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| **Learner Name** |  |
| **Assessor Name** |  |
| **Programme** | Pearson BTEC Level 2 Tech Award in Health and Social Care |

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| **Unit No: & Title** | Component 2: Health and Social Care Services and Values |
| **Assignment title** | Implementing and Reviewing Practice  |
| **Target learning aims** | **B:** Demonstrate care values and review own practice |

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| **Issue date:** | **Submission deadline:** |
| **Date submitted:** | **FIRST SUBMISSION or RESUBMISSION** |

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| **Resubmission authorised by (name/date)** |
| All resubmissions must be authorised by the **Lead Internal Verifier**. Only **one** resubmission is possible per assignment, providing:* The learner has met initial deadlines set in the assignment, or has met an agreed deadline extension.
* The tutor considers that the learner will be able to provide improved evidence without further guidance.
* Evidence submitted for assessment has been authenticated and accompanied by a signed and dated declaration of authenticity by the learner.

Any resubmission evidence **must** be submitted within 10 working days of receipt of results of assessment. |

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| **Target criteria** | **Criteria achieved (Y/N)** | **Assessment/general comments** |
| B.2P3 Demonstrate the care values independently in a health or social care context  |  |  |
| B.2P4 Describe positive and negative aspects of own demonstration of the care values and comments on aspects of feedback  |  |  |
| B.2M2 Demonstrate the care values independently in a health or social care context, making suggestions for improvements of own application of the care values that incorporate feedback  |  |  |
| B.2.D2 Demonstrate the care values independently in a health or social care context, making justified and appropriate recommendations for improvements of own application of the care values that incorporate feedback  |  |  |

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| **Assessor declaration -** I certify that the evidence submitted for this assignment is the learner’s own. The learner has clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice. |
| **Assessor signature & date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Learner Signature & Date/ comments:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |