



Pearson BTEC Level 4
Certificate for First Person On Scene

Learner Workbook

Name

Date

Course name



Pearson BTEC Level 4 Extended Certificate for First Person On Scene

Learner Workbook

COURSE SPECIFICS

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Reference:	First Person on Scene Level 4 Work-Book
Revision:	01/19
Date:	July 2019
Confidentiality:	Commercial in Confidence

Course Start Date:		Course End Date:	
Course Location:			
Course Instructor(s):			
Course Assessor:		Course Internal Verifier:	

LEARNER PERSONAL DETAILS

First Name(s) of Learner: (as shown in passport)			
Surname of Learner: (as shown in passport)			
Date of Birth:		Gender:	Male / Female
Email:		Contact Number(s):	
Emergency contact name:		Relationship:	
Emergency contact details:			
Address including postcode you would like certificate sent to:			

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Terms & Conditions Declaration / Disclaimer

I confirm that the following policies and have been explained to me and I have been informed of how to access them if required; Complains Policy, Appeals Policy and Malpractice and Maladministration Policy. Additionally, I confirm that I have read and understood Horizon's terms and conditions which are displayed on our website; <http://horizon.uk.com/terms-conditions-training-provider/>.

1. I fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in some of the course activities which could result in body injury partial and/or total disability, paralysis and death
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
2. I accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
3. I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE for any activity used by the participant, including its owners, managers, instructors or premises used to conduct the course program, who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the training facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releases" ...From all liability to the undersigned, my personal representatives, assigns, executors, heirs and next to kin For any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the events(s) caused alleged to be caused in whole or in part by the negligence of the release or otherwise.

4. I HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE POTENTIALLY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

5. I THE UNDERSIGNED further expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Country, Province, Region in which the training is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
6. On behalf of the participant the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the Releases, the parents(s) and/or legal guardian(s) will reimburse the Releases for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.



Signature:

Date:

Data Protection and Your Rights

The information you provide to Horizon will be processed in accordance with the requirements of the EU General Data Protection Regulations and Data Protection Act 2018. In line with Awarding Body policy, Horizon will keep your information for a period of three years. From time to time, Horizon may contact you regarding opportunities we have, or training being provided. Please sign below to indicate your acceptance of this



Signature:

Date:

Pre-Exercise Medical Questionnaire

Please answer the following honestly and to the best of your knowledge. All information will remain confidential.

	Yes	No
Have you ever suffered from heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently taking any form of medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from chest pains?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever have spells of dizziness or feel faint?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had either high or low blood pressure, and/or high cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had asthma, chronic bronchitis or any other chest ailments?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from severe back pains or any other orthopedic problem?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from severe headaches or migraines?	<input type="checkbox"/>	<input type="checkbox"/>
Are you recuperating from a recent illness/operation or injury?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant or have you given birth in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an existing bone or joint problem?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any medical condition to be aware of?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any history of heart disease in your immediate family (under the age of 55)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any other reason why you should not participate in activities scheduled on the course?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE:

If you have answered **YES** to any of the above questions you are advised to seek medical advice/approval before commencing any exercise session.

I have been informed that if I answer YES to any of the above questions, I should seek medical advice/approval before commencing an exercise session. If I choose to continue without such advise I do so entirely at my own risk.

I confirm that I have read, fully understand and answered the above questions honestly and understand it is my responsibility to inform the instructor(s) if there are any changes. I hereby assume all responsibility for my participation in the classes and I understand that the instructor cannot be held responsible for any injuries or ill health of any kind an arising following the attendance of these classes.

Signature: Please insert your normal signature that will be used for verification. Keep within the box



Signature:

Date:

Learner Support Questionnaire

1. The Special Educational Needs and Disability Act (2001) requires companies to make reasonable adjustments and provide appropriate support for disabled students. Horizons UK's Equal Opportunities Policy indicates that all applicants should be treated equally, irrespective of any disability.

