|  |  |
| --- | --- |
|  | **Level 2 Health and Social Care: Principles and Contexts****Unit 2: Health and social care to support outcome-focused provision for person- centred care****Non-exam assessment – Assignment 2 Mark Sheet** |

**Name of Candidate: Candidate Number:**

**Name of Centre: Centre Number:**

|  |
| --- |
| **Unit 2 Non-exam assessment: Assignment 2** |
| **Tasks** | **Max. Mark** | **Centre Mark** | **CENTRE COMMENTS** |
| **(a)** | **16** |  |  |
| **(b) (i) (ii) (iii)** | **2****3****9** |  |
| **(c)** | **15** |  |
| **(d)** | **15** |  |
| **Total** | **60** |  |

|  |
| --- |
| **Non-exam assessment: Comments** |
| **To be completed by the supervisor during the NEA.**Please indicate where help beyond normal supervisory guidance has been given and how this has affected the marks awarded. |
|  |

**List the sources of information used in developing the NEA.**

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| **DECLARATION BY TEACHER** | **DECLARATION BY CANDIDATE** |
| I confirm that the candidate's work was conducted under the conditions laid out by the specification. 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. 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. Signed candidate declarations for the entire cohort will be kept on file. **Teacher’s signature**:**Date**: | I declare that my NEA assignment was completed independently. All work is my own, except for any non-original material clearly credited above. 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**: |



**SECTOR ENGAGEMENT/WORK PLACEMENT LOG**

|  |  |
| --- | --- |
| **Candidate name:** | **Candidate number:** |
| **Centre name:** | **Centre number:** |

* The form can be completed electronically or manually.
* The form **must** be completed and securely attached to the front of the candidate's work.

|  |
| --- |
| **Teacher Declaration** |
| I confirm that this learner has completed 60 hours sector engagement which includes 30 hours work placement **I confirm that this log has been checked to ensure that no pre-prepared responses for any of the tasks (a-d) on Assignment 2 are present.** |
| **Signature:** | **Date:** |
| **Candidate Declaration** |
| I confirm that I have completed 60 hours sector engagement which includes 30 hours work placement |
| **Signature:** | **Date:** |
| **Placement Supervisor/Lead Declaration** |
| I confirm that [insert candidate name]has completed a work placement **of [insert number] hours at [insert location]** |
| **Signature:****Position:** | **Date:** |

**Time Log for Sector Engagement/Work Placement**

* Please log the dates and times of the sector engagement and work placement.
* The total time (hours and minutes) must add up to at least **60 hours.**

|  |
| --- |
| **Sector Engagement/Work Placement Log** |
| **Activity** | **Date** | **Time** |
| e.g. visiting speaker talk from social worker | 27/04/19 | 1 hour |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |