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| **END-POINT ASSESSMENT REGISTRATION FORM** Please return to [epainfo@thereal.company](mailto:epainfo@thereal.company) | | | | | | | | | | | | | | | | | | **APPRENTICESHIP:** BUSINESS ADMINISTRATION LEVEL 3 | | | | | | | | | | | | |
| **Candidate Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | | | First name(s): | |  | | | | | Surname | |  | | | | | | | Date of birth | | | | |  | | | | |
| Home address: (including postcode) | | | | | | |  | | | | | | | Unique Learner Number: | | | | | | | |  | | | | Gender: | | | |  |
| Daytime Phone No.: | | | | | | |  | | | | | | | Mobile Phone No: | | | | | | | |  | | | | | | | | |
| **Employer Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer Name: | | | | | | |  | | | | | | | | Employer Reference Number: | | | | | | | |  | | | | | | | |
| Employer address: (including postcode) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Employer contact name and details | | | | | | |  | | | | | | | | | Contact Phone No. | | | |  | | | | | | | | | | |
| Email address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Training Provider Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training Provider Name: | | | | | |  | | | | | | | | | | | Training Provider UKPRN | | | | | | |  | | | | | | |
| Training Provider Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Training Provider Contact Name and Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | |  | | | | | | Phone Number | | |  | | | | | | | | | | Contact Email | | | | |  | | |
| **End Point Assessment Fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First attempt | | |  | | | | | | | | | Second Attempt | | | | | | | | | | | | |  | | | | | |
| **Important Information** The Real Apprenticeship Company is required to verify the eligibility of candidates and will do so on receipt of this registration form. **NOTE – this registration is not transferrable to any other person** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Declaration** *I have completed the “gateway” requirements outlined in the Assessment Plan and hereby apply to register for End-point Assessment. I consent to the information on this form being held in accordance with the requirements of the Business Administration End-point Assessment Programme and for* The Real Apprenticeship Company *to apply for an Apprenticeship certificate on my behalf on successful completion. Employer/Training Provider I confirm that the information on this form is correct and that the candidate is eligible for End-point Assessment.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signed (candidate): | |  | | | | | | Date: |  | | Signed (employer/training provider): | | | | | | | |  | | | | | | | | Date: | |  | |