**Instructions for use of this form – Training Provider**

Before Advance Assessments can register a learner for assessment we are required to complete a Conflict of Interest process.

To register a learner please complete the form below adding for each learner in the cohort: Surname, First Name, Any adjustments required, email address, Employer Name and Training Provider Name. Then upload the form to your secure upload area available at: <https://advanceassessments.co.uk/course/view.php?id=13>

**Instructions for use of this form – Assessment Manager**

1. Use a separate form for each cohort undertaking an End Point Assessment for one standard, number the cohorts sequentially by date the request for EPA was received and use this number to identify cohorts on the online assessment system.

2. Enter the Apprenticeship standard name and number in the form below. Also provide a link to the relevant area on the Institute for Apprentices and Technical Education website.

3. Enter the details of each learner to be assessed in the table overleaf, check with the training provider for any adjustments required for learner and any sub-contract organisations included in training delivery.

|  |  |
| --- | --- |
| **Apprenticeship standard name and number** |  |
| **Link to apprenticeship standard details on Institute for Apprentices and Technical Education website** |  |
| **Date of first contact from employer for this cohort** |  |
| **Proposed date range for EPA activities** |  | **Cohort number** | 51 |

**Instructions for use of this form – Directors, Assessors and Internal Verifiers**

4. On receipt of this form, directors, assessors and internal verifiers should examine the learner details below and sign (electronic signature is acceptable) to confirm there is no conflict of interest. The form should be returned to the Assessment Manager for review and storage. Do not retain a copy of the form in your own storage system.

4.1 Conflicts of interest may include:

4.1.1 Employment or any other links with an learners’ employer or training provider

4.1.2 Prior links with the learner, their employer, or an organisation involved in the on-programme delivery of the training programme. For example, friends or relatives involved in the delivery

4.1.3 Direct employment with an organisation that is in direct competition with an organisation involved in on-programme delivery

4.1.4 Employment or other links with other assessment organisations, individual assessors or External Quality Assurance Bodies

4.1.5 Any other interest that may compromise your assessment decision

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learner****Surname** | **Learner****Forename(s)** | **Any reasonable adjustments required for this learner? Please describe where applicable. If none, enter N/A.** | **Email address to be used for this learner****The learner will be contacted on this address with log-in details** | **Employer name** | **Training Provider (Where there is more than one provider, list all training organisations included in the on-programme delivery and indicate which is the prime provider that will hold the contract for EPA)** |
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5. **Directors only:** I declare that I know of no conflict of interest in Advance Assessments conducting this End Point Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **Forename(s)** | **Signature** | **Date** |
|  |  |  |  |

6. **Assessors only:** I declare that I know of no conflict of interest in my conducting this End Point Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **Forename(s)** | **Signature** | **Date** |
|  |  |  |  |

7. **Internal Verifiers only:** I declare that I know of no conflict of interest in my conducting this End Point Assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **Forename(s)** | **Signature** | **Date** |
|  |  |  |  |

8. I have identified an actual/potential conflict of interest (details appended to this form) for review by the Assessment Manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | **Forename(s)** | **Signature** | **Date** |
|  |  |  |  |

**Associated policy and procedure**

AA\_OP\_06 – Advance Assessments Conflict of Interest Policy and Procedure