

**Highfield Level 5 End-Point Assessment for
Leader in Adult Care
Observation Plan Form**

Apprentice Name:	
Training Provider:	
Employer:	

Observation of Leadership Plan

Chosen activity to be observed	
What is the purpose of the activity?	
What do you expect your activity to involve?	
What would you like to achieve from this activity?	
Which stakeholders are likely to be involved?	

Employer Declaration

I confirm that the observation plan outlined above provides the apprentice with the opportunity to cover all criteria in the standard, applicable to the observation of leadership.

Employer representative name:			
Employer signature:		Date:	

For Highfield Assessment use only:

Consideration	Yes	No*
Will the observation provide a suitable workplace activity, based on real-life improvement to the apprentice's employer and the users of their services?		
Will the observation involve observable interaction with appropriate organisation staff (most likely to be internal staff)?		
Will the observation provide scope for appropriate coverage of the assessment criteria specified under the 'observation of leadership' section of the EPA kit?		
Approved:	Yes/No	
Feedback:	*If no, please provide feedback here.	
Independent Assessor:		
Date of Approval		