2. Please complete the following (circle as appropriate):

Do you have Dyslexia as a specific learning difficulty?	Yes	No
Do you have Dyspraxia as a specific learning difficulty?	Yes	No
Do you have ADHD as a specific learning difficulty?	Yes	No
Are you deaf or have hearing difficulties?	Yes	No
Do you have mobility issues (including inability to lift)?	Yes	No
You have a disability/special need not listed above?	Yes	No

If you have circled **Yes** to any of the above, please provide details including individual learning strategies used where appropriate:

English Language Capability

I understand that to participate in the Horizon Level 4 Certificate for First Person On Scene, I must have an excellent command of English.

I hereby declare that I have an excellent command of English and that I possess knowledge of the English language allowing me to read, write, speak and understand specialised terminology in a manner which would enable me to successfully participate in the course.

Name:



Signature:

Date:

To be completed by Horizon:

I can confirm that during the ice breaker session on the first day of the course I witnessed
communicate in English. Their written work was also checked whilst carrying out initial course administration.

Witnessed by (Name) :

Capacity as:

Signed:

Dated:

Remarks if any:

Definitions of the common operative verbs used in the grading criteria

Pass verbs

Describe	Give a clear description that includes all the relevant features - think of it as 'painting a picture with words'	Illustrate	Include examples or a diagram to show what you mean
Define	Clearly explain what a particular term means and give an example, if appropriate, to show what you mean	Interpret	Define or explain the meaning of something
Design	Create a plan, proposal or outline to illustrate a straightforward concept or idea	List	Provide the information in a list, rather than in continuous writing
Explain	Set out in detail the meaning of something, with reasons. More difficult than describe or list, so it can help to give an example to show what you mean.	Outline	Write a clear description but not a detailed one
Start	By introducing the topic then give the 'how' or 'why'	Plan	Work out and plan how you would carry out a task or activity
Identify	Point out or choose the right one or give a list of the main features	State	Write a clear and full account
		Summarise	Write down or articulate briefly the main points or essential features

Merit verbs

Analyse	Identify separate factors, say how they are related and how each one contributes to the topic	Demonstrate	Provide several relevant examples or related evidence which clearly support the arguments you are making. This may include showing practical skills
Assess	Give careful consideration to all the factors or events that apply and identify which are the most important or relevant	Design	Create a plan, proposal or outline to illustrate a relatively complex concept or idea
Compare /	Identify the main factors that apply in two or more situations and explain	Explain in detail	Provide details and give reasons and/or evidence to clearly support the argument you are making
Contrast	The similarities and differences or advantages and disadvantages	Justify How / Why	Give reasons or evidence to support your opinion or view to show how you arrived at these conclusions

Distinction verbs

Appraise	Consider the positive and negative points and give a reasoned judgement	Draw	Use the evidence you have provided to reach a
Assess	Make a judgement on the importance of something – similar to evaluate	Conclusions	Reasoned judgement
Comment	Give your view after you have considered all the evidence. In particular	Evaluate	Review the information then bring it together to form a conclusion. Give evidence for each of your views or statements
Critically	Decide the importance of all the relevant positive and negative aspects	Evaluate	Decide the degree to which a statement is true or the importance or value critically of something by reviewing the information. Include precise and detailed information and assess possible alternatives, bearing in mind their strengths and weaknesses if they were applied instead
Criticise	Review a topic or issue objectively and weigh up both positive and negative points before making a decision		

Code of Conduct

You must adhere to the high standards reasonably expected by Horizon and conduct themselves in a befitting manner, at all times including when at the Horizon training centre, the accommodation block or Horizon associated recreational centres. Any unacceptable behaviour could result in you being terminated from the course with immediate effect, without refund. No alcohol may be consumed during any class time or during exercises. Certainly no recreational drugs are to be consumed at anytime, with all prescription drugs having to be disclosed to Horizon Management before commencement of the course. Horizon Management hold the right to narcotic and/or drug test at any point during the course. Failure to provide a specimen of urine will result in immediate termination from the course.



