**Tripartite Review – Summary of Outcomes and Feedback**

This document provides a record of an individual apprentice’s progress towards the achievement of their apprenticeship and must be completed in full during the quarterly Tripartite Review meetings. A formal record of discussions and actions, signed and dated by the University, the apprentice and the employer is a mandatory requirement for Education and Skills Agency (ESFA) funding compliance.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Review number:** |  |
| **Purpose:** | *[Please state whether this is a Tripartite, Annual, Gateway or End of Programme Review]* | | |

|  |  |
| --- | --- |
| **Course name (& course code):** |  |
| **Course start date / year of study:** |  |
| **Planned practical period end date:** |  |
| **Planned Apprenticeship end date:** |  |
|  | |
| **Attendees:** | |
| Apprentice name: |  |
| Employer (line manager) and/or employer representative & job title: |  |
| University Apprenticeship Tutor & job title: |  |

|  |  |  |
| --- | --- | --- |
| **Review of actions from previous meeting:** | | |
| **Action** | **Progress** | **Met / Not Met** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review of progress:** | | | |
| Attendance / Engagement (every calendar month) | On schedule | Action required | Break in Learning /  Date last day of learning |
| Planned 20% OTJ training hours \* | Ahead | On schedule | Behind schedule |
| Academic Progress | Ahead | On schedule | Behind schedule |
| Occupational competence (progress against KSBs) \*\* | Ahead | On schedule | Behind schedule |
| Maths & English Functional Skills \*\*\* | Ahead | On schedule | Behind schedule |
| Additional Qualifications \*\*\* | Ahead | On schedule | Behind schedule |
| Additional Support Requirements/Reasonable Adjustments\*\*\* | In place | In development | Required |

\* to include a review of OTJ training evidence (for eligibility purposes) and actual vs planned

\*\* to include a review of the apprentice’s self-assessment against the KSBs (skills scan)

\*\*\* where applicable

|  |  |
| --- | --- |
| **Change in circumstances:** | |
| Please document any potential change in circumstance that may have a material impact on the apprenticeship (*employment, academic, personal circumstances, health etc*): |  |

|  |
| --- |
| **Outcome:** |
| **Apprentice comments and feedback:** |
|  |
| **Employer comments and feedback:** |
|  |
| **University Apprenticeship Tutor comments and feedback:** |
|  |

|  |  |  |
| --- | --- | --- |
| Safeguarding, Prevent, Health & Safety: | | |
| Please record any Safeguarding, Prevent or Health & Safety concerns in the box below: | | |
|  | | |
| Please confirm if any concerns raised have been escalated in line with the University’s policy and procedures: | Yes | No |

|  |  |
| --- | --- |
| **Summary and Action Plan:** | |
| *Meeting outcome summary / plan for next 3 months:* | |
| **Actions prior to next Tripartite Review meeting:** | |
| **Action:** | **Activity:** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Date of next Tripartite Review meeting:** |  |

|  |  |
| --- | --- |
| **Signatures:** | |
| **Apprentice signature:** | **Date:** |
|  |  |
| **Employer signature:** | **Date** |
|  |  |
| **University Apprenticeship Tutor signature:** | **Date:** |
|  |  |

**For the Gateway Review:**

|  |  |
| --- | --- |
| **Gateway Requirements:** | **Met / Not Met** |
| *As set out in the EPA Assessment Plan – evidence to include:* |  |
| * *academic achievement* |  |
| * *functional skills (maths & English) certificates* |  |
| * *minimum OTJ training requirement* |  |
| * *any mandatory preparation for EPA* |  |
|  |  |
| **Employer confirmation:** | **Employer signature:** |
| *I confirm that the apprentice has met the requirements of the apprenticeship, is occupationally competent and ready to progress to End Point Assessment* |  |
| **Apprentice confirmation:** | **Apprentice signature:** |
| *I confirm the University can claim the apprenticeship certificate from the Department for Education on my behalf* |  |

**For the End of Programme Review:**

|  |  |
| --- | --- |
| **Destination:** | **Details:** |
| Following the successful completion of your End Point Assessment, please provide details of any planned next steps in your career *(promotion, career development, higher level study for e.g.)*: |  |