Application Form for End Point Assessment for Metal Fabricator

Training Provider Address and Contact Details:		
Company Contact Details, if Applicable:		
Apprentice name & ULN No:	Level 3 ☐ please complete 3 forms	Module Number:
Date of Birth:		
Drawing No:	Please attach copy of the Fabrication Drawing (if applicable)	
Proposed date for EPA :		

Confirmations	Yes	No
Student is ready for EPA		
Portfolio has been submitted 14 days prior to proposed EPA date		
Proposed Fabrication for EPA are everyday tasks completed at work place		
EPA is to be carried out at Employers Premises		
If No please confirm location:		

Details of Assessment Provide details of proposed fabrication to be completed at the End Point Assessment

Signature (*Candidate/Training Provider**)_____
*delete as applicable

For TWI CL use only

Visually acceptable Yes / No (delete as applicable) Failure report attached

Name of Authorised Examiner _____ CSWIP Certificate No: _____

Signature _____

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