## **Lead/ Independent End-point Assessor Application**

**Please refer to the personal specification to ensure your application evidences how you meet role requirements.**

Please submit your *a*pplication to**associate.epa@cityandguilds.com**

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| **Personal contact details**

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| **First name** |  | **Last name** |  | **Mr/Mrs/Miss/Ms** |
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| **Address** |  | **Address** |  | **Postcode** |
|  |  |  |  |  |
| **Personal email** |  | **Mobile no.** |  |  |

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| **Role**Please indicate which role/s you are applying for  | **🗸** |
| **Lead Independent End-point Assessor**  |  |
| **Independent End-point Assessor** |  |

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| **Apprenticeship Standard/s**Please list the [Apprenticeship standard/s](https://www.cityandguilds.com/apprenticeships/emerging-standards/independent-end-assessor) you wish to be considered for as a Lead/ Independent End-point Assessor.  |
| **Apprenticeship****standard** | **Level/s** | **Provide full details of occupational relevance**  |
| *Insurance Practitioner* | *2 and 3* | *Experienced and qualified financial services professional**Insurance Foundation Certificate Level 3* *Certificate in Retail Banking Conduct of Business (CertRBCB) Level 3* |
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| **Present employment**Please provide details of your current employment/ contracted role and how your responsibilities evidence your industry experience against the personal specification.  |
| **Employer** |  |
| **Job title** |  |
| **Self-employed, regular or ad hoc work** |  |
| **Type of organisation** |  | **✓** |
|  | **End-point Assessment organisation** |  |
| **Training provider** |  |
| **FE College** |  |
| **Small organisation (<50)** |  |
| **Medium organisation (<250)** |  |
| **Corporate organisation (>250+)** |  |
| **Position held** |  |
| **Main responsibilities** |
| **Explain how responsibilities evidence your industry experience against the personal specification** |
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| **Previous employment**Please list previous employment for the last five years, with the most recent first |
| **Date from****(mm/yy)** | **Date to****(mm/yy)** | **Name of Employer** | **Type of organisation** | **Position held and main responsibilities** | **How responsibilities evidence your industry experience against the personal specification** |
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| **It is essential that you have recent industry specific experience, maintained and recorded in a CPD log. Please identify your skills and experience which match the criteria in the personal specification and task profile/s;**

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| **Apprenticeship Standard/s** | **Level (s)** | **Your industry experience, relating to the apprenticeship standard and personal specification**  |
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I**f you are applying for the Lead Independent End-point Assessor role, please list details of your experience in monitoring and supporting a team of Assessors.**  |
| **Please indicate whether you have experience in Marking (Exams) and/or Writing (Assessment Materials) and in which subject areas****Are you happy to be contacted regarding City & Guilds Examiner/ development roles in these areas?**Yes [ ]  No [ ]   |

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| **Please list any other contracted roles you currently have with City & Guilds? E.g. Moderator, External Quality Assurer, Examiner.**  |
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| **Vocational/academic qualifications** Please provide details of relevant professional, vocational and/or academic qualifications, including achievement of any D, A/ V or TAQA Assessor/ Internal/ External Quality Assurer units and Key/Functional Skills units, listing most recent first. |
| **Subject** | **Qualification** | **Date of award** |
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| **Membership of professional bodies**Please provide details of any relevant bodies you have membership with |
| **Membership body** | **Date of membership from** | **Date of membership to** |
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| **Reason for interest****Please state briefly your reasons for applying for this position.** |
| **What attracts you to work at City & Guilds?**  |
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| **Where did you see Lead/ Independent End-point Assessor roles advertised?** |
| **Do you consider yourself to have a disability or health condition?** Yes🗆 No 🗆 What is the effect or impact of your disability or health condition on your ability to carry out contracted work? Please write in here: |

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| **Availability****Please note this is an annual contracted, rather than permanent role. The number of contracted days will vary, depending upon apprentice numbers for End-point Assessment. As a minimum, we ask that you can commit to at least 25 days per year which includes any training and standardisation sessions.** Are you limited to specific days of the week? Please provide details:

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**If employed, how many days per month would be permitted by your employer?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Are there any particular days in the week you can’t commit to? If so please list which days;**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please provide details:

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**Are you prepared to travel nationally?** Yes [ ]  No [ ] **Which Region (s) would you be prepared to assess within and potentially stay overnight?**

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| Yorkshire and Humber | Choose an item. | South West | Choose an item. |
| Northern Ireland | Choose an item. | London | Choose an item. |
| West Midlands | Choose an item. | South East | Choose an item. |
| North West | Choose an item. | East of England | Choose an item. |
| East Midlands | Choose an item. | North East | Choose an item. |
| Scotland | Choose an item. | Wales | Choose an item. |

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| **IT skills** Do you have access to a computer and the internet? Yes [ ]  No [ ] Do you have the ability and confidence to work with web based applications? (These include submitting forms online, uploading and downloading documents) Yes [ ]  No [ ]  |

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| **References – this is mandatory for your application to be considered.**Referees will be contacted following successful vetting of your application.Please nominate two referees who must be responsible persons of over 18 years of age and not related to you. Both referees must be known to you in your professional capacity as a past or present employer.

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| **Employer referee:** | **Character referee:** |
| Name: | Name. |
| Email: | Email: |
| Telephone no: | Telephone no. |
| Occupation/relationship to applicant: | Occupation/relationship to applicant: |

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| Due to the nature of your services and for the purposes of the Rehabilitation of Offenders Act Exceptions Order, please provide details of any criminal convictions, and the penalty imposed, whether or not regarded as spent under the Rehabilitation of Offenders Act 1974:If you are Disclosure and Barring Service (DBS) approved, please provide your reference number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Declaration by applicant**I confirm the information provided by me in this application form is correct to the best of my knowledge. I understand that any offer of contract for supply of services will be subject to receipt of satisfactory references.Name of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thank you for completing this form. Please submit your **application,** **CPD Log** along with the **Equal Opportunities Form**, to:**associate.epa@cityandguilds.com** |