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| **End-Point Assessment Gateway****Readiness Declaration & Checklist** |

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| **Apprentice Title & Name:**Click here to enter text. | **ULN:**Click here to enter text. | **Apprentice Email Address:****(If doing Cyber please provide Cisco Email address)**Click here to enter text. |
| **Apprenticeship Standard:**Digital Marketer (DM) | **Version of Standard/Published Date of Standard (If known):**Click here to enter text. | **Learner Start Date:**Click here to enter a date. |
| **Lead Training Provider (include Name and UKPRN):**Click here to enter text. | **Prime Contractor as per ILR -include UKPRN: (we will invoice this organisation if you have a Prime)** **(If applicable):**Click here to enter text. |
| **Employer Name & Reference Number (as per EDS):**Click here to enter text. | **Employer Contact Name & Address:**Click here to enter text. |
| **Synoptic Project Chosen:** DA - Project A HR Performance | **Synoptic Project Start Date:**Click here to enter a date. |
| **Dates unavailable for interview over the next three months** |  |

Once completed, please send this form to: EPATeam@bcs.uk

**Training Provider Declaration**

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| As the training provider and on behalf of the apprentice, and employer; agree that we have assessed the work completed to date by the apprentice and confirm that all the requirements have been met for the standard as detailed in the Assessment Plan and Occupational Brief. We are satisfied that the End-Point Assessment Gateway has been achieved. Evidence submitted in addition to this declaration form will be used by BCS, as the Awarding Organisation to assess the Apprentice – which will result in a formal grade that will be submitted to all relevant bodies. We confirm that the information provided is correct and will be used for the purposes of obtaining the Apprentice Standard Certificate. If the information provided is incorrect, this may result in additional charge. The training provider confirms that * all Knowledge and Understanding is assessed on programme through Knowledge Modules and Vendor or Professional Qualifications has been completed and achieved a pass.
* that Functional Skills in Maths and English have been completed and achieved a C grade or above (or equivalent).
* that the Apprentice submits the following evidence to best demonstrate how the minimum requirements for these criteria has been met.
* that the apprentice has completed the minimum requirement of 20% off-the-job training, relevant to their apprenticeship.
* confirm that BCS has been selected as the EPA organisation on the apprentice ILR
* confirm that the whole portfolio of evidence has been checked and in the opinion of the training provider meets the specific standard (as shown in Template 5 in the Standard Specific Guide and the Occupational Brief)
* The Summative Portfolio provides evidence against the totality of the standard. This is key to ensure the validity of the final assessment decision. **It is the responsibility of the Training Provider to check that all files have been submitted and can be accessed by the EPAO. BCS cannot be held responsible for any missing or corrupt files. BCS Assessors can only assess the files that have been uploaded by the Training Provider for the interview. BCS can accept no additional evidence and BCS will carry out assessments on the evidence submitted only.**
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| Name: Click here to enter text.Role: Click here to enter text.Signature of Training Provider: | Date:Click here to enter a date.**Purchase Order Number:** Click here to enter a date. |

**Employer Declaration**

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| I confirm that the employer reference dated 13 January 2022 is in support of the reference submitted. I confirm that the apprentice is in full time employment at her declared place of work, covering the duration of the apprenticeship up to and including 18 February 2022, at which time her employment has ceased due to her having handed in her resignation to enable her to take up an alternative post. I can confirm that all of the duties she has undertaken as listed in her reference have been undertaken during her period of employment during this firm. |
| Name: Click here to enter text.Role: Click here to enter text.Signature of Employer: | Date:Click here to enter a date. |

**Apprentice Declaration**

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| I hereby grant BCS authority to apply for Certification on my behalf. |[ ]  Signature of Apprentice:Click here to enter text.Full name:Date: |