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| **ASSESSMENT RECORD SHEET** | | | | | |
| **Programme** | BTEC National Level 3 Diploma/ Extended Diploma in Health and Social Care | | | **Learner name** |  |
| **Assignment title** | Keeping People Safe (1) | | | **Assessor name** |  |
| **Unit no. & title** | Unit 7: Principles of Safe Practice in Health and Social Care | | | **Targeted learning aims/assessment criteria** | Learning Aims:  **A:** Examine how a duty of care contributes to safe practice in health and social care settings.  **B:** Understand how to recognise and respond to concerns about abuse and neglect in health and social care settings. |
| **First Submission** | | | | | |
| **Deadline** | | |  | **Date submitted** |  |
| **Targeted criteria** | | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
| A. P1-Explain the implications of a duty of care in a selected health or social care setting. | |  |  | | |
| A. P2- Discuss ways in which complaints and appeals procedures address failure in a duty of care in a selected health or social care setting. | |  |  | | |
| B. P3- Describe the types and signs of abuse and neglect that may be experienced by different individuals. | |  |  | | |
| B. P4- Explain factors that may contribute to and reduce the likelihood of abuse and neglect for service users in health and social care. | |  |  | | |
| B. P5- Explain how to respond to concerns about abuse and neglect in the selected health or social care setting. | |  |  | | |
| A. M1- Assess the importance of balancing individuals rights with a duty of care in a selected health or social care setting. | |  |  | | |
| B. M2- Assess the importance of recognising and responding to evidence or concerns about different types of abuse and neglect in health and social care. | |  |  | | |
| A. D1- Evaluate the significance of a duty of care and complaints procedures in promoting safe practice in a selected health or social care setting. | |  |  | | |
| B. D2- Justify procedures for responding to concerns about abuse and neglect in the selected health or social care setting. | |  |  | | |
| **General comments** | | | | | |
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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** |  |
|  | | | | **Date of feedback to learner** |  |
| **Resubmission authorisation**  by Lead Internal Verifier**\*** |  | | | **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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| **Resubmission** | | | | |
| **Deadline** | |  | **Date submitted** |  |
| **Targeted criteria** | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
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| **General comments** | | | | |
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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** |  |
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| **ASSESSMENT RECORD SHEET** | | | | |
| **Programme** | |  | **Learner name** |  |
| **Assignment title** | |  | **Assessor name** |  |
| **Unit no. & title** | |  | **Targeted learning aims/assessment criteria** |  |
| **Retake – for QCF only** | | | | |
| **Deadline** | |  | **Date submitted** |  |
| **Targeted Pass criteria** | **Criteria achieved?**  (Yes / No) | **Assessment comments** | | |
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| **General comments** | | | | |
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| **Assessor signature** | |  | **Date** |  |
|  | | | **Date of feedback to learner** |  |