

Wellbeing and Holistic Therapist End-point Assessment Knowledge Test Booking Request Form

Before an End-point Assessment Knowledge Test can be scheduled, the apprentice must have completed the End-point Assessment gateway requirements.

Training Providers are required to submit the completed form to eparesults@vtct.org.uk

| Part 1 – Training Provider to complete | | | | | | |
|---|----------------|--|-----|---------------|--|--|
| Training Provider: | | | | | | |
| Contact details: | Name: | | | | | |
| | Role: | | | | | |
| | Email address: | | | | | |
| | Phone number: | | | | | |
| Standard – Pathway: | | | | | | |
| Name of apprentices and ULN: (please add more rows to the table if required) | Name | | ULN | Date of birth | | |
| | 1. | | | | | |
| | 2. | | | | | |
| | 3. | | | | | |
| | 4. | | | | | |
| | 5. | | | | | |
| | 6. | | | | | |
| | 7. | | | | | |
| | 8. | | | | | |
| Planned date for Knowledge Test: | | | , | | | |
| Planned start time for Knowledge Test: | | | | | | |
| Proposed date of Observation with questions & Professional Discussion: | | | | | | |
| Exams Officer: (Provide the details of the Exams Officer that will facilitate the online examination) | Name: | | | | | |
| | Email address: | | | | | |



| Training Provider Declaration | | | | | | | |
|---|-------------------------|-----------|---------------------|--|--|--|--|
| The training provider understands that the knowledge test will need to be completed following VTCT's End-point Assessment Instructions for Conducting Examinations. | | | | | | | |
| If this is a re-take attempt, can you confirm that a period of further learning/training has been undertaken by the apprentice(s) | | | | | | | |
| Training Provider name: | [insert name] | | | | | | |
| Training Provider signature: | [insert signature] | | | | | | |
| Date: | [insert date] | | | | | | |
| <u> </u> | | | | | | | |
| Part 2 – For office use only | | | | | | | |
| Assessment | | | | | | | |
| Exams Officer created in e-testing system: | ☐ Yes - created | ☐ Yes - e | Yes - existing user | | | | |
| Apprentices created in e-testing system: | ☐ Yes | | □ No | | | | |
| Schedule created in XAMS: | ☐ Yes | | □ No | | | | |
| Email confirmation of schedule sent to training provider: | □ Yes | | □ No | | | | |
| Quality Assurance | | | | | | | |
| Exams Officer role recorded in SEPA: | ☐ Yes - created ☐ Yes - | | xisting user | | | | |