

Highfield Level 2 End-Point Assessment for Healthcare Support Worker Reflective Statement Matrix Sheet

This document should be used to map the apprentice's reflective statement to the healthcare assistant practitioner standard and should accompany the statement when submitted to Highfield Assessment.

Apprentice's Name:	
Employer:	
Training Provider:	

Criteria to be covered

Please complete the below mapping template to indicate if criteria have been covered by adding a Y if it has been fully covered or an N if partially covered.

Ref	Assessment Criteria	Criteria covered Y/N:
OB1	Communicate effectively with individuals , their families, carers and healthcare practitioners using a range of techniques, keeping information confidential	
OB2	Handle information (record, report and store information) related to individuals in line with local and national policies .	
OB3	Demonstrate person centred care and support	
OB4	Treat people with dignity , respecting individual's diversity, beliefs, culture, values, needs, privacy and preferences	
OB5	Show respect and empathy for those you work with ; have the courage to challenge areas of concern and work to best practice; be adaptable, reliable and consistent	
OB6	Show discretion and self-awareness	
OB7	Work as part of a team , seeking help and guidance when they are not sure	
OB8	Maintain a safe and healthy working environment	
OB9	Use a range of techniques for infection prevention and control including waste management, hand washing and the use of Personal Protective Equipment (PPE)	
OB10	Move and position individuals , equipment and other items safely	

Apprentice Declaration

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

Apprentice's signature:	Date:
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Please ensure this matrix sheet is submitted with your statement and that all evidence submitted is saved in one of the following file formats:

.docx

.xlsx

.pptx

.pdf

.jpg

.png

.mp3

.mp4

.m4a

Expert Witness Declaration

I have read the reflective statement in full and I can confirm that this is a true reflection of the apprentice's abilities and I have observed the apprentice performing these tasks on more than 3 separate occasions, to a competent level. I confirm that I am a registered professional and work at a level that is above the learner's current level of competence.

Expert witness's name:	
Expert witness's signature:	Date:
Expert witness job role:	
Expert witness's PIN/Registration Number:	