

**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*](mailto:QATeam@sfjawards.com) *at least 15 days prior to the EQA visit taking place.*

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| **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** | |  | | | | | | |

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| **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. |

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| **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**](mailto: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.**

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