## EPA Appointment and Cohort Registration Form v2.0

## (Stage 1 payment)

## Section 1 Main Details

|  |  |
| --- | --- |
| Standard and AP number |  |
| Number in cohort, by pathway |  |
| Cohort start date |  |
| Expected Gateway date |  |

## 

|  |  |
| --- | --- |
| Employer Name |  |
| Lead Provider Name\* |  |

\* (this may be the employer).

|  |  |
| --- | --- |
| Employer Contact Name |  |
| Employer Contact Details (address, phone and email) |  |
| Employer Reference Number (ERN) |  |
| Main Provider Contact Name |  |
| Main Provider Contact Details (address, phone and email) |  |
| Main Provider Reference Number (UKPRN) |  |
| Date of Service Level Agreement between EUIAS and Lead Provider |  |

EUIAS Unique Cohort Identifier (UCI) Number:

## Section 2 Service Details

|  |  |  |
| --- | --- | --- |
| End-point Assessment Price per apprentice | Stage 1 - Registration | £ |
| Stage 2 – End-point | £ |
| TOTAL | £ |

|  |  |
| --- | --- |
| Re-sit / re-take price | £ |

|  |  |  |
| --- | --- | --- |
| Cancellation charges/refunds | | |
|  | Cancelled by employer or training provider – additional charge | Cancelled by EUIAS - refund |
| Notice of 8 days or more | No charge | No refund |
| Notice of 7 days or less: |  |  |
| Cancellation of knowledge test | £ | £ |
| Cancellation of practical assessment (per day) | £ | £ |
| Cancellation of interview/discussion (per day) | £ | £ |
| Cancellation of final decision panel  (if applicable) | £ | £ |
| Other |  |  |

Additional Service Charges:

|  |  |
| --- | --- |
| EUIAS – supplied assessors/technical experts: | £ (per day) |

|  |  |
| --- | --- |
| EUIAS – initial standardisation of employer-supplied assessors/technical experts (mandatory if new assessors are supplied by employer, or if assessor has not assessed in previous 6 months): | £ (per day) |

|  |  |
| --- | --- |
| Invigilation: | £  (per invigilator) |

|  |  |
| --- | --- |
| EUIAS approval of assessment facilities: | £ (per day) |

|  |  |
| --- | --- |
| Chief examiner briefings, as required: | £ (per day) |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |

# Section 3 - Account Registration for Finance and Invoicing

# To be completed by the main provider (the organisation on the Register of Apprenticeship Training Providers [RoATP], that will be contracting with the EUIAS on the employer’s behalf)

|  |  |  |  |
| --- | --- | --- | --- |
| Main Provider Name |  | | |
| Address and Postcode |  | | |
| Contact Name |  | Telephone No. |  |
| Email Address |  | Company No |  |
| Email Address for Statement |  | VAT no. |  |

Invoice Details – if different to company details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name |  | | Telephone No. |  |
| Invoice Address and Postcode | |  | | |

Account Payable Details – if different to invoice details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name |  | | Telephone No. |  |
| Invoice Address and Postcode | |  | | |

Company Signatory

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | | |
| Position |  | Telephone No. |  |
| Signature |  | Date |  |

## Section 4 - Declarations

|  |  |
| --- | --- |
| Employer Declaration | |
| This is to confirm that the [inset employer name] has selected Energy & Utilities Independent Assessment Service (EUIAS) as their end-point assessment service provider for the stated apprenticeship standard and cohort. | |
| Employer Name |  |
| Contact Name: |  |
| Job Title: |  |
| Signature: |  |
| Date: |  |

|  |  |
| --- | --- |
| Main Provider Declaration (this may be the employer) | |
| This is to confirm that the [insert main provider name] is approved on the Register of Apprenticeship Training Providers and will contract with and pay the Energy and Utilities Independent Assessment Service (legal name Energy and Utility Skills Limited) on behalf of the employer for the delivery of end-point assessment. | |
| Main Provider Name |  |
| Contact Name: |  |
| Job Title: |  |
| Signature: |  |
| Date: |  |

## Section 5 - Learner Data

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **App. Surname** | **App. Firstname** | **ULN** | **Tel.**  **Number** | **DOB**  **dd/mm/yy** | **App. Email address** | **Standard** | **Pathway** | **Proposed EPA Gateway date** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |