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| **ASSESSMENT RECORD SHEET**  |
| **Programme** | BTEC National Level 3 Diploma/ Extended Diploma in Health and Social Care  | **Learner name** |  |
| **Assignment title** | Our Healthy Nation? | **Assessor name** |  |
| **Unit no. & title** | Unit 8: Promoting Public Health  | **Targeted learning aims/assessment criteria** | Learning Aims:**A-** Examine strategies for developing public health policy to improve the health of individuals and the population.**B-** Examine the factors affecting health and the impact of addressing these factors to improve public health.  |
| **First Submission** |
| **Deadline** |  | **Date submitted** |  |
| **Targeted criteria** | **Criteria achieved?**(Yes / No) | **Assessment comments** |
| A. P1- Explain the strategies used to develop public health policy in order for it to meet its aims. |  |  |
| A. P2- Explain how monitoring information to determine patterns of health and ill health is used by government to inform the creation of public health policy. |  |  |
| B. P3- Explain factors affecting current patterns of health and ill health in a specific demographic area.  |  |  |
| B. P4- Explain the impact of public health policy in minimising these factors in relation to a specific demographic area.  |  |  |
| A. M1- Analyse how public health policy is influenced by strategies and patterns of health and ill health. |  |  |
| B. M2- Assess the extent to which factors affect current patterns of heath and ill health, with reference to a specific demographic area.  |  |  |
| B. M3- Assess how minimising the factors affecting health can contribute to improving the health of the population in relation to the area.  |  |  |
| AB. D1- Evaluate how far the use of strategies and monitoring the health status of the population helps public health policy to meet its aims in reducing the factors that influence public health, with reference to a specific demographic area.  |  |  |
| **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** |  |
|  | **Date of feedback to learner** |  |

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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 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** |  |