

# Highfield Level 5 Assessment for ST0215 Healthcare Assistant

## Practitioner

### Written Submission Sheet

This document must accompany written work when submitted to Highfield Assessment.

|                                           |  |
|-------------------------------------------|--|
| <b>Apprentice Name:</b>                   |  |
| <b>Standard Title:</b>                    |  |
| <b>Assessment Component:</b>              |  |
| <b>Employer:</b>                          |  |
| <b>Training Provider:</b>                 |  |
| <b>Confirmed Word Count:</b>              |  |
| <b>Confirmed Referencing System used:</b> |  |

#### Apprentice Declaration

*I confirm that the evidence contained within this reflective journal is all my own work and any assistance given and/or sources used have been acknowledged.*

**Apprentice signature:**

**Date:**

Please ensure that all submissions are saved in one of the following file formats:

*.docx*

*.xlsx*

*.pptx*

*.pdf*

*.jpg*

*.png*

*.mp3*

*.mp4*

*.m4a*