

Highfield Level 3 End-Point Assessment for ST0217 Senior Healthcare Support Worker

Apprentice Details

| | | | | Highfield use only |
|---|--|-------------------------------|-------------------------|-----------------------|
| Name | | | | |
| Job title | | | | |
| Employer | | | | |
| Training Provider | | | | |
| Pathway | | | | |
| On programme start date | | On programme end date | | |
| Gateway meeting date | | Assessment has been scheduled | < <yes no="">></yes> | |
| Has the minimum duration of 12 months been met, as defined in the ESFA funding rules? | | < <yes no="">></yes> | | |
| Has the apprentice taken any part of the end-point assessment for this standard with any other end-point assessment organisation? | | < <yes no="">></yes> | | |

Gateway Requirements

| Requirement | Achieved | Evidence provided | Highfield use only |
|---|-------------------------|-------------------|--------------------|
| Achieved English Level 2 | < <yes no="">></yes> | Tick box | |
| Achieved Maths Level 2 | < <yes no="">></yes> | Tick box | |
| A regulated level 3 occupational competence qualification (specific to chosen group): | | | |
| | < <yes no="">></yes> | Tick box | |
| Level 3 Diploma in Healthcare | | | |
| Support (RQF) – specific to | | | |
| chosen pathway | | | |



| 15 standards required by the Care | | | |
|-----------------------------------|--|----------|--|
| Quality Commission (as set out in | < <yes no="">></yes> | Tick box | |
| the Care Certificate) | | | |
| Learning Journal: must have a | | | |
| minimum of 3 reflective accounts | < <yes no="">></yes> | Tick box | |
| to a total word count of 1000 | \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | TICK DOX | |
| words (+/- 10%) | | | |

Gateway Review Meeting

The employer, supported by the training provider, must agree that the apprentice is, in their view, competent in the role and therefore ready to undertake the end-point assessment. This should be recorded in the table below, along with any comments. See EPA-kit for more information regarding the Gateway review meeting.

Core

| | Ready for Assessment |
|--|-------------------------|
| Health and wellbeing | < <yes no="">></yes> |
| Duty of care and candour, safeguarding, equality and diversity | < <yes no="">></yes> |
| Person centred care, treatment and support | < <yes no="">></yes> |
| Communication | < <yes no="">></yes> |
| Personal, people and quality improvement | < <yes no="">></yes> |
| Health, safety and security | < <yes no="">></yes> |
| Health and wellbeing | < <yes no="">></yes> |
| Duty of care and candour, safeguarding, equality and diversity | < <yes no="">></yes> |
| Person centred care, treatment and support | < <yes no="">></yes> |
| Communication | < <yes no="">></yes> |
| Personal, people and quality improvement | < <yes no="">></yes> |
| Health, safety and security | < <yes no="">></yes> |



| Treat people with dignity, respecting individual's diversity, beliefs, culture, needs, values, privacy and preferences | < <yes no="">></yes> |
|--|-------------------------|
| Show respect and empathy for those you work with | < <yes no="">></yes> |
| Have the courage to challenge areas of concern and work to best practice | < <yes no="">></yes> |
| Be adaptable, reliable and consistent | < <yes no="">></yes> |
| Show discretion | < <yes no="">></yes> |
| Show resilience and self- awareness | < <yes no="">></yes> |
| Show supervisory leadership | < <yes no="">></yes> |

| | 1 | | |
|---------------------------------------|-----------------------------------|--|--|
| | Ready for Assessment | | |
| Option 1 Adult Nursing Support | | | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | | |
| Activities of daily living | < <yes a="" n="" no="">></yes> | | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | | |
| Activities of daily living | < <yes a="" n="" no="">></yes> | | |
| Option 2 Maternity Support | | | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | | |
| Assist with caring for babies | < <yes a="" n="" no="">></yes> | | |
| Support mothers and birthing partners | << Yes / No / N/A>> | | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | | |
| Assist with caring for babies | < <yes a="" n="" no="">></yes> | | |
| Support mothers and birthing partners | << Yes / No / N/A>> | | |



