Level 2 Retailer Apprenticeship

(9306-12)

**September 2018, v1.2**

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| Version and date | Change detail | Section |
| V1.1 August 2018 | Update of text and formatting of Gateway form | Gateway form |
| V1.2 September 2018 | Update Gateway form requirements | Gateway form |
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Introduction

### What is in this document

Recording forms to be used by Centres / End-point Assessment customers / Employers / Training providers:

* End-point Assessment Gateway Declaration Form
* Apprentice details form

This document must be used alongside the **9306 EPA Pack - Centres** document.

### Guidance on how to use the recording forms

Centres / End-point Assessment customers / Employers / Training providers must use the forms provided by City & Guilds in the format laid out in this document.

**Gateway form**

This must be completed with the Apprentice and submitted to City& Guilds as part of the End-point Assessment booking process.

End-point Assessment Gateway Declaration Form

Please complete this form to confirm that all parties are satisfied that the apprentice has met the gateway requirements and can be put forward for end-point assessment (EPA) with City & Guilds.

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| --- | --- | --- | --- |
| Apprenticeship Standard |  | Start date |  |
| **Apprentice name** |  | **Enrolment**  **number** |  |

|  |  |
| --- | --- |
| **Entry Requirement(s)** | **Achieved (Yes/No)** |
| The apprentice has been given appropriate time to attend the on and off-the-job training required for the apprenticeship standard. |  |
| The apprentice has achieved a Level 1 in English and Mathematics. |  |
| The apprentice has taken the test for Level 2 English and Mathematics. |  |
| The apprentice has completed a minimum of 12 months of on-programme learning and all pre-requirements for eligibility for end point assessment. |  |

Providers must submit evidence of achievement to us for each gateway requirement. It is the provider’s responsibility to keep auditable evidence of these requirements. Without appropriate evidence, we will not be able to complete your booking or carry out the EPA. Customers may still be charged.

|  |  |  |
| --- | --- | --- |
| **Any previous End-Point Assessments** | | |
| Has the apprentice taken any assessments as part of the EPA for this apprenticeship standard with any other EPA organisation? | | Yes/No |
| **If yes** | | |
| Which EPA organisation was this? |  | |
| What was the date(s) of the EPA? |  | |
| What grade(s) was issued, eg fail/pass/merit/distinction? |  | |

**Employer and provider declaration:**

**I confirm that the gateway meeting has been carried out to confirm that the apprentice:**

1. **Has achieved all EPA gateway requirements as listed above and has the knowledge, skills and behaviours required by the apprenticeship standard and is eligible for EPA.**
2. **Has been employed throughout their apprenticeship.**
3. **Will have completed a minimum of 12 months and 1 day on-programme before the first EPA assessment with City & Guilds.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** |  | **Date** |  |
| **Training Provider (if appropriate)** |  | **Date** |  |

**Apprentice declaration:**

**I confirm that I have gone through a gateway process to check that I am eligible for EPA.**

**I give City & Guilds permission to apply to the ESFA and the Institute for Apprenticeships for the apprenticeship certificate on my behalf when I complete EPA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Apprentice** |  | **Date** |  |

Providers should submit the completed form to us through the EPA portal. Please refer to the [Manual for the End-Point Assessment Service](https://www.cityandguilds.com/~/media/cityandguilds-site/documents/apprenticeships/manual-for-the-end-point-assessment-service%20pdf.ashx) for details, including timeframes.

Apprentice details

Please fill in all of your details before you carry out any assessments.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Apprentice Details** | | | | | | |
| Surname |  | | |  | Forename(s) |  |
|  | | | | | | |
| City & Guilds enrolment number | | |  | | | |
|  | | | | | | |
| **Centre Details** | | | | | | |
| Name | |  | |  | Centre No |  |
|  | | | | | | |

I understand the requirements of the qualification and that all the work towards the assessments must be my own.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Apprentice signature** |  | | | |
|  | | | | |
| **Assessor name**  (please print) |  |  | Signed |  |
|  | | | | |
|  |  | | Date |  |