

Wellbeing and Holistic Therapist

End-point Assessment Booking Request Form

(Observation and questioning and Professional Discussion)

This form must be completed to provisionally schedule the End-point Assessment. Training Providers are required to submit the completed form to epa@vtct.org.uk

Part 1 – Training Provider to complete	
Training Provider:	
Contact details:	Name:
	Email address:
	Phone number:
Standard – Pathway:	
Name of apprentices: <i>(please indicate resits)</i> Please note if you require two apprentices to be scheduled on the same day this will require two Apprenticeship Assessors	1.
	2.
Requested EPA date:	
EPA start time:	
Name and telephone number of contact at EPA location if different from above contact:	
EPA location address:	
	<i>Please indicate if the EPA will take place at the Training Provider salon or Employer salon:</i>
Request for the Professional Discussion to take place on a separate day (proposed date):	
Any special instructions for the EPA location:	

Name of Exam Assistant and role employed by centre:			
Is parking available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	

Part 2 – For office use only pre EPA date			
Apprenticeship Assessor assigned:			
Gateway checked:		Confirmed in SEPA:	
Proceed with booking:	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Part 3 – For office use only post EPA date			
EPA cancelled:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, cancelled within 10 working days of EPA?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Reason for cancellation:			
EPA occurred:	<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, date of EPA:			
Signed by EPA Co-ordinator			
Date:			
Notes:			