Signature:

Date:

Learner Hours

Date	GLH - Start Time	GLH - End Time	Additional Unguided Hours

Unit 2

Core Emergency Care of Casualties for the First Responder

LEARNER OUTCOME 1 UNDERSTAND THE ASSESSMENT OF CONSCIOUS AND UNCONSCIOUS CASUALTIES

Assessment Criteria

	Assessment Criteria	Criteria Achieved Y/N
1.1	Explain the process of assessing casualties using the DRCA(c)BCDE protocols	

Assessment Criteria

**Criteria Achieved
Y / N**

1.2	Explain the circumstances in which the pulse is not used to assess the presence of circulation in the primary survey	
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LEARNER OUTCOME 2

EXPLORE THE PRINCIPLES OF BASIC LIFE SUPPORT (BSL) FOR ADULTS, CHILDREN AND INFANTS

Assessment Criteria		Criteria Achieved Y / N
2.1	Explain the principles of BLS for adults	
2.2	Explain the use of an automated external defibrillator	

Assessment Criteria

**Criteria Achieved
Y / N**

2.5	Explain the modifications to the protocols basic life support for special casualties	
2.6	Explain the role of the Advanced Decision and DNA-CPR in basic life support	

LEARNER OUTCOME 3

EXPLORE THE PRINCIPLES OF BASIC LIFE SUPPORT (BSL) FOR ADULTS, CHILDREN AND INFANTS

Assessment Criteria		Criteria Achieved Y / N
3.1	Explain the different techniques used to clear an airway for adults, children and infants with a reduced level of consciousness	
3.5	Explain the different techniques to open an airway for adults, children and infants with a reduced level of consciousness	

Assessment Criteria

**Criteria Achieved
Y / N**

3.9	Explain the use of different techniques used to maintain the open airway for adults, child or infant with a reduced level of consciousness	
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**LEARNER OUTCOME 4
UNDERSTAND THE RECOGNITION AND MANAGEMENT
OF LIFE EXTINCT**

Assessment Criteria

**Criteria Achieved
Y / N**

4.1	Describe the recognition factors for determining life extinct	
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Assessment Criteria

Criteria Achieved
Y / N

4.2	Explain the actions to be taken following the establishment of life extinct	
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LEARNER OUTCOME 5
EXPLORE THE PROVISION OF SUPPLEMENTARY FREE FLOW OXYGEN

Assessment Criteria

Criteria Achieved
Y / N

5.1	Explain how to select the correct method and flow rate for delivering supplementary oxygen for four different types of casualties	
-----	--	--

LEARNER OUTCOME 6

EXPLORE THE RECOGNITION AND MANAGEMENT OF A CASUALTY WITH CATASTROPHIC HAEMORRHAGE

Assessment Criteria	Criteria Achieved Y / N
6.1 Describe what is meant by catastrophic haemorrhage	
6.2 Explain the management of a casualty with a catastrophic limb haemorrhage	

LEARNER OUTCOME 7

EXPLORE THE TECHNIQUES USED TO MANAGE CHOKING CASUALTIES

Assessment Criteria		Criteria Achieved Y / N
7.1	Explain the process of recognising and management a conscious choking casualty	

VIDEO EVIDENCE

		Achieved Y / N
Video LO 2.3,2.4, 3.6, 3.7		
Video LO 3.12, 3.13		
Video LO 3.4, 7.2, 7.3		



Students signature

Date

Assessor signature

Date

IQA signature

Date

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Unit 3

Core Understanding of Recognising and Managing Trauma for the First Responder

LEARNER OUTCOME 1 **UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH BURNS.**

Assessment Criteria

	Assessment Criteria	Criteria Achieved Y / N
1.1	Describe the signs and symptoms of different severities of burns.	

