

City & Guilds Level 4

Professional Practice in Health and Social Care

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

Assessment Resource Pack

Version

September 2024 Version 1.1

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| **Version and date** | **Change detail** | **Section** |
| 1.1 September 2024 | Minor amendments to forms | Appendices |

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This pack contains word versions of the appendices for the **Level 4 Professional Practice in Health and Social Care** qualification that can be completed electronically by centres.

# **Appendix 3 Internal assessor recording form**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate name | Title | Candidate  number |  |
| **Assessor name** | Assessor name | **Assessment date** | DD/MM/YY |

|  |
| --- |
| **Section 1 – Review of submitted evidence** (Task D) |
| **Provide details below of how the evidence submitted in the portfolio, project plan and project evidence meet the requirements of the grading descriptors** |
|  |
| **Key outcome areas where evidence is limited, further clarification or expansion is expected to be observed** |
|  |
| **Section 3 – Professional Discussion** |
| **Provide details below that will support the structure of the discussion based on review of the portfolio, project plan and project evidence (Section 1), e.g.**   * Key topic/themes to be covered during the discussion * Types of questions to ask that will help evidence the candidate’s knowledge/understanding |
|  |
| **Use the section below to capture evidence from the discussion with the candidate; this should include any specific questions asked.** |
|  |
| **Use the section below to provide final conclusions on how the entire assessment has met the requirements of the grading descriptors.** |
|  |

|  |  |
| --- | --- |
| **Final performance conclusion** |  |

**I confirm that the evidence presented here is an accurate account of the assessment that took place.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor signature** | Signature | **Date** | DD/MM/YY |
| **Candidate signature** | Signature | **Date** | DD/MM/YY |

# **Appendix 4 Internal assessor grading summary form**

| **Section 1** | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Objectives** | **Assessor summary** | **Evidence where observed** | | | |
| *Applies knowledge, understanding and skills in the chosen pathway* |  |  | | | |
| *Applies knowledge and understanding of* ***theories, models and approaches*** *in the chosen pathway* |  |  | | | |
| *Apply understanding and knowledge of how to* ***maintain and improve outcomes for individuals*** *within the chosen pathway, including the use of* ***person/child-centred approaches*** |  |  | | | |
| ***Builds arguments and make judgements*** *in the chosen pathway area* |  |  | | | |
| *Use* ***reflective and critical thinking*** *in the context of the chosen pathway* |  |  | | | |
| *Shows* ***self-awareness*** *in order to improve practice* |  |  | | | |
| **Section 2** | | | | | |
| **Confirmation of overall assessment judgement** | **Candidate has produced sufficient evidence to be awarded a pass for the qualification, based on a holistic review of the grading descriptors across the six objective areas, and of the additional evidence requirements required to be observed.** | | | |  |
| **Candidate has failed to produce sufficient evidence for a pass grade to be awarded, based on the evidence presented and how this evidence meets the requirements of the grading descriptors across the six objective areas, and/or the additional evidence requirements have not been met.**  **Further detail of the reasons for this, should be outlined in the Feedback section below.** | | | |  |
| **Feedback** | | | | | |
| **Internal assessor signature** |  | | **Date** |  | |

# **Appendix 6 Project approval form**

|  |  |  |
| --- | --- | --- |
| **Level 4 Professional Practice in Health and Social Care** | | |
| **Candidate name:** | | **Date of meeting:** |
| **Candidate ENR No.:** | |
| **Centre name:** | **Centre no:**  **\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_** | |
| **Location** | | |
| **Opportunity** | | |
| **For centre use:**  Describe how the Project plan meets the following objectives.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Objective** | **Description** | | | | | | | Provides opportunity to apply knowledge, understanding and skills within the pathway area |  |  |  |  |  |  | | | Provides opportunity to apply knowledge and understanding of theories, models and approaches within the pathway area |  |  |  |  |  |  | | | Provides opportunity to apply knowledge and understanding of how to maintain and improve outcomes for individuals within the pathway area |  |  |  |  |  |  | |   Assessors **may find the following questions useful at the project plan presentation**:   |  |  | | --- | --- | | **Question number** | **Question** | | Q1 | What are the potential risks involved with implementing your proposed plan and can you identify any contingency plans for the workplace/setting? | | Q2 | What do you believe will be the challenges in managing the implementation of practice proposed in your project plan? | | Q3 | What strategies are you considering to monitor, measure and report on the impact of the implementation of practice proposed in your project plan? Explain the reasons for your selection. |  |  | | --- | | **Opportunities for observation in practice**  *Provide details below of specific opportunities that the candidate’s plan presents for being observed in practice.* | |  |  |  | | --- | | **How the plan ensures unit coverage**  *Provide details below of learning outcomes of the pathway content where coverage may not be sufficiently evidenced via the project, as evidenced from the project plan.* | |  |  |  |  | | --- | --- | | **Outcome** |  | | **Project approved**  Candidate is able to commence the implementation of the project. |  | | **Project approved subject to revision**  The assessor believes the opportunity is suitable for the candidate to pursue  the project, subject to revision. (Please provide revision comments in the comments section.) |  | | **Project rejected**  The assessor does **not** believe the opportunity is suitable for the candidate to pursue  the project. (Please provide comments in the comments section.) |  |      |  |  | | --- | --- | | Candidate signature: |  | | Date: |  | | Assessor signature: |  | | Date: |  | | Confirmation of manager/employer signature: |  | | Date: |  | | | |

# **Appendix 7 Observation record form (Assessor)**

|  |  |
| --- | --- |
| **Observation record** | |
| Candidate name |  |
| Observation number/date |  |
| Project activity observed |  |
|  | |
| Observations made  *(Highlight how the observations reflect each of the key practice outcomes)* |  |
| How has the candidate applied knowledge, understanding and skills relevant to the chosen pathway area? |  |
| *General observations* |  |
| Follow-up questions asked  *(List the questions that were used to further question the candidate; and their responses)* |  |
| Candidate signature: |  |
| Date: |  |
| Assessor signature: |  |
| Date: |  |
| Confirmation of manager/employer signature: |  |
| Date: |  |

# **Appendix 8 Feedback form (Internal assessor)**

**Qualification title:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Assessor name | Date of submission |

|  |
| --- |
| Task number/s: |

|  |  |  |
| --- | --- | --- |
| **Evidence Reference** | **Feedback** | **Target date and action plan for resubmission** |
|  |  |  |

I confirm that this assessment has been completed to the required standard and meets the requirements for validity, currency, authenticity and sufficiency.

|  |
| --- |
| Assessor signature and date: |

# **Appendix 10 Declaration**

**Declaration of Authenticity**

|  |  |
| --- | --- |
| Candidate name | Candidate number |
| Centre name | Centre number |
|  |  |

**Candidate:**

**I confirm that all work submitted is my own, and that I have acknowledged all sources I have used.**

|  |  |
| --- | --- |
| Candidate signature | Date |

**Internal assessor signature:**

**I confirm that all work was conducted under conditions designed to assure the authenticity of the candidate’s work, and am satisfied that, to the best of my knowledge, the work produced is solely that of the candidate.**

|  |  |
| --- | --- |
| Internal assessor signature | Date |

**Note:**

**Where the candidate and/or internal assessor is unable to or does not confirm authenticity through signing this declaration form, the work will not be accepted at moderation. If any question of authenticity arises, the tutor may be contacted for justification of authentication.**