
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| **NOTICE TO CANDIDATES** |
| The work you submit for assessment must be your own.If you copy from someone else, allow another candidate to copy from you, or if you cheat in any other way, you may be disqualified from at least the qualification concerned. |

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| **DECLARATION BY TEACHER** | **DECLARATION BY CANDIDATE** |
| I confirm that the candidate’s work was conducted under the conditions laid out by the specification.I have authenticated the candidate’s work and am satisfied that to the best of my knowledge the work produced is solely that of the candidate.The candidate has clearly referenced any sources and any Artificial Intelligence tools used in the work. I understand that false declaration is a form of malpractice.**Teacher’s signature**:      **Date**:       | I have read and understood the **Notice to Candidates** (above). I have produced the attached work without assistance other than that which my teacher has explained is acceptable within the specification.I have clearly referenced any sources and any Artificial Intelligence tools used in the work. I understand that false declaration is a form of malpractice.**Candidate’s signature:**      **Date**:       |