FutureAssess™
INDEPENDENT END-POINT ASSESSMENT

Assessment Day Summary Sheet

Training/Employer Provider:	
Assessment Date:	
Apprenticeship Standard:	
Total number of Apprentices for the Assessment day:	

First Name	Surname	Registration Number (QMIS)

Re-sits (If applicable)	
Name of Apprentice:	
Registration Number (QMIS):	
Component that requires resit:	
Date of their original assessment:	

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Registration Number (QMIS):	
Component that requires resit:	
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*Please note, this form is to be uploaded to your Customers@SharePoint folder alongside the Gateway Forms and Gateway Evidence **at least** 10 working days before the planned Assessment date*