### 9129 Professional discussion discretion eligibility form

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| Apprentice name: |   | Enrolment no. |  |
| **Apprenticeship**  | **9129-12 Beauty Therapist**  |

This additional discretion option, that allows the replacement of the practical observation by a professional discussion (supported by a package of evidence and competency statement), has been provided for circumstances where that is not possible, or in exceptional circumstances where it would not be appropriate to use the previously existing Covid-19 flexibilities and dispensations.

**To request this discretion please confirm the following:**

|  |  |
| --- | --- |
|  | Y/N |
| The Apprentice has met gateway requirements and all Beauty Therapy on-programme assessments have been completed and signed off as competent. |  |
| The date when apprentice met gateway requirements: |  |
| The Apprentice is aware that by using this discretion the maximum grade available is a pass and that they are not able to re-sit/re-take EPA via practical observation at a later date to get a distinction |  |
| **What attempts have been made to deliver these EPA assessments face to face? Why did this not work?**  |
|  |

**Please indicate which criteria the Apprentice meets proving further reasoning to support your request to use the discretion:**

|  | Y/N |
| --- | --- |
| Close contact/personal care services are not available (due to national or regional lockdowns, other restrictions or Government Covid 19 guidance) and the apprentice does not wish to delay their EPA  |  |
| It is not safe for the apprentice to undertake close contact work for personal medical reasons (e.g. shielding) or similar (e.g in line with Public Health England guidance) |  |
| **Please provide further details below**  |
| There are difficulties in accessing appropriate venues (e.g. feasibility issues due to commercial difficulties) |  |
| **Please provide further details below** |
| The employment situation of the apprentice has changed or is changing in a way which necessitates the use of this this discretion. |  |
| **Please provide further details below** |
| The above reasons are not exhaustive. City & Guilds will consider any other request on its merits. Please capture details below for any other reason |

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| --- | --- |
| **Apprentice name:** |  |
| **Apprentice signature:** |  |
| **Date** |  |

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| --- | --- |
| **Assessor/Employer name:** |  |
| **Assessor/Employer Role:** |  |
| **Assessor/Employer signature:** |  |
| **Date** |  |