

**END-POINT ASSESSMENT
REGISTRATION FORM**Please return to
qualifications@pensions-pmi.org.uk**APPRENTICESHIP
LEVEL 3 WORKPLACE PENSIONS (CONSULTANT OR ADMINISTRATOR)**

Candidate Details: Please select chosen option (circle):				Consultant Option	Administrator Option	
PMI No:		Title:		First name(s):	Surname:	Date of birth:
Home address: (including postcode)				Unique Learner Number:		Gender:
Daytime Phone No.:			Mobile Phone No:			
Employer Details						
Employer Name:				Employer Reference Number:		
Employer address: (including postcode)						
Employer contact name and details				Contact Phone No.		
Email address:						
Training Provider Details						
Training Provider Name:			Training Provider UKPRN			
Training Provider Address						
Training Provider Contact Name and Details:						
Name:			Contact Phone:		Contact e-mail:	
End Point Assessment Fee				Please Tick		
First attempt		£1000	Second Attempt		£1000	
Important Information						
PMI is required to verify the eligibility of candidates and will do so on receipt of this registration form and portfolios should not be submitted until confirmation of registration is received.						
Data Protection						
<i>The PMI is registered under the Data Protection Act and maintains a membership database to: enable information to be exchanged as required between you, your training provider, the PMI, its subsidiaries, qualification centres and individuals involved in assessment and regional groups, relevant regulators, and employers; administer any examinations or qualifications you enter and courses you undertake or events you attend; administer billing and accounts; distribute publications and information about other PMI services; which it believes may be of interest; confirm your membership status and PMI qualifications.</i>						
Declaration						
<i>I have completed the "gateway" requirements outlined in the Assessment Plan for my chosen option and hereby apply to register for End-point Assessment. I declare that all the information given in this form is correct and I have read and understood the Notes to Accompany this form. I consent to the information on this form being held in accordance with the requirements of the PMI End-point Assessment Programme and for PMI to apply for an Apprenticeship certificate on my behalf on successful completion.</i>						
<i>Employer/Training Provider</i>						
<i>I confirm that the information on this form is correct and that the candidate is eligible for End-point Assessment.</i>						
NOTE – this registration is not transferrable to any other person						
Signed (candidate):		Date:		Signed (employer/training provider):		Date:

FOR OFFICE USE ONLY

Date Application Received		Date Entered		Date Payment Received	
Payer		Invoice Number		Date Payment Processed	
Confirmation					

PAYMENT FORM

Name PMI Member Number

Payment Details

Payment in respect of:	Amount
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
TOTAL	£ <input type="text"/>

Payment made by: Company (if so please state) Individual

Payment has been made by:

I enclose a cheque made payable to PMI

OR

I would like to pay by credit / debit card, details are:

Type of card (please tick) Mastercard Visa Debit Card Switch Maestro Amex

Card Number

Start Date / End Date /

3 Digit Security Code (4 digit for Amex only)

Name on Card

Signature

OR

I would like to pay by BACS, details are:

Account Name

PMI bank account details: HSBC Bank plc, 100 Old Broad Street, London EC2N 1BG

Sort code: 40-07-31 Account number: 61146203

(Expected) Date payment made

Please ensure your surname, PMI member number or invoice number is given as a reference on the BACS payment.

If you would like a receipt for this payment please confirm the email address for that receipt below:

FOR OFFICE USE ONLY			
PMI Member Number	PMI Company Number	Amount	Date Received
<input type="text"/>	C <input type="text"/>	<input type="text"/>	<input type="text"/>

THE PENSIONS MANAGEMENT INSTITUTE

Notes to Accompany EPA Registration Form

1. This form is completed at “gateway” stage and applicants must have completed the gateway criteria.
2. Applicants will have been allocated a PMI number as part of qualification related studies and relevant membership. Those who have not undertaken a PMI qualification may not have a PMI number and in such cases this field should be left blank.
3. This form must be completed and submitted by the apprentice and the employer/training provider. All information is required.
4. Candidate name: First name(s) and surname. These names will appear on the apprenticeship certificate. Please ensure they are stated clearly and accurately.
5. Unique Learner Number (ULN). This is issued by the Learner Record Service and the training provider will know this number.
6. Employer Reference Number (ERN). This is issued by Employer Data Service (EDS) and the training provider will know this number.
7. Employer contact address. This is the address the apprenticeship certificate will be posted to by the Skills Funding Agency.
8. The reflective discussion will normally take place at the employer contact address. Reflective discussions may also take place remotely, via telephone, video conference etc..
9. Fees. These must be paid and submitted with the form. Payment details can be found on the payment page. Fees are reviewed annually.
10. Applications for re-takes must be made on a new and separate form.
11. Requests for special consideration should be made separately. Consult the Special Consideration Policy for further detail.
12. The form must be signed by the candidate and employer/training provider.
13. Upon receipt of the form PMI will commence verification work to ensure eligibility. Confirmation will be issued once this is complete. Further details on next steps including the submission of portfolios will follow separately.
14. PMI will notify the outcome within 3 months of the submission of the portfolio.