# 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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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: |  |