Gateway Ready Meeting Form Early Years Educator Level 3

GATEWAY READY MEETING								
Apprentice Name								
ULN			Date of		Birth			
Employer/Setting Name (Company I	Name)						•	
			Durc	ation				
PLANNED Learning Start Date:			PLANNED Learning End Date:			PLANNED duration o learning (in weeks)		
ACTUAL learning start date			ACTUAL Learning End Date:			ACTUAL duration o learning (in weeks)		
Off the Job Training Hours (OTJT)								
Contracted hours per week			Contracted weeks per year (F/T = 52, TTO = 38/39)			Minimum Off the Job Trainir Hours (OTJT hours		
PLANNED OTJT hours			ACTUAL OTJT hours			Variation from origin planned O hours		
Has the apprentice completed all the required elements of learning and OTJT logs more than 28 DAYS BEFORE the agreed Learning Planned End Date?			Yes No					
IF Yes, then please complete the Programme Early Completion Summary Statement below with the learner and employer:								





Reason for the variation to duration or OTJT hours

Please	explain	how the	apprentice	has beer	able to	complete th	eir programme	earlier than
planne	d. Includ	de details	of the way	ys in whicl	h this ha	ıs been mad	le possible	

Confirmation

It is confirmed that the off-the-job training hours actually delivered was at least the minimum required over the actual duration of the programme

It is confirmed that the apprenticeship met the minimum duration threshold. (Start date on or before 31/07/2025 = 12 months minimum duration practical period. Start date on or after 01/08/2025 = 8 months minimum duration practical period)

Pre-requisute requirement of the standard	Achieved (Yes/No) If Functional Skills has been opted out tick N/A	Evidence of achievement is held	Evidence of assessment is held
	Yes		
Early Years Educator Level 3	No		
	NA		
	Yes		
Level 3 Diploma for Children and Young Peoples Workforce (Early Years Educator)	No		
	NA		
	Yes		
Maths Level 2	No		
	NA		
	Yes		
English Level 2	No		
	NA		





Pre-requisute requirement of the standard	Achieved (Yes/No) If Functional Skills has been opted out tick N/A	Evidence of achievement is held	Evidence of assessment is held
	Yes		
Level 3 Award in Paediatric First Aid	No		
	NA		
	Yes		
Exemption evidence uploaded to EPA PRO	No		
	NA		
	Yes		
Portfolio of evidence & mapping sheet	No		
	NA		
	Yes		
Direct Observation Session Plan - Completed with Feedback	No		
	NA		
	Yes		
Risk Assessment - Risk Assessment linked to observation session plan completed	No		
	NA		
Where functional skills is a mandatory requirement (must be held. Where functional skills is optional (age assessments must be held.	_		
Apprentice has completed Yes Apprentice has achieved Yes	es I	s the	⁄es

	Apprentice has		Apprentice			
- 1		Yes	has achieved	Yes	Is the	Yes
- 1	completed		all the		Apprentice	
- 1	a mock	No	criteria for		ready for EPA	No
١	Professional		the standard	110	reday for EFA	
١	Discussion		ille statiaata			





Employer and provider declaration

I confirm that the gateway meeting has been carried out to confirm that the apprentice:

- 1. Has achieved all the End-Point Assessment Gateway/Gateway to completion requirements as detailed in the Assessment Plan and Occupational Brief. We are satisfied that the EPA Gateway/Gateway to completion has been achieved in accordance with the assessment plan for this standard and agree that the apprentice has the knowledge, skills and behaviours required by the apprenticeship standard and is ready for EPA/apprenticeship assessment.
- 2. Has been employed for the duration of their apprenticeship, and, to my knowledge at this time, they will continue to be employed up to the end of the EPA/apprenticeship assessment period.
- 3. Has completed the minimum duration required on programme (either 12m or 8m, as detailed above) before this meeting.

Employer					
Name	Signature	Meeting Date			

Provider					
Name	Signature	Meeting Date			





Apprentice declaration

- 1. I confirm that I have gone through a Gateway process and agree that I am ready for EPA/apprenticeship assessment.
- 2. I confirm that I have attributed to the work within my portfolio. Ascribing all work documents, products, comments and explanations to my own practice and/or performance.
- 3. I consent that the EPAO can apply for my Apprenticeship Certificate on my behalf. I understand that the Apprenticeship Certificate, showing my overall grade, will be posted directly to my employer at the following address:

Apprentice					
Name	Signature	Meeting Date			







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