Assessment Criteria

**Criteria Achieved
Y / N**

		Criteria Achieved Y / N
1.2	Identify the different hazardous material warning signs	

Assessment Criteria

**Criteria Achieved
Y / N**

1.3	Explain the management of a casualty with a dry burn or scald	
1.4	Explain how and why management plans vary for casualties with special types of burns	

LEARNER OUTCOME 2

UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH HYPOTHERMIA AND HYPERTHERMIA

Assessment Criteria	Criteria Achieved Y / N
2.1 Describe the signs and symptoms of hypo and hyperthermia.	
2.2 Describe the stages of hypo and hyperthermia.	

Assessment Criteria

Criteria Achieved
Y / N

2.3	Explain the management of casualties suffering from hypo and hyperthermia	
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LEARNER OUTCOME 3
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH MUSCULOSKELETAL INJURIES

Assessment Criteria

Criteria Achieved
Y / N

3.1	Describe the different types of fractures	
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Assessment Criteria

**Criteria Achieved
Y / N**

3.2	Describe the signs and symptoms of a possible fracture or dislocation	
3.3	Explain the management of a casualty with a possible open fracture	

Assessment Criteria

**Criteria Achieved
Y / N**

3.4	Explain the management of a casualty with a possible closed fracture	
3.5	Explain the management of a casualty with a possible dislocation.	

Assessment CriteriaCriteria Achieved
Y / N

3.6	Describe the signs and symptoms of a sprain or strain.	
3.7	Explain the management of a casualty with a possible sprain or strain	

Assessment CriteriaCriteria Achieved
Y / N

3.8	Explain the management of a casualty with a possible pelvic fracture	
3.9	Explain the management of a casualty with a possible chest injury	

LEARNER OUTCOME 4

UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH A HEAD INJURY

Assessment Criteria		Criteria Achieved Y / N
4.1	Explain 4 MOI's that have the potential to cause a head injury	
4.2	Describe the signs and symptoms of a minor head injury	

Assessment CriteriaCriteria Achieved
Y / N

4.3	Explain the management of a casualty with a minor head injury	
4.4	Describe the signs and symptoms of a casualty with a potential serious head injury	

Assessment Criteria

Criteria Achieved
Y / N

4.5	Explain the management of a casualty with a potentially serious head injury	
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LEARNER OUTCOME 5
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF
CASUALTIES WITH A SPINAL INJURY

Assessment Criteria

Criteria Achieved
Y / N

5.1	Explain 4 MOI's that may cause a spinal injury	
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Assessment CriteriaCriteria Achieved
Y / N

5.2	Describe the signs and symptoms of a casualty with a suspected spinal injury	
5.3	Explain the management of a casualty with a suspected spinal injury	

LEARNER OUTCOME 6

UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH WOUNDS AND BLEEDING

Assessment Criteria		Criteria Achieved Y / N
6.1	Describe 3 different types of wounds	
6.2	Describe the signs and symptoms of internal blood loss	

Assessment CriteriaCriteria Achieved
Y / N

6.3	Explain the management of a casualty with a non-compressible haemorrhage	
6.4	Explain the management of a casualty with a compressible haemorrhage	

Assessment Criteria

**Criteria Achieved
Y / N**

6.5	Explain the management of an amputated limb	
6.6	Explain the special considerations for the management of a casualty suffering from a facial injury	

Assessment Criteria

Criteria Achieved
Y / N

6.7	Explain the management of a casualty with a nose bleed	
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LEARNER OUTCOME 7
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF A CASUALTY SUFFERING FROM HYPOVOLAEMIC SHOCK

Assessment Criteria

Criteria Achieved
Y / N

7.1	Describe the 4 stages of hypovolaemic shock	
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Assessment Criteria

Criteria Achieved
Y / N

7.2	Explain the management of a casualties suffering from hypovolaemic shock	
-----	--	--

LEARNER OUTCOME 8
UNDERSTAND THE PRINCIPLE OF MANUAL HANDLING

Assessment Criteria

Criteria Achieved
Y / N

8.1	Explain how 2 manual handling injuries can occur	
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Assessment Criteria

