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| Unit Title: Promote awareness of sensory loss | | |
| URN: M/601/5249 |  |  |
| Credit Value: 3 |  |  |
| Level: 5 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand how to raise awareness of sensory loss** | | | |
| 1.1 Identify methods for raising awareness of sensory loss |  |  |  |
| 1.2 Explain how different agencies can provide opportunities to raise awareness |  |  |  |
| **2 Be able to raise awareness of sensory loss** | | | |
| 2.1 Select and agree actions with the individual and/or others to promote awareness of sensory loss |  |  |  |
| 2.2 Support others to carry out the agreed actions |  |  |  |
| **3 Be able to review action to promote awareness of sensory loss** | | | |
| 3.1 Review the outcomes of awareness raising in relation to  • individuals with sensory loss  • own work  • partnership work |  |  |  |
| 3.2 Review the effectiveness of agreed ways of working in relation to awareness raising |  |  |  |
| 3.3 Provide feedback on the effectiveness of an awareness raising activity |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: