Customer application for an enquiry about an end-point assessment (EPA)

**This application must be submitted to City & Guilds within 20 working days from the date of the end-point assessment grade shown on Walled Garden.**

For full details on how the ‘End-point Assessment - Enquiries and Appeals please refer to the policy on the dedicated [EPA page](https://www.cityandguilds.com/apprenticeships/emerging-standards/end-assessment-service), under ‘Policies’.

|  |  |
| --- | --- |
| Name of customer contact | Customer contact name |
| Position | Contact’s position |
| Telephone number | Telephone number |
| Email address | Contact’s email address |

|  |  |
| --- | --- |
| Centre name (Customer) | Name of organisation |
| Centre number (e.g. 978123) | Centre number |
| Apprentice name | Name of apprentice |
| City & Guilds apprentice enrolment number (e.g. ABC1234) | Enrolment number |
| Apprenticeship standard and EPA (component) number (e.g. 1234-56, 789) | Apprenticeship standard code and EPA component |
| Date of EPA *(dd/mm/yyyy)* | Date of EPA event |
| Date City & Guilds issued the EPA results *(dd/mm/yyyy)* | Date of EPA results |

Please note:

* applications **cannot** be accepted from third parties (e.g. subcontractor to a main provider)
* City & Guilds will invoice the Customer on receipt of this re-assessment decision, if the grade is unchanged.

Please clearly detail the specific reason for the enquiry

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| Detail the specific reason(s) for the enquiry |

Additional information

Please use this box for any additional supporting information, you can attach additional sheets (there is no requirement to provide this)

|  |
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| Provide additional information to support the request |

Customer declaration

|  |  |  |
| --- | --- | --- |
| I confirm:   * I have been authorised to submit this form on behalf of the apprentice and their employer * the information provided in this application is complete and accurate; and * The main provider agrees to pay the invoice. | |  |
| Name | Name of person authorising request | |
| Position | Position of person authorising the form | |
| Date | Authorisation date | |

Apprentice declaration

|  |  |  |
| --- | --- | --- |
| I understand that the final grade awarded to me following this enquiry may be lower than, higher than, or the same as the grade originally awarded. | |  |
| Signature | Apprentice signature | |
| Date | Apprentice signature date | |

Please return the completed form to: [EPA.quality@cityandguilds.com](mailto:EPA.quality@cityandguilds.com) with the following in the subject of the email.

EAR request, <insert organisation name>, <insert apprenticeship standard>