

Training Provider End-Point Assessment Registration Form

Please complete this form to register your intent to contract with VetSkill for EPA. 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.

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

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 to:

VetSkill Web Portal – for the registration of apprentices, uploading of Gateway Declaration Forms and associated evidence, and booking of assessments for some apprenticeship standards.

VetSkill Hub – access to EPA documentation employer/training provider and apprentice guides and sample assessment materials

Assessment results – this will give users access to assessment results on the EPA Hub and VetSkill Secure folder for the transfer of feedback

1. Training Provider Details

Training Provider Number: (VetSkill use only)	
Apprenticeship Standard(s):	
Training Provider Name:	
Training Provider Address: (main site)	
UKPRN:	
Company registration number:	
Registered Charity Number (if relevant)	
Telephone No:	
Email:	
Website:	

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2. Management Details

Please complete the details of the member of the organisation that is responsible for Apprenticeship Standard End-Point Assessments. **This individual will automatically be given access to the VetSkill Web Portal, VetSkill Hub and assessment results, and must be the individual that apprenticeship certificates should be sent for the attention of.**

Note that this will be the main Training Provider point of contact unless otherwise stated.

Title:		First Name:		Surname:	
Job Title:					
Tel:		Mob:			
Email:					
Address:					

3. EPA Booking Point of Contact

VetSkill require a sole point of contact and email address 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 Address for all EPA Booking Information:					
Title:		First Name:		Surname:	
Job Title:					
Tel:		Mob:			
Address:					
Access to Web Portal Required					
Access to VetSkill Hub Required					

4. Personnel Details

Please provide details for personnel (out with those already provided) that require access to the VetSkill Web Portal, VetSkill Hub, and assessment results.

1.					
Title:		First Name:		Surname:	

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Job Title:					
Tel:		Mob:			
Email:					
Access to Web Portal Required					
Access to EPA Secure Required					
Access to Assessment Results Required					
2.					
Title:					
Title:		First Name:		Surname:	
Job Title:					
Tel:		Mob:			
Email:					
Access to Web Portal Required					
Access to EPA Secure Required					
Access to Assessment Results Required					
3.					
Title:		First Name:		Surname:	
Job Title:					
Tel:		Mob:			
Email:					
Access to Web Portal Required					
Access to EPA Secure Required					
Access to Assessment Results Required					
4.					
Title:		First Name:		Surname:	
Job Title:					
Tel:		Mob:			
Email:					
Access to Web Portal Required:					

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Access to EPA Secure Required:		
Access to Assessment Results Required		
5.		
Title:	First Name:	Surname:
Job Title:		
Tel:	Mob:	
Email:		
Access to Web Portal Required:		
Access to EPA Secure Required:		
Access to Assessment Results Required		

5. 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 for Invoicing		<i>If 'Yes' please ensure that the appropriate contact details for providing purchase order numbers is included</i>
Address:		
Postcode:		
Email Address:		
Telephone Number:		
VAT Registration Number (where appropriate)		

6. 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

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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

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