

Highfield Level 4 End-Point Assessment for ST0325 Retail Manager

Apprentice Details

				Highfield use only
Name				
Job title				
Employer				
Training Provider				
On programme start date		On programme end date		
Gateway meeting date		Assessment has been scheduled	<<Yes / No>>	
Has the minimum duration of 12 months been met, as defined in the ESFA funding rules?			<<Yes / No>>	
Has the apprentice taken any part of the end-point assessment for this standard with any other end-point assessment organisation?			<<Yes / No>>	

Gateway Requirements

Requirement	Achieved	Evidence provided	Highfield use only
Achieved English Level 2	<<Yes / No>>	<i>Tick box</i>	
Achieved Maths Level 2	<<Yes / No>>	<i>Tick box</i>	
Business project synopsis	<<Yes / No>>	<i>Tick box</i>	

Gateway Review Meeting

The employer, supported by the training provider, must agree that the apprentice is, in their view, competent in the role and therefore ready to undertake the end-point assessment. This should be recorded in the table below, along with any comments. See EPA-kit for more information regarding the Gateway review meeting.

	Ready for Assessment
Customer	<<Yes / No>>
Financial	<<Yes / No>>
Leadership	<<Yes / No>>
Marketing	<<Yes / No>>
Communications	<<Yes / No>>
Sales and promotion	<<Yes / No>>
Product and service	<<Yes / No>>
Brand reputation	<<Yes / No>>
Merchandising	<<Yes / No>>
Stock	<<Yes / No>>
Developing self and others	<<Yes / No>>
Team performance	<<Yes / No>>
Diversity	<<Yes / No>>
Technology	<<Yes / No>>
Legal and governance	<<Yes / No>>
Business project	<<Yes / No>>
Professional discussion	<<Yes / No>>

Has the apprentice been confirmed as ready for assessment for this standard?	<<Yes / No>>
<p>If No, a period of additional training and preparation must take place. Following the additional training and preparation, the Gateway review meeting, and this readiness form, must be completed again.</p> <p>If Yes, please proceed to complete the remainder of this form, including the declaration, which must be signed by all parties.</p>	

Declarations

By signing this form, the signatories below confirm that they understand and agree to the following.

1. That the employer has selected Highfield as their end-point assessment organisation and agrees to the negotiated price.
2. That the apprentice has completed the mandatory on programme elements of the apprenticeship and is ready for end-point assessment with Highfield.
3. That all evidence used within any assessment or presented to Highfield is the apprentice’s own work and does not infringe any third-party rights.
4. That evidence will be recorded and stored for quality assurance purposes using audio equipment.
5. That the apprentice meets all Highfield’s and Education and Skills Funding Agency (ESFA) requirements, including that relating to eligibility to be put forward for end-point assessment.
6. That the apprentice has been on programme for the minimum duration required by the ESFA and assessment plan.
7. That the apprentice has achieved the minimum pre-requisite maths and English achievement as detailed in this document and on the assessment plan.
8. That the apprentice, if successful, gives permission for Highfield to request the apprenticeship certificate from the ESFA, who issue the certificate on behalf of the Secretary of State.
9. Where e-portfolio access has been granted, no further amendments will be made to the evidence from the point of submitting this form to Highfield.
10. Where e-portfolio access has been granted, this will be available until such time that the apprentice has been certificated by the ESFA when access will then be removed.

The undersigned also acknowledge and accept that, in the event that any of the above requirements are not met, Highfield will be unable to end-point assess and certificate the apprentice. Furthermore, in such circumstances Highfield may draw any discrepancies to the attention of the ESFA or any other relevant authority/organisation.

Signed by apprentice (name)	Signature	Date
Signed on behalf of employer (name)	Signature	Date
Signed on behalf of provider (name)	Signature	Date