

Highfield Assessment

Gateway Readiness Report

| APPRENTICESHIP PROGRAMME DETAILS | | Highfield Use Only <i>(initials)</i> |
|--|--------|--|
| Highfield Level 2 End Point-Assessment for Healthcare Support Worker (AP01) | | |
| Apprentice name | | |
| Apprentice job title | | |
| Employer organisation | | |
| Training provider organisation | | |
| Apprentice start date on-programme | | |
| Apprentice last day of learning | | |
| Gateway meeting date <i>(this should be on or after the last day of learning)</i> | | |
| Has the minimum apprenticeship duration of 12 months been met, as defined in the ESFA funding rules? | Yes/No | |
| The minimum duration requirement of this standard is 12 months. Has the minimum duration been exceeded by 6 months or more? If yes, please provide reasons for this below. | Yes/No | |
| | | |
| Has the apprentice taken any part of the end-point assessment for this standard with any other end-point assessment organisation? | Yes/No | |

| PREREQUISITE REQUIREMENTS | | | |
|---|----------------------------|---|----------------------------------|
| Prerequisite requirement | Achieved by the apprentice | Evidence type provided (e.g. PLR, certificate, screenshot) | Highfield Use Only (initials) |
| Achieved English L1 | Yes/No | | |
| Achieved Maths L1 | Yes/No | | |
| Attempted English L2 | Yes/No | | |
| Attempted Maths L2 | Yes/No | | |
| 15 standards required by the Care Quality Commission (as set out in the Care Certificate) | Yes/No | | |
| Completion of an evidence portfolio | Yes/No | | |

| GATEWAY REVIEW | | |
|---|-------------------|----------|
| <p>The gateway review should be completed by the employer, supported by the training provider, to record how the apprentice has met each of the standard subject areas. This can be discussed through a Q&A, and/or the apprentice may present evidence that can be reviewed during the meeting to show their achievement of the standard.</p> <p>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.</p> | | |
| Standard area | Assessment ready? | Comments |
| Knowledge: | | |
| Communication | Yes/No | |
| Health Intervention | Yes/No | |
| Person centred care and support | Yes/No | |
| Dementia, cognitive issues, mental health | Yes/No | |
| Basic life support | Yes/No | |
| Physiological measurements | Yes/No | |
| Personal and people development | Yes/No | |
| Health, safety and security | Yes/No | |

| Standard area | Assessment ready? | Comments |
|--|-------------------|----------|
| Duty of care | Yes/No | |
| Safeguarding | Yes/No | |
| Infection prevention and control | Yes/No | |
| Moving and handling | Yes/No | |
| Equality and diversity | Yes/No | |
| Skills and Behaviours | | |
| Communication | Yes/No | |
| Health Intervention | Yes/No | |
| Person centred care and support | Yes/No | |
| Dementia, cognitive issues, mental health | Yes/No | |
| Basic life support | Yes/No | |
| Physiological measurements | Yes/No | |
| Personal and people development | Yes/No | |
| Health, safety and security | Yes/No | |
| Duty of care | Yes/No | |
| Safeguarding | Yes/No | |
| Infection prevention and control | Yes/No | |
| Moving and handling | Yes/No | |
| Equality and diversity | Yes/No | |
| Behaviours | | |
| You will treat people with dignity, respecting individual's diversity, beliefs, culture, values, needs, privacy and references | Yes/No | |
| Show respect and empathy for those you work with | Yes/No | |

| Standard area | Assessment ready? | Comments |
|--|-------------------|----------|
| Have the courage to challenge areas of concern and work to best practice | Yes/No | |
| Be adaptable, reliable and consistent | Yes/No | |
| Show discretion, show resilience and self-awareness | Yes/No | |

GATEWAY MEETING OUTCOME

Should the apprentice not be assessment-ready, a period of additional training and preparation must take place. Following the additional training and preparation, the Gateway Readiness Report must be completed again.

If the apprentice is assessment-ready, the following declaration must be signed by all parties and the Gateway Readiness Report submitted to Highfield Assessment.

DECLARATION

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 may be recorded and stored for quality assurance purposes using either video or 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 end-point 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 has achieved the required mandatory Care Certificate (15 standards required by the Care Quality Commission) and completed the evidence portfolio**
- 9. 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.**

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 the apprentice. Furthermore, in such circumstances Highfield may draw any defaults to the attention of the ESFA or any other relevant authority/organisation.

| SIGNATURE PANEL | | | Highfield Use Only <i>(initials)</i> |
|--|-----------|------|--|
| Signed by apprentice (name) | Signature | Date | |
| | | | |
| Signed on behalf of employer by (name) | Signature | Date | |
| | | | |

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