



# END-POINT ASSESSMENT GATEWAY READINESS DECLARATION AND CHECKLIST

CONFIRMATION OF INFORMATION FOR CERTIFICATION PURPOSES  
ST0287/AP01 LEVEL 4 ASSOCIATE AMBULANCE PRACTITIONER

VERSION 1.0



**FutureQuals**<sup>®</sup>



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[futurequals.com](http://futurequals.com)

Apprentices should only be submitted to Gateway once ALL Gateway requirements have been met in full and evidence is available for submission with this form (this form and evidence must be submitted to FutureQuals a minimum of 10 working days before the requested EPA date)

Apprentice Title & Full Name: *	
ULN: *	
Apprentice Email Address: *	
Apprentice Contact Number: *	
QMIS registration No: *	
Apprentice Date of Birth: *	
Training Provider (include UKPRN): *	
Prime Contractor as per ILR - include UKPRN (If applicable): *	
Employer Name & Reference Number (as per EDS): *	
Employer Contact Name & Address: * <i>(Certificate will be sent to this address unless notified in writing to epao@futurequals.com prior to the EPA date)</i>	
Main course Tutor: *	
Proposed / requested assessment date: *	

Once completed, please send this form to the FutureQuals SharePoint site: Customers@EPAO and include the submission of apprentice evidence along with this document

As the training provider (and on behalf of the apprentice, and employer), we agree that we have assessed the work completed to date by the apprentice and confirm that all the requirements to meet 'Gateway' have been met for the Standard as detailed in the Assessment Plan and Occupational Profile. We are satisfied that the End-point Assessment Gateway has been achieved in accordance with the assessment plan for this Standard. Evidence submitted in addition to this declaration form will be used by FutureQuals, as the End-point Assessment Organisation (EPAO) to assess the Apprentice – which will result in a formal grade that will be submitted to all relevant bodies. We confirm that the information provided is correct and will be used for the purposes of obtaining the Apprentice Standard Certificate.

Name:	Role:
Signature:	Date:

FutureQuals is required by the [Conditions for End-point Assessment Organisations](#) to collect evidence of achieving Gateway. Please ensure that evidence is submitted along with this form. Any nondisclosure of evidence requested may subsequently result in the End-point assessment to be postponed or Apprenticeship certificate being withdrawn.

LLDD Declaration		
Considerations / reasonable adjustments required for Apprentice with Learning Difficulties or Disabilities (LLDD)	Yes	<b>*If yes, the training provider or employer confirms that they have completed the FutureQuals Reasonable Adjustment form and provided suitable evidence at least 4 weeks prior to Gateway</b>
	No	

Reasonable Adjustments based on LLDD Declarations must be made **at least 4 weeks** before the End-point Assessment activities commence. Applications can be made to the [EPAO@Futurequals.com](mailto:EPAO@Futurequals.com) Email address.

## Checklist

Please use the checklist below to confirm what you will be including with your application.

Functional Skills achieved		
I confirm that the following Functional Skills have been completed in accordance with the assessment plan:		<p><b>By ticking this box, you are confirming that all functional skills evidence has been saved in the apprentice's corresponding FutureQuals SharePoint site.</b></p> <p>All evidence is submitted to Customers@EPAO SharePoint.</p>
<ul style="list-style-type: none"> <li>▪ Maths Level 2</li> <li>▪ English Level 2</li> </ul>		

Level 3 Certificate in Emergency Response Ambulance Driving Qualification		
I confirm that the following regulated level 3 Certificate in Emergency Response Ambulance Driving qualification has been completed in accordance with the assessment plan.		<p><b>By ticking this box, you are confirming that the driving qualification evidence has been saved in the apprentice's corresponding FutureQuals SharePoint site.</b></p> <p>All evidence is submitted to Customers@EPAO SharePoint.</p>

### Level 4 Diploma for Associate Ambulance Practitioners Qualification

I confirm that the following regulated level 4 Diploma for Associate Ambulance Practitioner qualification has been completed in accordance with the assessment plan.

**By ticking this box, you are confirming that all qualification evidence has been saved in the apprentice's corresponding FutureQuals SharePoint site.**

All evidence is submitted to Customers@EPAO SharePoint.

### Apprentice Declaration

I hereby confirm that all evidence submitted on my behalf is my own work, has been created and produced by myself.

I hereby grant FutureQuals authority to apply for Certification on my behalf.

**Signature of Apprentice:**

**Full Name:**

**Date:**

### Status of Employment Declaration

I confirm that the apprentice is in full time employment at their declared place of work, covering the duration of the apprenticeship including the period covering the End-point Assessment.

**Signature of Employer / Line Manager:**

**Full Name:**

**Company:**

**Date:**

## Training Provider Confirmation

### Off-the-Job Training Declaration

I confirm that the apprentice has completed the minimum requirement of 20% off-the-job training, relevant to their apprenticeship.

### Minimum apprenticeship time duration

I confirm that the minimum time duration (12 months) allocated to this apprenticeship standard has been met by the learner (include learner start date below):

### Learner Start Date:

### ILR Declaration

I confirm that FutureQuals has been selected as the EPA organisation on the apprentice ILR

### Signature of Training Provider:

### Full Name:

### Company:

### Date: