

Highfield Level 5 Assessment for ST0215 Healthcare Assistant

Practitioner

Written Submission Sheet

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

Apprentice Name:	
Standard Title:	
Assessment Component:	
Employer:	
Training Provider:	
Confirmed Word Count:	
Confirmed Referencing System used:	

Apprentice Declaration

I confirm that the evidence contained within this portfolio 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