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| Unit Title: Promote assistive technology in social care | | |
| URN: R/506/8161 |  |  |
| Credit Value: 4 |  |  |
| Level: 4 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand the barriers to assistive technology** | | | |
| 1.1 Analyse the barriers for individuals and others to assistive technology:  •social  •psychological  •economic  •organisational |  |  |  |
| 1.2 Analyse barriers of own organisation to the offer of assistive technology including:  •policies  •procedures  •practices  •economic |  |  |  |
| **2 Be able to support the organisation to offer assistive technology** | | | |
| 2.1 Evaluate how own organisation currently uses assistive technology  •internally  •for service delivery |  |  |  |
| 2.2 Analyse available support networks for users of assistive technology within the organisation |  |  |  |
| 2.3 Propose a strategy to reduce identified barriers to assistive technology for:  •individuals  •others  •own organisation |  |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| 2.4 Contribute to the development of assistive technology:  •policies  •procedures  •practices |  |  |  |
| 2.5 Obtain feedback from individuals and others to support future developments in the offer of assistive technology |  |  |  |
| **3 Be able to champion the use of assistive technology** | | | |
| 3.1 Evaluate the skills and knowledge of others in using assistive technology |  |  |  |
| 3.2 Support others' knowledge of assistive technology through:  •information  •guidance  •training/education |  |  |  |
| 3.3 Support others to implement assistive technology |  |  |  |
| 3.4 Evaluate the impact of assistive technology on individuals |  |  |  |
| 3.5 Propose a strategy to support self and others to:  •maintain own competence  •manage knowledge transfer |  |  |  |

**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: