

Cohort Registration Form (v2)

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)	
Lead Provider Contact Name	
Lead Provider Contact Details (address, phone and email)	
Lead Provider Reference Number (UKPRN)	
Date of Service Level Agreement between EUIAS and Lead Provider (EUIAS to complete)	

EUIAS Unique Cohort Identifier (UCI) Number:

Section 2 Service Details

The scope of the end-point assessment service is listed in Section 4 of the Service Level Agreement agreed with the lead provider.

EUIAS end-point assessment policies can be found at www.euias.co.uk

The agreed pricing is detailed below.

End-point Assessment Price per apprentice	Stage 1 - Registration	
	Stage 2 – Gateway / End-point	
	TOTAL	

Cancellation price for EPA element 1 (specify):	£
Cancellation price for EPA element 2 (specify):	£
Cancellation price for EPA element 3 (specify):	£

Re-sit / re-take price for EPA element 1:	£
Re-sit / re-take price for EPA element 2:	£
Re-sit / re-take price for EPA element 3:	£

Cancellation charges (these are in line with section 10.9 of the Service Level Agreement)	
Less than 48 hours	Payment in full for the specific end-point assessment activity plus any travel and subsistence costs incurred and any additional assessment(s) that cannot be rescheduled due to the assessment plan stage requirements
More than 48 hours but less than 5 days	50% payment of the full payment for the specific end-point assessment activity and any travel and subsistence costs incurred that cannot be cancelled
Greater than 6 days but less than 10 days	25% payment of the full payment for the specific end-point assessment activity and any travel and subsistence costs incurred that cannot be cancelled
More than 10 days	No additional charge for the specific end-point assessment activity
Other (if applicable)	

Additional Service Charges (insert details as applicable):

<p>EUIAS – supplied assessors/technical experts:</p> <p>Assessors supplied by employer</p>	<p>£</p>
<p>Invigilation:</p>	<p>£ (per invigilator)</p>
<p>EUIAS approval of additional/alternative assessment facilities:</p>	<p>£ (per site)</p>
<p>Learner/employer workshops, technical briefings etc:</p>	<p>£ (per briefing, plus travel expenses)</p>

Section 3 - Account Registration for Finance and Invoicing (if not provided in a previous Cohort Registration Form)

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).

Use details already provided:

Yes / No

Or complete the information below:

Lead Provider Name			
Address and Postcode			
Contact Name		Telephone No.	
Email Address		Company No	
Email Address for Statement		VAT no.	

Invoice Details – if different from above

Contact Name		Telephone No.	
Invoice Address and Postcode			

Account Payable Details – if different from above

Contact Name		Telephone No.	
Invoice Address and Postcode			

Purchase order number/details for Stage 1 payment

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Section 4 - Declarations

Employer Declaration	
This is to confirm that the [employer] has selected the Energy & Utilities Independent Assessment Service (EUIAS) as their end-point assessment organisation for the stated apprenticeship standard and cohort, and that the details supplied in this form are correct.	
Employer Name	
Contact Name:	
Job Title:	
Signature:	
Date:	

Lead Provider Declaration (this may be the employer)	
This is to confirm that the [Lead Provider] is approved on the Register of Apprenticeship Training Providers and will contract with and pay Energy & Utility Skills Limited (trading as Energy & Utilities Independent Assessment Service) on behalf of the employer for the delivery of end-point assessment. This is also to confirm that the details supplied in this form are correct.	
Lead Provider Name:	
Contact Name:	
Job Title:	
Signature:	
Date:	