## End-point Assessment (EPA) Knowledge Test Booking Request Form

Before an End-point Assessment practical observation, the apprentice must pass the knowledge test. This form must be completed to request the schedule for the apprentices to sit the knowledge test in the e-testing system.

Training providers are required to send the completed form to [eparesults@vtct.org.uk](mailto:eparesults@vtct.org.uk)

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| **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. |  | | |  |  |
| 9. |  | | |  |  |
| 10. |  | | |  |  |
| Planned knowledge test date | |  | | | | | |
| Planned knowledge test start time | |  | | | | | |
| Exams Officer  (Provide the details of the Exams Officer that will facilitate the online examination) | | Name | | |  | | |
| Email address | | |  | | |
| **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 the fourth attempt for any apprentice the training provider confirms the apprentice has undertaken a period of further learning/training. | | | | | | |

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| **Part 2 – For office use only** | | | | |
| **Assessment** | | | | |
| Exams Officer created in e-testing system | Yes - created | Yes - existing user | | No |
| Apprentices created in e-testing system | Yes | | No | |
| Schedule created | Yes | | No | |
| Email confirmation of schedule sent to training provider | Yes | | No | |
| **Quality Assurance** | | | | |
| Exams Officer role recorded in SEPA | Yes - created | Yes - existing user | | No |

Document amendment history page

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Document Owner** | **Issue Date** | **Changes** | **Role** |
| v1 | Assessment | 11/12/2019 | First published | Head of Assessment |
| v1.2 | Assessment | 21/01/2020 | Changes made to declaration | Head of Assessment |
| v1.3 | Assessment | 11/03/2021 | Change of logo | Assessment Lead (Hairdressing & Barbering) |
| v1.4 | Assessment | 31/03/2021 | Formatting | Qualifications Administrator |
| v1.5 | Assessment | 07/04/2021 | Signed-off | Quality Lead |
| v2 | Assessment | 12/04/2021 | Full versioned and published | Qualifications Administrator |

Document Review

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| **Role** | **Review Status** |
| Assessment Administrator | Reviewed |
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Document Owner

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| --- | --- |
| **Document Owner** | **Document shared with** |
| Head of Assessment |  |
|  |  |

Document Sign-off

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| --- | --- |
| **Role** | **Sign-off Date** |
| Head of Assessment | 11/12/2019 |
| Quality Lead | 07/04/2021 |