

Independent End Point Assessor Application

Personal Information

First Name		
Surname		
Address		
Address		
Address		
Postcode		

Contact Number		
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Email		

Which Apprenticeship Standards Do You Want To Assess?

Operations/Departmental Manager	Level 5	
Team Leader / Supervisor	Level 3	
Business Administrator	Level 3	
Customer Service Practitioner	Level 2	

Current Role

Current Employer		
Job Title		
Employment Status	Direct – Full Time	
	Direct – Part Time	
	Self Employed/Freelance	
	Casual /Ad Hoc	
Date Started This Role		

Experience

Please describe how your experience meets the requirements for an EPA Assessor for your selected Apprenticeship Standards

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Please provide two references		
Referee 1		
Name		
Contact Email		
How do you know this referee?		
Referee 2		
Name		
Contact Email		
How do you know this referee?		
When would you be available to commence assessment activity		
All successful applicants may be required to undergo a DBS check, prior to start. Please tick here to confirm you accept this requirement		
Declaration		
I confirm that the above information is correct to my knowledge.		
Name		
Signature		
Date		