End-Point Assessment Dispensation Timing Form

This form is provided for those Training Providers who do not have form for capturing activity of the Apprentice when working on their Synoptic Project from home.

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| Apprenticeship Standard |  | Standard Number |  |
| **Reason for action** | **Office closed due to Covid-19 and Apprentices working remotely for safety** | | |

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| **Project Task No.** | **Activity carried out** | **Duration** |
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Where a tutor/assessor undertakes monitoring “visits” remotely, please insure these are captured and they make any relevant comments on progress.

**Training Provider**

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name** |  | | |

**Apprentice**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |
| **Name** |  | | |