



HERS Portfolio Organisation Consent Form

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| Name: | |
| Provided E-mail Address: | |
| Role of Application: | |
| Card No. for Role: | |

Declaration of Consent

By signing this document, I agree that the above named, is permitted access to the HERS system on behalf of

and ...

- I give my consent for the above named to have access to the HERS portal on behalf of our organisation. This is to maintain the HERS system and ensure that our portfolios and card registrations are compliant.
- I fully understand that that it is my responsibility to advise HEA where these circumstances change, and when this consent is no longer permitted.
- I confirm that, in line with the HERS Handbook that the named Authorising Officer/ Qualified Supervisor shall be occupationally competent for the occupational competences being assessed.
- I agree to a copy of this consent being held in the Organisation core documents on the HERS system and that it will remain in place until notified further by the undersigned, or alternative named Responsible Manager.

| | | | |
|---------------------------|--|--------------------------------|--|
| Responsible Manager Name: | | Responsible Manager Signature: | |
| Organisation Name: | | Date: | |

Please e-mail this consent to the HEA offices
contact@thehea.org.uk