

NUMBER 1

COVER PAGE

Module Title: Care of The Older Person

Award Code: 5N2706

Tutors Name:

Learners Name:

Address:

PPSN:

Male _____ Female _____

Date of Birth:

Email:

Medical card: Yes ___ No ___

Phone Number:

Date of Submission:

CHECK LIST FOR WORK SUBMITTED – PLEASE TICK AND SIGN

| Title | Please Tick | Signature |
|---|--------------------|------------------|
| Cover page fully completed | | |
| Marking Sheets – Learners Name, PPSN, DOB, Address completed | | |
| Skills Demonstration brief signed and dated + written assignment included | | |
| Skills Demonstration recording emailed to info@hcts.ie | | |
| Project brief signed and dated + written assignment included | | |

TO BE COMPLETED BY LEARNER ON COMPLETION OF AWARD

- 1. Did you receive feedback when requested form your tutor**

- 2. Please comment on what you have learned on completion of this award**

- 3. Please comment on any changes you would suggest**

ALL SUBMISSIONS MUST BE COMPLETED BY:

- 1. SEND BY REGISTERED POST TO HEALTHCARE TRAINING SOLUTIONS, BECTIVE SQUARE,KELLS, CO MEATH (ADDRESS TO YOUR TUTORS NAME)**
- 2. IF SENDING BY EMAIL ALL BRIEFS MUST BE SIGNED WHERE REQUESTED SCANNED AND EMAILED TO info@hcts.ie FOR SUBJECT INCLUDE YOUR NAME AND TITLE OF THE AWARD. ALL ASSIGMENTS FOR EACH AWARD MUST BE INCLUDED IN ONE FINAL EMAIL**
- 3. PLEASE KEEP COPIES OF ALL YOUR ASSIGNMENTS SUBMITTED AS ORIGINALS WILL NOT BE RETURNED**

Issued by: Mary Mc Loughlin

Issue number:CP1

Approved by: Mary Mc Loughlin

Issue date: 16.02.2020

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