# SR6 IQA Approval

**Centre Details**

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| --- | --- |
| **Centre Name:** |  |
| **Centre Number:** |  |

**Internal Quality Assurer Details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Qualifications to be approved for:** |  |

**Please confirm that the following evidence is attached:**

|  |  |
| --- | --- |
|  | Please tick (✓) |
| Level 4 Award in Understanding Internal Quality Assurance of Assessment Processes and Practices or equivalent.  |  |
| CV (showing any security experience/qualifications) |  |

**Centre Representative Details:**

|  |  |
| --- | --- |
| **Centre Representative Name:** |  |
| **Position:** |  |
| **Date:** |  |

Once completed please email to centrerecognition@skillsedugroup.co.uk, along with supporting evidence.