

**External Quality Assurance**

**Activity - Centre Confirmation of Covid19 Risk Management**

*This form must be completed by the Head of Centre and returned to SFJ Awards EQA and QA Team* *QATeam@sfjawards.com* *at least 15 days prior to the EQA visit taking place.*

|  |
| --- |
| **EQA Activity Information** |
| **Centre Name** |  | **ID** |  |
| **Contact Details** (details of the person making the risk management declaration) |
| **Name** |  | **Position** |  |
| **Phone Number** |  | **Email** |  |
|  |  |  |
| **EQA VISIT DETAILS** |
| **EQA visit date(s)**  |  |
| **Address****(EQA Visit location)** |  | **Special Access Instructions (parking, security clearance etc)** |
|  |
| **Site Contact Name (for date of visit) *if different to the person named above*** |  |
| **Additional Information** |   |

|  |
| --- |
| **COVID-19 AGREED ARRANGEMENTS** |
| **Risk Assessment** | In order to meet current health and safety employment and equalities legislation, a **Centre Visit** **Risk Assessment** which specifically addresses the risks associated with Covid-19 must be provided **at least 15 working days** prior to the EQA visit taking place. The risk assessment must clearly illustrate how the centre intends to ensure that the EQA visit can be carried out in a safe environment that addresses any possible risk for the learners, employees and SFJ Awards External Quality Assurers on site during the EQA activity.  |

|  |
| --- |
| **Centre Contact – please tick to confirm**  |
| [ ]  | I confirm that the EQA visit will be carried out in a safe environment that addresses any possible risk for the learners, employees and SFJ Awards External Quality Assurers on site during the EQA activity, in accordance with government guidance on Covid-19 safe working.<https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>**Please email both of the following to your SFJ Awards EQA and copy to** **QATeam@sfjawards.com** **15 Days prior to the EQA Visit taking place:*** **This Signed Centre Covid-19 Risk Management Declaration Form**
* **Centre Visit Risk Assessment**
 |

**This section must be completed and signed prior to any EQA visit place.**

|  |  |
| --- | --- |
| **Centre Contact Name** |  |
| **Centre Contact Signature** |  | **Date:** |  |