

**Highfield Level 3 End-Point Assessment for ST0150**  
**Electrical Electronic Product Service and Installation Engineer**  
**Practical Skills Test Plan**

|                          |  |
|--------------------------|--|
| <b>Apprentice's Name</b> |  |
| <b>Employer</b>          |  |

| <b>Skills Test</b>                                    | <b>Make and Model of Equipment to be used</b><br><i>(to be completed by the centre)</i> | <b>Potential faults that can be loaded onto equipment</b><br><i>(to be completed by centre. 4 faults to be specified)</i> | <b>Fault to be loaded</b><br><i>(to be completed by Highfield)</i> |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Skills Test 1: Fault Diagnosis</b>                 |                                                                                         |                                                                                                                           |                                                                    |
| <b>Skills Test 2: Fault Diagnosis</b>                 |                                                                                         |                                                                                                                           |                                                                    |
| <b>Skills Test 3: Replacement of Faulty Component</b> |                                                                                         |                                                                                                                           |                                                                    |
| <b>Skills Test 4: Installation of Product</b>         |                                                                                         |                                                                                                                           |                                                                    |

|                                                       |  |
|-------------------------------------------------------|--|
| <b>Staff member at provider confirming equipment:</b> |  |
| <b>Independent Assessor Signature:</b>                |  |