| Option 3 Theatre Suppor | t | |
|--|-----------------------------------|--|
| Assist healthcare practitioners with delegated clinical tasks | < <yes a="" n="" no="">></yes> | |
| Support individuals | < <yes a="" n="" no="">></yes> | |
| Equipment and resources | < <yes a="" n="" no="">></yes> | |
| Assist healthcare practitioners with delegated clinical tasks | < <yes a="" n="" no="">></yes> | |
| Support individuals | < <yes a="" n="" no="">></yes> | |
| Equipment and resources | < <yes a="" n="" no="">></yes> | |
| Option 4 Mental Health S | Support | |
| Assist with delegated clinical tasks and therapeutic interventions | < <yes a="" n="" no="">></yes> | |
| Support individuals | < <yes a="" n="" no="">></yes> | |
| Risk assessment and risk management Assist with delegated clinical tasks and | < <yes a="" n="" no="">></yes> | |
| therapeutic interventions | | |
| Support individuals Risk assessment and risk management | << Yes / No / N/A>> | |
| Option 5 Children ar | nd Young People | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | |
| Activities of daily living | < <yes a="" n="" no="">></yes> | |
| Child development | < <yes a="" n="" no="">></yes> | |
| Assist with clinical tasks | < <yes a="" n="" no="">></yes> | |
| Activities of daily living | < <yes a="" n="" no="">></yes> | |
| Child development | < <yes a="" n="" no="">></yes> | |
| Option 6 Allied Health Profession – Therapy Support | | |



| Assist with delegated therapeutic or clinical tasks and interventions | < <yes a="" n="" no="">></yes> |
|---|-----------------------------------|
| Support, educate and enable individuals with their health and wellbeing | < <yes a="" n="" no="">></yes> |
| Equipment and resources | < <yes a="" n="" no="">></yes> |
| Assist with delegated therapeutic or clinical tasks and interventions | << Yes / No / N/A>> |
| Support, educate and enable individuals with their health and wellbeing | < <yes a="" n="" no="">></yes> |
| Equipment and resources | < <yes a="" n="" no="">></yes> |
| Caring, compassionate, honest, conscientious and committed | < <yes a="" n="" no="">></yes> |

| Has the apprentice been confirmed as ready for assessment | « Vac / Max » |
|---|-------------------------|
| for this standard? | < <yes no="">></yes> |

If No, a period of additional training and preparation must take place. Following the additional training and preparation, the Gateway review meeting, and this readiness form, **must** be completed again.

If Yes, please proceed to complete the remainder of this form, including the declaration, which **must** be signed by all parties.



Declarations

By signing this form, the signatories below confirm that they understand and agree to the following.

- 1. That the employer has selected Highfield as their end-point assessment organisation and agrees to the negotiated price.
- 2. That the apprentice has completed the mandatory on programme elements of the apprenticeship and is ready for end-point assessment with Highfield.
- 3. That all evidence used within any assessment or presented to Highfield is the apprentice's own work and does not infringe any third-party rights.
- 4. That evidence will be recorded and stored for quality assurance purposes using audio equipment.
- 5. That the apprentice meets all Highfield's and Education and Skills Funding Agency (ESFA) requirements, including that relating to eligibility to be put forward for endpoint assessment.
- 6. That the apprentice has been on programme for the minimum duration required by the ESFA and assessment plan.
- 7. That the apprentice has achieved the minimum pre-requisite maths and English achievement as detailed in this document and on the assessment plan.
- 8. That the apprentice, if successful, gives permission for Highfield to request the apprenticeship certificate from the ESFA, who issue the certificate on behalf of the Secretary of State.
- 9. Where e-portfolio access has been granted, no further amendments will be made to the evidence from the point of submitting this form to Highfield.
- 10. Where e-portfolio access has been granted, this will be available until such time that the apprentice has been certificated by the ESFA when access will then be removed.

The undersigned also acknowledge and accept that, in the event that any of the above requirements are not met, Highfield will be unable to end-point assess and certificate the apprentice. Furthermore, in such circumstances Highfield may draw any discrepancies to the attention of the ESFA or any other relevant authority/organisation.

| Signed by apprentice (name) | Signature | Date |
|-------------------------------------|-----------|------|
| | | |
| Signed on behalf of employer (name) | Signature | Date |
| | | |
| Signed on behalf of provider (name) | Signature | Date |
| | | |

