

Centre End-point Assessment Schedule

Advanced and Creative Hair Professional

This form is to be submitted to the Apprenticeship Assessor 10 working days before the End-point Assessment commences.

The Assessment Methods of Observation and questioning and the Professional Discussion can be taken in any order but must be taken on the same day.

Please note: If two apprentices are scheduled on the same day for their End-point Assessment, the apprentices must schedule their Professional Discussion before or after the Observation and questioning to ensure that the Apprenticeship Assessor is present throughout the whole of the Observation and questioning assessment.

| Name of Training Provider/Employer: | | | |
|-------------------------------------|---|---|--|
| Planned End-point Assessment date: | | | |
| Number of Apprentices: | 1 | 2 | |

| Time | Assessment Method 2: Observation and questioning | | | |
|------------------------------------|--|--|-------|--|
| | When are clients expected to arrive | | | |
| | Start time of Observation and questioning | | | |
| | Activity/Description for Observation and questioning | | | |
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| | | | | |
| | Finish time for Observation and questioning | | | |
| Training Provider/I | Employer signature: | | Date: | |
| Apprenticeship Assessor signature: | | | Date: | |



| Time | Assessment Method 3: Professional Discussion | | | |
|---------------------------------------|--|--|-------|--|
| | Start time of Professional Discussion | | | |
| | Finish time for Professional Discussion | | | |
| Training Provider/Employer signature: | | | Date: | |
| Apprenticeship Assessor signature: | | | Date: | |

Training Provider/Employer Declaration:

The training provider/employer can confirm that the End-point Assessment location has the necessary resources and meets all requirements for the End-point Assessment as outlined in the Guidance for Employers and Training Providers document.

| Role of representative: | |
|------------------------------|--|
| Name of representative: | |
| Signature of representative: | |
| Date: | |