

Employer Confirmation of End-Point Assessment Services

This form is to be completed by either the Training Provider or Employer and submitted to the Employer Engagement Team at Highfield Assessment. Alternatively, please send to info@highfieldassessment.com

Section 1: Training Provider Details

Name	
UKPRN	
Contact Name	
Contact Email Address	
Contact Number	

Section 2: Employer Details

Company Name	
Company Address	
Company Contact Name	
Company Contact Position	
Company Contact Email Address	
Company Contact Number	