**Gateway submission form: Level 3 Workplace Pensions (Administrator or Consultant)**

**Apprentice Details**

|  |  |
| --- | --- |
|  **Name of Apprentice** **(First name and Family name)**  |  |
| **Apprentice Registration Number/ULN** |  |
| **PMI Number (if relevant)** |  |
| **Date of Birth** |  |
| **Job role**  |  |
| **Apprentice Contact details**  | **Mobile Number** |  |
| **eMail Address** |  |

**Employer Details**

|  |  |
| --- | --- |
| **Employer name**  |  |
| **Contact details**  | **Address** |  |
| **Telephone Number** |  |
| **eMail Address** |  |

**Training Provider Details (for invoicing)**

|  |  |
| --- | --- |
| **Training Provider name**  |  |
| **Contact details**  | **Address** |  |
| **Telephone Number** |  |
| **eMail Address** |  |

**Certificate Details**

|  |
| --- |
| **Address** |
| **Employer or Home address of the Apprentice?** | **Employer** | **Home** |
| **Authorisation form completed and sent?** | **Yes** | **No** |

**Employer Details**

|  |  |
| --- | --- |
| **Employer name and address** |  |
| **Employer Reference Number** |  |
| **Apprentice’s Line Manager****Name and Contact details**  | **Name** |  |
| **Telephone Number** |  |
| **Extension (if appropriate)** |  |
| **eMail Address** |  |

Please complete this form and return it to PMI, along with the required documentation, when an apprentice is ready to proceed through the gateway. Its purpose is to:

* confirm that the Apprentice is ready for Gateway
* provide you with a confirmation that all the areas in the standard have been covered and provide us with a summary of this
* ensure all the required documentation has been provided

**1 The standards**

Please indicate with a tick in the box corresponding to each standard to confirm that the relevant standard has been met. Please indicate in the third column where additional coverage can be evidenced.

The column and rows will expand to enable you to elaborate further. You can also copy and paste the tick here **✓** into each box.

|  |  |  |
| --- | --- | --- |
| **Areas** | **Portfolio****Tick (✓) if covered** | **Other****e.g. Qualification****Please specify** |
| **Knowledge**  |
| Workplace pension schemes (K1, K2) |  |  |
| Regulatory and compliance (K3, K4 and K5) |  |  |
| Business awareness (K6, K7) |  |  |
| Systems and processes (K8, K9 and K10) |  |  |
| **Skills**  |
| Client service and delivering results (S1, S2 and S3) |  |  |
| Communication (S4, S5) |  |  |
| Team working and collaboration (S6, S7, S8 and S9) |  |  |
| Planning and organising (S10, S11 and S12) |  |  |
| Personal development (S13 and S14) |  |  |
| **Behaviours** |
| Honesty and integrity (B1 and B2) |  |  |
| Accountability (B3 and B4) |  |  |
| Commitment and enthusiasm (B5 and B6) |  |  |
| Personal effectiveness and adaptability (B7, B8, B9 and B10) |  |  |
| **Additional Administrator competencies (where applicable)** |
| Scheme benefits (AAK1, AAK2 and AAK3) |  |  |
| Analytical (AAS1 and AAS2) |  |  |
| **Additional Consultant competencies (where applicable)** |
| Trustee (or equivalent) responsibilities (CAK1 and CAK2) |  |  |
| Scheme benefits (CAK3 and CAK4) |  |  |
| Client understanding (CAK5 and CAK6) |  |  |
| Solution Development CAS1, CAS2 |  |  |

**2 The documentation**

The employer/training provider must supply the end point assessment organisation with the documentation included in the table below.

Please scan copies of the documentation listed below and send them to PMI electronically. In the second column please confirm which documentation has been included.

|  |  |
| --- | --- |
| **Documentation required** | **Confirmation****(✓or X)** |
| A copy of the portfolio and any portfolio assessment feedback  |  |
| Copies of qualification certificates (Please specify)  |  |
| Where the apprentice has completed an alternative knowledge programme to a regulated qualification, evidence of coverage of the standard and validity of the assessment of the apprentice  |  |
| A signed statement by the apprentice that the submitted portfolio is their own work.  |  |

**3 Space for additional comments**

This space is for you to highlight any issue relating to the coverage of the standards, the portfolio, or any documentation included that you need to bring to the EPA’s attention.

|  |
| --- |
|  |

Please return the completed form to PMI End Point Assessment Organisation, 20th Floor, Tower 42, 25 Old Broad Street, EC2N 1HQ or email to qualifications@pensions-pmi.org.uk

Sign to confirm that all requirements have been met and this stage has been satisfactorily completed

Signatures

|  |  |  |
| --- | --- | --- |
|  | Name | Signature |
| Training Provider |  |  |
| Employer |  |  |
| Apprentice |  |  |
| Date |  |  |