Name of person to be assessed ……………………………………………………

Care Certificate assessor …………………………………………………………………

The worker and Care Certificate assessor can use the following table to plan how to assess standards from the Care Certificate. Please remember that consent may need to be sought from those involved.

|  |  |  |  |
| --- | --- | --- | --- |
| What is to be assessed? Describe the activity to be undertaken, and where it will take place, also include who may be involved but respect confidentiality | Assessment method | Care Certificate standards that may be covered | Date of Care Certificate assessment |
|  |  |  |  |

Worker under assessment signature ……………………………………………

Date…………………..

Care Certificate assessor signature …………………………………………….

Date……………………