

EDI

Supporting learning
and performance

Cognet

Level 2 Certificate in the Managing and Safe Handling of Medicines

Competency Statements and Sign Off



Candidate Details: *(please print)*

Name:

Address:

.....

.....

Telephone No:

Email Address:

Tutor's Name:

Date of Course:

Important Information:

Please ensure that you and your line manager have signed the declaration on the last page, workbooks cannot be marked without the two signatures.

If you have any questions please contact the tutor support line **01905 768513**
or email: **info@cognet-training.co.uk**

Witness Statement 1.

I have seen (Learner's name)

Administer medication on (date) They carried out the following checks safely and appropriately:

Please tick

- Checked the medication against the MAR sheet
- Ensured they had the right client
- Correct time
- Correct dose
- Administered by the correct route (specify)
- Correct procedures taken place
- MAR Sheet completed correctly

Manager/Supervisor Declaration:

I (Manager/Supervisor name) can confirm that I have seen the learner complete all relevant/appropriate records and paperwork regarding our company policies and procedures.

Position:

Date:

Contact details:

Observation Statements

I, (Manager/Supervisor name) have seen the candidate deal with a refusal safely and appropriately (due to the nature of this question it may be a scenario rather than a real situation).

Signed:

I, (Manager/Supervisor name) have seen the candidate deal with a spoilt or spilt medicine safely and appropriately (due to the nature of this question it may be a scenario rather than a real situation).

Signed:

Witness Statement 2.

I have seen (Learner's name)

Administer medication on (date) They carried out the following checks safely and appropriately:

Please tick

- | | |
|---|--------------------------|
| Checked the medication against the MAR sheet | <input type="checkbox"/> |
| Ensured they had the right client | <input type="checkbox"/> |
| Correct time | <input type="checkbox"/> |
| Correct dose | <input type="checkbox"/> |
| Administered by the correct route (specify) | <input type="checkbox"/> |
| Correct procedures taken place | <input type="checkbox"/> |
| MAR Sheet completed correctly | <input type="checkbox"/> |

Manager/Supervisor Declaration:

I (Manager/Supervisor name) can confirm that I have seen the learner complete all relevant/appropriate records and paperwork regarding our company policies and procedures.

Position:

Date:

Contact details:

Notes:



Cognet Limited

18 Lincoln Fields

Billingsley

Bridgnorth

Shropshire

WV16 6PB

Tel: 0800 7811041

Email: info@cognet-training.co.uk

Web: www.cognet-training.co.uk