# Centre End-point Assessment Schedule

**Apprenticeship Standards**

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

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| --- | --- |
| Name of Training Provider: |  |
| Planned EPA date: |  | Number of Apprentices:  |  |
| Standard for EPA:  |  |

|  |  |
| --- | --- |
| Time | Activity/Description |
|  | **Start time****When are clients expected to arrive****End time** |
| Training Provider Signature: |  | Date: |  |
| Apprenticeship Assessor Signature: |  | Date: |  |

**Training Provider Declaration:**

The training provider can confirm that the EPA location meets all resources and 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:  |  |