



Training Provider End-Point Assessment Registration Form

Training Provider Number: <i>(VetSkill Use Only)</i>	
Training Provider Name:	
Apprenticeship Standard:	

Please complete this form to register your intent to contract with VetSkill for EPA. Each EPA agreement requires a separate Registration Form. Please ensure that you complete all sections of the form. VetSkill will send an EPA agreement to you within 5 working days of receipt of this form. In order to ensure our records are up to date a yearly update form will be sent to you for completion and return.

The information you provide is important and will be relied upon by VetSkill to provide details of specific points of contact, access to systems and relevant documentation, apprenticeship certification, and invoicing.

VetSkill requires details of **ALL** staff that require access.

If you require assistance when completing this form please contact us on 01480 278 580 or epao@vetskill.com

1. Training Provider Details

Training Provider Name:	
UK PRN:	
Company Registration Number:	
Registered Charity Number: (if relevant)	
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Postcode:	
Telephone Number:	
General Email Address:	
Website:	

2. Management Details

Please complete the details of the member of the organisation that is responsible for Apprenticeship Standard End-Point Assessments. Note that this will be the main Training Provider point of contact unless otherwise stated.

Title:	
First Name:	
Surname:	
Job Title:	
Telephone Number:	
Mobile Telephone Number:	
Email Address:	



3. EPA Booking Point of Contact

VetSkill require a sole point of contact for all EPA booking codes and booking confirmations to be sent to. Please ensure that this email address is available and checked regularly for any EPA booking correspondence so no EPA booking information is missed throughout the process.

Email for Booking Information:	
Title:	
First Name:	
Surname:	
Job Title:	
Telephone Number:	
Mobile Telephone Number:	

4. Invigilation Details *

Please provide details below of any personnel that will require access to our Cirrus online platform to invigilate online knowledge tests.

Title:	
First Name:	
Surname:	
Job Title:	
Email Address:	
Telephone Number:	
Access Required:	Cirrus <input type="checkbox"/>

Title:	
First Name:	
Surname:	
Job Title:	
Email Address:	
Telephone Number:	
Access Required:	Cirrus <input type="checkbox"/>

5. Access for Additional Training Provider Personnel

Please provide details of personnel (other than those already provided) who may require access to EPA Hub and assessment results.

Title:	
First Name:	
Surname:	
Job Title:	
Telephone Number:	
Email Address:	
Access Required:	EPA Hub <input type="checkbox"/>

Title:	
First Name:	
Surname:	
Job Title:	
Telephone Number:	
Email Address:	
Access Required:	EPA Hub <input type="checkbox"/>



6. Invoicing Details

Please provide the finance point of contact for invoicing of Apprenticeship Standard EPA. Please note that the apprentice will not be permitted to book or take their EPA without VetSkill receiving payment in full. Please see the *VetSkill EPA Manual and individual standard EPA Agreements* for further information.

Contact Name:	
Organisation Name:	
Purchase Order Required: <i>(Check if required)</i>	<input type="checkbox"/> <i>If 'Yes' please ensure that the appropriate contact details for providing purchase order numbers is included</i>
Address Line 1:	
Address Line 2:	
Town/City:	
County:	
Postcode:	
Email Address:	
Telephone Number:	
VAT Registration Number:	

On receipt of this form, VetSkill will send out your EPA Agreement for completion.

Please note, access will not be given to any individual until the signed EPA Agreement has been returned.



7. Declaration

I declare that I am authorised by the above Training Provider to supply the information given above and, at the date of signing, the information provided is a true and accurate record to the best of my knowledge.

Authorised Signatory:	
Print Name:	
Training Provider Name:	
Position:	
Date:	

When you have fully completed all sections of the form, please email to: epao@vetskill.com