

Level 4 Diploma for Associate Ambulance Practitioners



	Evide	nce Form			
Learning Disabilities					
Centre	South East Coast Ambulance Service NHS Foundation Trust				
Template Reference	EF29				
Trainee Name		Unit(s) number covered	41		
Date Completed		Cohort Name			
Learning/Assessment Outcomes	1.1-7.5				

Evidence types:

Oral Questions, Professional / Group Discussion, Work Product

Evidence synopsis

Interactive presentation given on learning difficulties accompanied by oral questioning and group discussion by specialist guest speaker, supported by CAVA trained assessor.

Interactive presentation and discussion surrounding the following topics:

- ✓ Outlining legislation in relation to individuals with learning disabilities,
- ✓ Understanding what a disability is,
- ✓ Discussion of the needs of a person with a learning disability,
- ✓ Explaining methods of adapting communication to suit a member of the public with a learning disability,
- ✓ Discussing supporting services and the utilisation of person-centred approaches.

Overview of Activities

Disability Matters workbooks

- Module 1 Disability Awareness
- Module 2 Communication

e-Learning for health e-learning packages;

- Disability Matters > Understanding Disability (All components)
 - <u>https://portal.e-lfh.org.uk/Component/Details/450079</u>
- Disability Matters Person to Person (All components)
 - o https://portal.e-lfh.org.uk/Component/Details/461872
- Disability Matters Learning Packages > Education > Achievement for All Disability Matters: Effective Communication
 - o <u>https://portal.e-lfh.org.uk/Component/Details/468747</u>

Action Required:

- Trainee to complete all fields on evidence form and upload to ePortfolio
- Completion evidence to be upload alongside evidence form:
 - 1. Disability Matters > Understanding Disability (All components)
 - 2. Disability Matters > Person to Person (All components)
 - 3. Disability Matters Learning Package > Effective Communication

Tutor Evaluation

The trainee has actively participated in all key elements and demonstrated satisfactory knowledge and understanding of the above learning outcomes.

Trainee Name	Date	
Assessor Name	Date	

Verified By:	Date	
(Required if being complete by trainee assessor)		