

V2 05/2025

PLEASE NOTE: IN AN EMERGENCY, CALL 999 OR 112



Assessor Name		Assessor BP No.		Date	
Assessment Centre Name			Centre No.		
Assessment Site 1	Assessment Site Address				
	Postcode		OS Grid Ref / W3W		
	Nearest A&E Hospital Name & Postcode			Nearest A&E Hospital Phone No.	
	Site Contact Name			Site Contact Phone No.	
	Meeting Point for Emergency Services		Location of Nearest Landline / Mobile		
Assessment Site 2	Assessment Site Address				
	Postcode		OS Grid Ref / W3W		
	Nearest A&E Hospital Name & Postcode			Nearest A&E Hospital Phone No.	
	Site Contact Name			Site Contact Phone No.	
	Meeting Point for Emergency Services		Location of Nearest Landline / Mobile		
Qualification Programme Number(s)					
Hazards / Risks Relating to this Assessment(s)			Implemented Control Measures		
<p>Declaration: I understand the risk assessments that have been carried out for the assessment that I am attending and the control measures that must be implemented. I have also received information regarding action in case of Fire, Medical Emergency and Accident Reporting and Recording. I declare that I am fit to take part in the assessment, and I agree to disclose any medical conditions that may affect my ability to participate.</p>			Candidate Name		
			Candidate ENR No.		
			Signature		
Emergency Contact details for candidates must be noted on a separate sheet and then destroyed after the assessment.					
Risk Assessment Completed By	Name		Signature		
	Emergency Contact Name Phone No				