

evidence sheet for requirement 7a

QIB No: Q_____

“the project has identified the potential risks involved in the delivery of the service and is proactive in managing risks”

please circle the indicators for which you have included evidence:

NB: As a minimum you **must** include **at least one item of evidence** to demonstrate that you meet **each S&CP indicator** in order to achieve the QIB Award. If you want to be assessed for QIB Excellence, you must **also** include evidence for each GP indicator.

† The lists of “possible evidence” simply give you suggestions of the type of evidence that might be suitable.

indicator i)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator ii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator iii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator iv)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator v)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator vi)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator vii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator viii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator ix)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator x)	Good Practice	optional	<input type="radio"/> *
indicator xi)	Good Practice	optional	<input type="radio"/> *

* please select yes / no

what evidence have you included in your evidence folder for this requirement?

NB: Wherever appropriate, you must submit **“LIVE” evidence** - ie copies of forms which have actually been used and filled in, with any confidential information obscured. Please make sure the date the form was used is visible and that it is within any timescale specified in the indicators.

indicator number	the name of the document you have included in your folder	evidence number	date “live” form filled in / document last reviewed

evidence sheet for requirement 7b

QIB No: Q_____

“there are consistent and effective processes for assessing the level of risk for each individual match”

please circle the indicators for which you have included evidence:

NB: As a minimum you **must** include **at least one item of evidence** to demonstrate that you meet **each S&CP indicator** in order to achieve the QIB Award. If you want to be assessed for QIB Excellence, you must **also** include evidence for each GP indicator.

† The lists of “possible evidence” simply give you suggestions of the type of evidence that might be suitable.

indicator i)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator ii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator iii)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator iv)	Safe & Competent Practice	essential	<input checked="" type="radio"/> yes / <input type="radio"/> no*
indicator v)	Safe & Competent Practice	essential	*
indicator vi)	Safe & Competent Practice	essential	*
Indicator vii)	Good Practice	optional	*

* please select yes / not applicable / no as appropriate

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