

End-point Assessment Decision Template

FULL NAME OF APPRENTICE		
NATIONAL INSURANCE NUMBER		
TRAILBLAZER STANDARD	WORKPLACE PENSIONS	
COMPETENCY STREAM *	ADMINISTRATOR	CONSULTANT
PROFESSIONAL QUALIFICATION(S) GAINED & VERIFIED BY EMPLOYER		
EMPLOYER ASSESSOR GRADING OF PORTFOLIO *	PASS	DISTINCTION
DATE PORTFOLIO RECEIVED BY ASSESSMENT ORGANISATION		
END-POINT ASSESSOR GRADING OF PORTFOLIO *	PASS	DISTINCTION
DATE OF REFLECTIVE DISCUSSION		
END-POINT ASSESSOR GRADING OF REFLECTIVE DISCUSSION *	PASS	DISTINCTION
OVERALL END-POINT GRADE *	PASS	DISTINCTION

NAME OF END-POINT ASSESSOR		
END-POINT ASSESSMENT COMPLETE	SIGNED	
	ROLE	
	DATE	

DATE PASSED FOR MODERATION BY ASSESSMENT ORGANISATION		
DATE OF MODERATION		
ACCEPT OVERALL END-POINT GRADE *	YES	NO
IF NO – END-POINT RATIONALE FORM COMPLETED *	YES	N/A
OVERALL END-POINT GRADE TO BE AWARDED*	PASS	DISTINCTION

Date Grading communicated to

EMPLOYER	
TRAINING PROVIDER	
APPRENTICESHIP CERTIFICATE AWARDING BODY	

*** DELETE AS APPROPRIATE**