**End Point Assessment Employer Checklist – Level 3 Team Leader**

Please complete the checklist for each apprentice or cohort to tick off some of the key steps – and some of the easily overlooked tasks – to keep you on track to helping your apprentice through to successful completion of their end-point assessment (EPA).

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| **Before gateway** | **Y/N** | **Comments** |
| The apprentice meets the requirements of the assessment plan and confirm with your provider that you believe the apprentice to be competent |  |  |
| The apprentice has clear evidence they have completed their mandatory 20% off-the-job training (or are on track to) |  |  |
| An assessment window is set with your provider when you’ll agree the apprentice is ready to be booked in for EPA |  |  |
| **Gateway** | **Y/N** | **Comments** |
| Timely gateway sign-off of the apprentice’s competence and readiness for assessment is agreed with your provider |  |  |
| The apprentice has been on-programme with the provider for at least 366 days prior to the EPA taking place |  |  |
| Any EPA evidence, where required by the assessment plan, has been shared with the assessment organisation by your provider |  |  |
| The apprentice has enough time to complete any evidence requirements leading up to EPA |  |  |
| Your provider has advised you of the EPA date(s) so you can make sure the location/venue/room and your apprentice are available for the EPA on the agreed date and time |  |  |
| **EPA** | **Y/N** | **Comments** |
| The apprentice is available for their EPA and knows where to go and what they’re doing |  |  |
| For any assessments on your premises, the right environment:   * is booked, available and ready * meets health and safety requirements   has the right equipment and technology and this is in full working order |  |  |
| **After EPA** | **Y/N** | **Comments** |
| The Institute for Apprenticeships has sent you the certificate for the apprenticeship |  |  |
| If using an assessment organisation that provides their own record of achievement, you’ve received this from your provider |  |  |