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

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| --- | --- | --- | --- |
| **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](mailto: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** |  | | |