# SR7 Venue Approval

**Centre Details**

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

**Venue Details**

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| --- | --- |
| **Venue Address:** |  |
| **Qualifications to deliver at venue:** |  |

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

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|  | Please tick (✓) |
| Not-to-scale drawing of venue, including the dimensions |  |
| Layout of how exams will be conducted (seating plan) |  |
| Images/video footage of venue internally and externally, where training and assessment is taking place (include stairs) |  |
| Detail how the venue will manage the delivery and assessment of Physical Intervention if delivering Door Supervision |  |
| Detail how security of exams/assessment will be ensured |  |
| Relevant, comprehensive risk assessment. Should include stairs and PI exercise if delivering Door Supervision. |  |

**If delivering CCTV Operators please also attach:**

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| Images of CCTV cameras at venue |  |
| Images of control room with at least 2 PTZ cameras and associated recording and monitoring equipment **OR** simulated control room environment that is used solely for this purpose during training and assessment. |  |

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| Do you require to add additional training/assessment or IQA staff to support delivery at the venue **(Yes/No)** |  |

**Centre Representative Details:**

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

Once completed please email to [centrerecognition@skillsedugroup.co.uk](mailto:centrerecognition@skillsedugroup.co.uk), along with supporting evidence.