

Centre Name:	
Recognised Centre Number:	
Centre contact responsible for this Qualification:	
Position:	
Tel:	
E-mail:	
Qualification Title	
Ofqual Qualification Number:	
Unit Title	
Unit Code:	
<p>Assessment Overview.</p> <p>Please attach full details of the assessment task to this form.</p>	

I confirm that I have read and adhered to the requirements detailed in the appropriate LASER Qualification Specification and associated regulations for delivery of the above qualification.

I confirm that:

1. All Tutors/Assessors and Quality Assurers have access to and are familiar with this assessment.
2. The resources and systems required to deliver this assessment including staffing, internal quality assurance and staff development, are available.
3. All Tutors/Assessors and Quality Assurers are appropriately qualified to deliver the assessment.
4. Internal assessment will be subject to robust internal quality assurance and standardisation, and adequate feedback to Assessors will be given.
5. All the specific requirements of the qualification as detailed in the LASER Qualification Specification and Centre Handbook are met.
6. Assessment approval will be obtained from LASER Quality Reviewer prior to delivery.

Please complete the box below and send this form to your allocated [Laser Quality and Curriculum Reviewer](#).

For Centre Use (To be completed by Centre Contact responsible for this qualification): <i>I have read and agree to the above conditions to deliver this qualification.</i>	
Name: (Print)	
(Signature)	
Position:	
Date:	

<b>LASER Use ONLY</b>	
1 <sup>st</sup> QR Reviewer (name):	
QR Comments:	
2 <sup>nd</sup> QR Reviewer (name):	
Additional documentation requested and reviewed by QRs:	
Authorised By:	
Date:	