|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Apprentice name | | | | | Setting: | | | | |
| TLC name: | | | | |
| Apprenticeship: | Level 2: Early Years Practitioner Apprenticeship Standard | | | | | | | | |
| Type of evidence | Direct observation | **X** | Witness Testimony |  | Q and A | | **X** | PD | **X** |
| ***Evidence Requirements*** | | | | | | ***Assessment***  ***Criteria (Diploma) and KSBs linked to Std Assessment Plan*** | | | |
| **Explain your own role and responsibility in identifying risks and hazard, carrying out risk assessment and how to reduce risk.** | | | | | | Duty 5  K 8,7,9,10,11,12,13,  22  S 3,4,5,6,8  B 3,4  EYP2 – 3.1, 4.1 | | | |
|  | | | | | |
| **Show how you use equipment, furniture and materials safely, following the manufacturers’ instructions and your setting’s requirements** | | | | | | ***Assessment***  ***Criteria (Diploma) and KSBs linked to Std Assessment Plan*** | | | |
|  | | | | | | Duty 5  K 8,7,9,10,11,12,13,  22  S 3,4,5,6,8  B 3,4  EYP2 – 5.1 | | | |
| **Describe how you correctly use personal protective equipment and demonstrate how you use personal protective equipment to prevent and control the spread of infection** | | | | | | ***Assessment***  ***Criteria (Diploma) and KSBs linked to Std Assessment Plan*** | | | |
|  | | | | | | Duty 5  K 8,7,9,10,11,12,13,  22  S 3,4,5,6,8  B 3,4  EYP 6 – 2.1 & 3.1 | | | |
| **Explain the procedures in your setting for receiving, storing, recording, administering and the safe disposal of medicines. Demonstrate the documents that are used and how they are stored.** | | | | | | ***Assessment***  ***Criteria (Diploma) and KSBs linked to Std Assessment Plan*** | | | |
|  | | | | | | Duties 5 & 9  K8,7,9,10,11,12,13,18  22  S3,4,5,6,8,15,19  B1,3,4,5  EYP2 9.2 | | | |
| **Identify forms for completion in the event of accidents** | | | | | | ***Assessment***  ***Criteria (Diploma) and KSBs linked to Std Assessment Plan*** | | | |
|  | | | | | | **EYP2 – 9.1** | | | |

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| --- | --- |
| ***Criteria:*** |  |
| ***Observation Details:*** |  |
| ***Criteria:*** |  |
| ***Observation Details:*** |  |

Any other assessment criteria met

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Assessor Signed: Dated:

Learner Signed: Dated: