

Professional Discussion Mapping Document

Wellbeing and Holistic Therapist

This mapping document is to be completed prior to the gateway stage and submitted with the Portfolio of Evidence for each apprentice.

Please note: It is a requirement of the training provider to submit all the evidence electronically, via the 'Documents tab' on the apprentice's dashboard within the SEPA system. This must be in a scanned format, allowing the evidence package to be viewed remotely.

Evidence number <i>(typically 1 – 7 pieces of evidence)</i>	KSBs Requirements:	Knowledge, Skills and Behaviours criteria:	Type of evidence submitted:
1	K13	<i>Client treatment considerations, when and how to refer, and how to tailor or adapt treatments and experiences for those clients with a medically diagnosed condition. This includes life limiting or threatening conditions such as cancer, diabetes, epilepsy, circulatory disorders, pregnancy, post-operative care</i>	<i>Written questions</i>
2	K14	<i>Protocol when liaising with or referring a client to other multidisciplinary professionals, following legal requirements for gaining valid client informed consent</i>	<i>Copy of workplace policy/procedure</i>

Evidence number <i>(typically 1 – 7 pieces of evidence)</i>	KSBs Requirements:	Knowledge, Skills and Behaviours criteria:	Type of evidence submitted:

Declaration of Authenticity Statement

Wellbeing & Holistic Therapist

Apprentices

The work that you submit for your 'Portfolio' must be your own. Should you copy from someone else, allow other apprentices to copy from you, or plagiarise in any other way, the work submitted will be void.

Apprentice Declaration

I have produced the submitted Portfolio without assistance and I can confirm that it is my own work.

Apprentice name:	[insert name]
Apprentice signature:	[insert signature]
Date:	[insert date]

Training Provider Declaration

I have authenticated the apprentice's work and I am satisfied that to the best of my knowledge, the Portfolio produced is solely that of the apprentice.

Training Provider name:	[insert name]
Training Provider signature:	[insert signature]
Date:	[insert date]

Employer Declaration

I have authenticated the apprentice's work and I am satisfied that to the best of my knowledge, the Portfolio produced is solely that of the apprentice.

Employer name:	[insert name]
Employer signature:	[insert signature]
Date:	[insert date]