# APPLICATION FORM

## End-point Assessor (EPA) for Apprenticeships

Please refer to existing vacancies and the requirements of the role before completing this form and complete all sections of the form even if you are providing a Curriculum Vitae (CV).

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| Personal Details | |
| **Title** |  |
| **First Name** |  |
| **Last Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email address** |  |
| **Contact Telephone Number** |  |
| **Gender/Unspecified (optional)** |  |

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| Apprenticeship Standards Please list the Apprenticeship Standard(s) you wish to be considered for as an EPA | |
| **Standard** | **Level(s)** |
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**For each of the Standards listed above, please provide the relevant information requested in the ‘Competency Requirements’ section of the form.**

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| Qualifications – Vocational or Academic Please give details of relevant qualifications including achievement of any Assessor/Verifier or other quality assurance qualifications | | |
| **Subject** | **Qualification** | **Date of Award** |
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| Membership of Professional Bodies Please provide details of any relevant bodies | |
| **Membership body** | **Date of Membership from and to** |
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| Employment Status | |
| Do you require a work permit/visa to work in the UK? | Yes/No |
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| If yes, what sort of permit/visa do you require? |  |
| Do you currently hold a permit/visa? | Yes/No |
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| Please state start and end date of permit/visa |  |

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| Employment Please give details of current and previous employment (last 5 years only) | | |
| **Employer** | **Position Held** | **Relevant Details** |
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| Why are you interested in the role identified? Please state briefly your reasons for applying for this position. | |
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| Conflicts of Interest | |
| Please list any organisations in which you have had current or recent employment as a consultant or in any other capacity. |  |
| Please state other organisations in which you may have a vested interest. |  |
| Do you assess, quality assure or moderate for any other Awarding Organisation or End-Point Assessment Organisation, Training Provider, College or Employer? If so, please give details. |  |

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| How did you become aware of this role? Please state briefly how you became aware of this opportunity |
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| Disclosure of criminal offences The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as spent. |
| Please give details, including dates and place, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17. |

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| Availability Please note this is an annual contracted, rather than permanent, role. The number of contracted days will vary, depending on apprentice numbers for End Point Assessment. | |
| How many days per month would you typically estimate that you would be able to spend in the EPA role? |  |
| Are you prepared to travel nationally? |  |
| If not, how far in miles are you prepared to travel? |  |
| Are you prepared to stay overnight? |  |
| Do you have access to a car, and are legally able to drive and are (or agree to become) insured for business use? |  |

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| ICT Skills | |
| Do you have access to a computer and the internet? |  |
| Do you have the ability and confidence to work with web-based applications? (These include submitting forms online, uploading and downloading documents, and using electronic platforms, e.g. Zoom/Teams, etc.) |  |

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| Professional Indemnity Insurance | |
| Do you have insurance which would provide coverage for the EPA activity? | Yes/No |
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| Data Protection Declaration (General Data Protection Regulations) |

I understand that this personal information may be entered on the Company’s computerised systems and held within a manual filing system. Information provided is subject to the General Data Protection Regulation (GDPR)

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| If appointed as an EPA, I agree to my personal information in relation to the appointment, including CV, performance reports and CPD records, being shared with the appropriate External Quality Assurer. | Yes/No |
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| My CV is attached | Yes/No |
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| Competency Requirements |

**Please complete the form below for each of the Standards for which you wish to apply and which you have listed on the first page of this document.**

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| **Title of the Standard applied for**  (e.g. Hospitality Team Member, garment maker) | **Specific Pathway if relevant**  (e.g. Food and Beverage Service or N/A) |
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| Relevant Occupational Experience in the last three years (whether employed, contracted or consultancy roles). Include type of work, with dates, and length of time in role. | |
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| Assessment experience in the last three years. This must relate to the Assessment Plan or the Standard for which you are applying. | |
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| Other practical occupational expertise or knowledge gained in the last three years. | |
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| Experience of grading assessments. | |
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| Other relevant sector specific knowledge and experience in the last three years. | |
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| Occupational and assessment CPD in the last 12 months (relevant to the standard for which you are applying) | |
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| Any other relevant experience or information not detailed above. | |
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| Further Information |

If invited to take part in training, you will be asked to provide evidence of your qualifications.

Please note that willingness to travel to centres and/or the Awarding Organisation Offices is essential.

Please note that a DBS check may be required.

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| If you have had a previous DBS check, please record the number. | DBS Number |
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This application will not be considered without a CV. Please note that CVs will be viewed in-house by the Head of Quality Assurance and MUST contain reference to your occupational competence and experience related to the requirements of the Apprenticeship Standard for which you are applying.

Applicants without Assessor qualifications may be required to work towards a qualification as part of their agreement to undertake the role.

I certify that, to the best of my knowledge, the information I have provided is a true and correct record. I understand that giving false information or failure to supply details will invalidate an offer of a contract or lead to termination of a contract. I agree to this information being used for legitimate purposes connected with recruitment and selection monitoring. Please note that, in submitting this form, you have accepted these terms, and agree to this declaration.

I understand that any offer of contract for supply of services may be subject to receipt of satisfactory references.

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| **Signed** |  | **Date** |  |
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**Further information can be sought by telephoning 0115 854 1636**

**Thank you for completing this form. Please submit your application to** [NeilF@skillsedugroup.co.uk](mailto:NeilF@skillsedugroup.co.ukk)