

1	CENTRE DETAILS	2	RECOMMENDATIONS
	Centre Name:		Full Approval <span style="float: right;">Tick</span>
	Address:		
	Centre Contact:		Conditional Approval
	Tel. No.		
	E-mail:		Period of Months
	External Verifier's Name:		
	Date/Time/Visit:		Rejection

3	CENTRE APPROVAL SOUGHT FOR	CODE	LEVELS		
			Please tick the appropriate box		
			1	2	3
	• Hydraulics and Control	H			
	• Industrial Hydraulics and Control	IH	NOT SELECTABLE		
	• Mobile Hydraulics and Control	MH	NOT SELECTABLE		
	• Power Pneumatics and Control	PP			



**5**

**PRACTICAL FACILITIES/EQUIPMENT AVAILABILITY/ACCESS**

At this stage the External Verifier will make reference to relevant parts of Guideline Document relating to the equipment necessary to effectively deliver competence based programmes  
Report on the acceptability of the centre's resources to effectively deliver the programme

Comments

Quality of  
Equipment

Range of  
Equipment

Age/  
Current

Recommendations/Comments

Please tick the appropriate box

6	<b>SCHEME ADMINISTRATION</b>	<b>YES</b>	<b>NO</b>
	<ul style="list-style-type: none"> <li>Candidate Training Plans Established (Format) GDPR Secure Records Comments:</li> </ul>		
	<ul style="list-style-type: none"> <li>Candidate Personal Development Plans Established (Format) GDPR Secure Records, Comments:</li> </ul>		
	<ul style="list-style-type: none"> <li>Systems for Progress Monitoring/Maintaining/Confidential – GDPR Secure Records               <ol style="list-style-type: none"> <li>Assignments</li> <li>Practical Task Preparation</li> <li>Practical Task Assessment</li> <li>Written Examinations</li> </ol> </li> </ul>		
RESPONSIBILITY/CONTROLLED BY – (name)			
	Name of Examinations Officer <span style="float: right;">Met during visit</span>  Tel No.  E-mail		
	Recommendations/Comments		

7	<b>HEALTH AND SAFETY/HYGIENE</b>	Please tick the appropriate box <b>YES</b> <b>NO</b>	
	<ul style="list-style-type: none"> <li>• Health and Safety Policy Operational</li> <li>• Relevant Safety Notices in place</li> <li>• Risk Assessment carried out and recorded</li> </ul>		
	Recommendations/Comments		
8	<b>EQUAL OPPORTUNITIES POLICY IMPLEMENTED</b>		
	Comments		
9	<b>EXTERNAL VERIFIER'S SUMMARY/RECOMMENDATIONS</b>		
EVs Signature		Date	
Technical Manager National Fluid Power Association		Date	