

## Apprentice Details

				Highfield use only
Name				
Job title				
Employer				
Training Provider				
Standard (and pathway if applicable)				
Further learning start date		Further learning end date		
Gateway meeting date		Assessment has been scheduled	. <<Yes / No>>	

## Re-take Review

The employer, supported by the training provider, must agree that the apprentice is, in their view, ready to re-take the end-point assessment.

Has the apprentice been confirmed as ready for assessment for this standard?	. <<Yes / No>>
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Signed by apprentice (name)	Signature	Date
Signed on behalf of employer (name)	Signature	Date
Signed on behalf of provider (name)	Signature	Date