Learner workbook notes

Name: Date:

Unit:

Workbook notes
This page should be used to record any notes during the training session and your key learning points. These notes may be used by your assessor to help gather evidence towards a unit.

Additional learning resources

Name: Date:

Unit:

Additional learning resources
This section should be used to note down any additional learning resources or websites for this topic.

Assessor and supervisor discussions

Assessor and supervisor discussions
Use this section to reflect your discussions with your assessor and supervisor including details of any assignments and dates they should be handed in.

To be used in conjunction with the NHS Health Check Learner Workbook

Learner workbook reflections

Name: Date:

Unit:

Reflection
Reflect on what you have learnt and how you will put it into practice.

Tip: When writing your reflection you may like to think about: What was the situation? What happened? What were your reactions/feelings? What went well/badly? What was it like for the client, for your colleagues, for you? What have you learnt? How could you use that learning next time you are in the same situation?

To be used in conjunction with the NHS Health Check Learner Workbook

Learner assessment decisions record

Name: Date:

Unit:

Assessment decisions record			
Learning outcome	**Evidence used**	**Assessed by whom**	**Assessor signature & date**

To be used in conjunction with the NHS Health Check Learner Workbook

NHS HEALTH CHECK

Helping you prevent diabetes | heart disease | kidney disease | stroke & dementia

Unit confirmation of competence record

Name: Date:

Unit:

Unit confirmation of competence record			
Learner declaration: I confirm that the evidence listed for this unit is authentic and a true representation of my own work.			
Date		**Learner Name:** **Learner Signature:**	
Assessor declaration: I confirm that the learner has achieved all the requirements of the unit with the evidence submitted. Assessment was conducted under the specified conditions and is valid, authentic, reliable, current and sufficient.			
Date		**Assessor Name:** **Assessor Signature:**	