**EVIDENCE LOG APPROVAL FORM FOR: EMERGENCY FIRST AID AT WORK (L3AEFAW) AND FIRST AID AT WORK (L3AFAW)**

|  |  |
| --- | --- |
| **Centre name:** |  |
| **Centre number:** |  |
| **Location:** |  |
| **Date:** |  |
| **Form filename:** |  |
| Please complete the above section of this form and send it and your centre Evidence Log for review, a minimum of **six weeks** prior to the commencement of the course, to: qualityassurance@futurequals.com  |
| **EQA feedback on Evidence Log:** |
|  |
| Does the Evidence Log meet all the Learning Outcome/Assessment Criterion requirements stated in the specification? | Yes | No | If No, explain why: |
| Does the Evidence Log allow the assessor to record valid and authentic evidence for a learner’s assessment? | Yes | No | If No, explain why: |
| Does the Evidence Log allow for the collation of feedback, the recording of oral questions and answers? | Yes | No | If No, explain why: |
| **EQA Decision** |  |
| **EQA Signature** |  |