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| **END-POINT ASSESSMENT REGISTRATION FORM** Please return to epainfo@thereal.company  | **APPRENTICESHIP:** RETAILER LEVEL 2  |
| **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 Retailer 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: |  |