

## Quality Assurance Consent Form

The Certification & Accreditation Schemes have a requirement to collect certain information from the person who meets the Member at the property. This is in order to undertake Quality Assurance assessments with regard to the procedures followed. Please provide the information indicated below:

<b>Name of Member</b>	Stuart Bennett
<b>PRRN</b>	
<b>Type of Report</b> (Please delete as appropriate)	<ul style="list-style-type: none"> <li>• EPC</li> <li>•</li> </ul>
<b>Date of Inspection</b>	
<b>Property Address</b>	
<b>Was anyone present at the visit?</b> (Please delete as appropriate)	<ul style="list-style-type: none"> <li>• Accompanied</li> <li>• Unaccompanied</li> <li>• Empty Property</li> </ul>
<b>If accompanied, name of the person present.</b>	
<b><u>For Rental Sector only</u>; was person present tenant, friend of tenant, warden, representative of landlord etc. Please specify</b>	
<b><u>For Private Sector only</u>: was person present the owner, friend of owner, etc. Please specify</b>	
<b>Has the person present agreed to help with the auditing of the HI / DEA? (Delete as appropriate)</b>	YES / NO
<b>Telephone number</b>	
<b>Signature of person present</b>	
<b>Best time to contact person present:</b>	
Anytime <input type="checkbox"/>	Morning (9am- 1pm) <input type="checkbox"/>
Afternoon (1pm-5pm) <input type="checkbox"/>	Evening (5pm-8pm) <input type="checkbox"/>