**Selection and Appointment of End-point Assessment Service Provider**

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| Employer Name: |  |
| Address: |  |
| Contact Name and job title: |  |
| Contact telephone number and email: |  |
| Training Provider Name(s):  *This may be a mixture of employer and training provider(s)* |  |
| Lead Provider Name and contact details:  *This name of the organisation that is drawing down the public funding and completes the Individualised Learner Record (ILR)* |  |
| Apprenticeship Title: |  |
| Apprenticeship Level: |  |
| Apprenticeship Pathway (if appropriate): |  |
| Number of Apprentices: |  |
| Apprenticeship Start Date: |  |
| Apprenticeship Planned End Date: |  |
| Estimated Date of Entry Into End-point Assessment: |  |

This is to confirm that the above employer has selected Energy & Utilities Independent Assessment Service (EUIAS) as their End-point Assessment service provider for the above apprenticeship programme.

Signed on behalf of the Employer:

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| Name: |  |
| Job Title: |  |
| Signature: |  |
| Date: |  |