**Criteria Achieved
Y / N**

8.2	Explain the TILE(O) system for dynamic manual risk assessment	
8.3	Describe the principles of correct manual handling techniques for lifting	

Assessment Criteria

**Criteria Achieved
Y / N**

8.4	Describe the principles for correct manual handling for pushing and pulling	
8.5	Explain the 3 methods of transferring a casualty in cardiorespiratory arrest from the chair to the floor	

Assessment Criteria

**Criteria Achieved
Y / N**

8.6	Explain the importance of appropriate manual handling techniques to the first responder	
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Students signature

Date

Assessor signature

Date

IQA signature

Date

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Unit 4

RECOGNISING AND MANAGING MEDICAL CONDITIONS FOR THE FIRST RESPONDER

LEARNER OUTCOME 1

UNDERSTAND THE RECOGNITION AND MANAGEMENT OF A CASUALTY WHO HAS BEEN POISONED.

Assessment Criteria

Assessment Criteria		Criteria Achieved Y / N
1.1	Describe how to recognise casualties who have been poisoned	

Assessment Criteria

Criteria Achieved
Y / N

1.2	Explain the management of a casualty who has been poisoned	
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LEARNER OUTCOME 2
EXPLORE THE RECOGNITION AND MANAGEMENT OF A CASUALTY SUFFERING FROM ALLERGIC REACTION AND ANAPHYLAXIS

Assessment Criteria

Criteria Achieved
Y / N

2.1	Compare and contrast the signs and symptoms of a casualty suffering from allergic reactions and anaphylaxis	
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Assessment CriteriaCriteria Achieved
Y / N

2.2	Explain the management of casualties suffering from anaphylaxis	
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LEARNER OUTCOME 3
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH COMMON RESPIRATORY CONDITIONS**Assessment Criteria**Criteria Achieved
Y / N

3.1	Describe how to recognise casualties suffering from four common respiratory conditions	
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Assessment Criteria

**Criteria Achieved
Y / N**

3.2	Explain the management of casualties suffering from four common respiratory conditions	
3.3	Describe how to recognise a hypoxic casualty	

Assessment Criteria

Criteria Achieved
Y / N

3.4	Explain the management of a casualty who is hypoxic	
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LEARNER OUTCOME 4
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF CASUALTIES WITH SUSPECTED CARDIAC ARREST

Assessment Criteria

Criteria Achieved
Y / N

4.1	Describe how to recognise casualties with suspected cardiac conditions	
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Assessment CriteriaCriteria Achieved
Y / N

4.2	Explain the management of casualties suffering from cardiac conditions	
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LEARNER OUTCOME 5
EXPLORE THE RECOGNITION AND MANAGEMENT OF
CASUALTIES SUFFERING FROM DIABETIC EMERGENCIES**Assessment Criteria**Criteria Achieved
Y / N

5.1	Describe how to recognise casualties suffering from diabetic emergencies	
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Assessment Criteria

Criteria Achieved
Y / N

5.2	Explain the management of casualties suffering from diabetic emergencies	
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LEARNER OUTCOME 6
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF A CASUALTY HAVING A SEIZURE

Assessment Criteria

Criteria Achieved
Y / N

6.1	Describe how to recognise a casualty having a seizure	
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Assessment Criteria

Criteria Achieved
Y / N

6.2	Explain the management of a casualty having a seizure	
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LEARNER OUTCOME 7
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF A CASUALTY SUFFERING A SUSPECTED STROKE

Assessment Criteria

Criteria Achieved
Y / N

7.1	Describe how to recognise a casualty suffering a suspected stroke	
-----	--	--

Assessment Criteria

Criteria Achieved
Y / N

7.2	Explain the management of a casualty suffering a suspected stroke	
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LEARNER OUTCOME 8
UNDERSTAND THE RECOGNITION AND MANAGEMENT OF A CASUALTY SUFFERING A SUSPECTED STROKE

Assessment Criteria

Criteria Achieved
Y / N

8.1	Describe how to recognise adults, children and infants with three other potential life threatening medical conditions that require urgent extraction to hospital	
-----	--	--

Assessment Criteria

Assessment Criteria		Criteria Achieved Y / N
8.2	Explain the management of a casualty with a potential life-threatening condition beyond own scope of practise.	

VIDEO EVIDENCE

		Achieved Y / N
Video 1 LO 2.3	Correct use and knowledge of the EpiPen/Emerade/Jext	
Video 2 LO 5.3	Correct use and knowledge of the Blood Glucose meter	



Students signature

Date

Assessor signature

Date

IQA signature

Date

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Learner Assessment Submission and Declaration

When submitting evidence for assessment, each learner must sign a declaration confirming that the work is their own.

Learners Name:	
Assessor name:	
Issue date:	
Submission date:	
Submission on:	
Programme:	First Person on Scene L4
Unit:	2, 3, 4 and 5
Assignment reference and title:	Yes

Please list the evidence submitted for each task. Indicate the page numbers where the evidence can be found or describe the nature of the evidence (e.g. video, illustration).

Task ref.	Evidence submitted	Page numbers or
Unit 2		
Unit 3		
Unit 4		
Unit 5		
Additional comments to the Assessor:		

LEARNER DECLARATION

I certify that the work submitted for this assignment is my own. I have clearly referenced any sources used in the work. I understand that false declaration is a form of malpractice.



Learner signature:

Date

Reflective Learning Journal

A reflective learning journal is recommended to be completed upon completion of the practical assessment. Candidates are permitted to use their own journal format or use this pro-forma.

The main points that I have learnt from this session / assessment are:

How I could develop my practical skills from this session / assessment are:

How I could develop my knowledge and understanding as a result of this session / assessment:



Candidate Signature:

Date

Learner Feedback Questionnaire

Thank you for attending our First Person on Scene Level 4 course. We are always striving to improve the standards and relevance of the course. To help in this, your immediate impression will be most helpful so that we can continually improve the experience for future attendees.

Please kindly take a few minutes to complete this questionnaire to give us your honest opinion.

How did you hear about us?

Facebook LinkedIn Word of mouth Internet search Attended a previous course Magazine (please specify)

Other (please specify)

1. Course Content	Excellent	Good	Fair	Poor	Very Poor
1.1 - General content of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 - Quality of visuals and handouts (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 - Amount of material covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 - Was the course in line with expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 - Was the assessment, if any, clearly defined and fair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 - What were the best parts of the course?					
1.7 - What subjects could be improved or covered in more detail?					

1.8 - What subjects could be left out or covered in less detail?

1.9 – The course could be improved by:

2. Course Presentation

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
2.1 - Instructor knowledge of subject matter was excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 - Instructor style and delivery was conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 - I think the course was well structured to achieve the learning outcomes (there was a good balance of lectures, tutorials, practical's etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 - Questions were answered to everyone's satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 - I was kept fully informed throughout the course?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 - The pace of the course was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 - The course stimulated my interest and thought on the subject area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8 - At the end of the course the instructor(s) provided me with constructive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Course Venue / Resources

	Excellent	Good	Fair	Poor	Very Poor
3.1 - Training room(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 - Equipment and materials used throughout the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 - Facilities; gym, kitchen, bar (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4 - Quality of food (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5 - Quality of accommodation (if relevant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. General

	Excellent	Good	Fair	Poor	Very Poor
4.1 - Information received prior to the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 - Administration of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 - Was your personal preparation for the course adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 - Considering the course as a whole how would you rate it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 - Would you attend another training course with Horizon in the future? Yes <input type="checkbox"/> No <input type="checkbox"/>					
4.6 - Would you recommend Horizon Security Solutions Ltd to others? Yes <input type="checkbox"/> No <input type="checkbox"/>					

Workbook Version Control

Rev	Date	Change Description	Prepared by	Checked by	Authorised by
1	07/2019	First issue	Tom Watts	Chris Campbell	SSV Mike Taylor



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