

## **Employer Confirmation of End-Point Assessment Services**

This form is to be completed by either the Training Provider or Employer and submitted to the Employer Engagement Team at Highfield Assessment. Alternatively, please send to [info@highfieldassessment.com](mailto:info@highfieldassessment.com)

### **Section 1: Training Provider Details**

|                       |  |
|-----------------------|--|
| Name                  |  |
| UKPRN                 |  |
| Contact Name          |  |
| Contact Email Address |  |
| Contact Number        |  |

### **Section 2: Employer Details**

|                               |  |
|-------------------------------|--|
| Company Name                  |  |
| Company Address               |  |
| Company Contact Name          |  |
| Company Contact Position      |  |
| Company Contact Email Address |  |
| Company Contact Number        |  |