Please provide the current names and scanned signature(s) of your Assessors & IQAs, their role and which qualifications they assess and return to SFJ Awards.

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| Centre Name | |  | | |
| Centre Number | |  | Date |  |
| Printed Name | Signature | Role  (Assessor or IQA) | List the Qualification(s) Assessor or IQA for | |
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*(add additional rows as required)*

It is a requirement that Awarding Organisations are informed of any changes to the assessment and internal quality assurance team so please ensure you advise SFJ Awards of any changes promptly.