Before completing this form you must fully familiarise yourself with the International Qualification Status guidelines.

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| **1. Visit Details** |
| 1.1 Centre Name |  |
| 1.2 Centre Number |  |
| 1.3 Address of site visited |  |
|  |
|  |
|  |
| 1.4 Quality Assurance Contact |  |
| 1.5 Name of External Verifier |  |
| 1.6 Date of visit |  |
| 1.7 Nature & length of activity  | Visit[ ]  | Remote[ ]  | Length of activity (hours) |  |

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| **2. Qualifications** |
| Please list all Qualifications which have been reviewed during this visit, and tick the corresponding Qualification Status to indicate your approval recommendation. |
| Qualification title | Qualification number | Number of learners | Qualification status |
|  |  |  | Fullapproval | Registration only | Qualification suspended |
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
|  |  |  |[ ] [ ] [ ]
| **3. Report Summary** |
| Having reviewed the evidence you have gathered through observation and questioning, do you consider the centre satisfies City & Guilds’ requirements? (Please tick Yes or No). *Please use this section to address any instances of Malpractice, non-compliance or other risk found during the activity*. | YES | NO |
|  |[ ] [ ]
| Comments:  |
| External Verifier |  | Date |  |

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| **4. Previous Action Plan (if applicable)** |
| Please provide details of actions carried out |
| No. | Action | By whom | Fully Implemented |
|  |  |  | Yes | No |
| 1 |  |  |[ ] [ ]
| 2 |  |  |[ ] [ ]
| 3 |  |  |[ ] [ ]
| 4 |  |  |[ ] [ ]
| 5 |  |  |[ ] [ ]
| 6 |  |  |[ ] [ ]
| 7 |  |  |[ ] [ ]
| 8 |  |  |[ ] [ ]
| 9 |  |  |[ ] [ ]
| 10 |  |  |[ ] [ ]

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| **5. Action Plan** |
| Please provide details of actions required. |
| No. | Action | Who | Due Date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

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| **6. Staff met during visit** |
| No. | Name | Role |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

A representative sample of assessments is required for each EV activity. Visits should be planned to ensure observation of live assessment, but other evidence can be sampled where observation is not possible. Please record your findings below, detailing the type of assessment.
If more than 4 samples please refer to the continuation sheets at the bottom of this form.

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| **7. Assessment overview** |
| Sample reference | 5 | 6 | 7 | 8 |
| 7.1 Type of assessment |  |  |  |  |
| 7.2 Date of assessment |  |  |  |  |
| 7.3 Learner name |  |  |  |  |
| 7.4 Learner registration no. |  |  |  |  |
| 7.5 Date of registration |  |  |  |  |
| 7.6 Qualification & Unit number |  |  |  |  |
| 7.7 Name of assessor |  |  |  |  |
| 7.8 Where assessment took place |  |  |  |  |
| 7.9 Do you agree with the assessor’s decision? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.10 Was this assessment internally verified? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.11 Date of Internal Verification |  |  |  |  |
| 7.12 Name of Internal Verifier |  |  |  |  |
| 7.13 If this assessment was internally verified, do you agree with the IV? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.14 Comment (specific to Learner / Assessment / Unit / IV) |  |  |  |  |

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| **8. Observation of Assessment – to be completed only if live assessment was observed by the EV. Comment on non-observed assessment should be made in Section 7.** |
| Through observation, questioning and review of assessment & IV records, determine whether or not the centre fully satisfies the following criteria. Please tick the appropriate box for each criteria. If you place a tick in the ‘No’ box, please provide comments to support your decision. |
| No. | Criteria | Fully implemented? | Comments |
|  |  | Yes | No |  |
| 8.1 | Prior to the assessment, each assessor in the sample ensured that:* All resources required were available and ready for use
* Assessment plans according to qualification requirements had been developed for each Learner
 |[ ] [ ]   |
| 8.2 | During the assessment, each assessor in the sample: * Conducted the assessment unobtrusively
* Assessed knowledge & skills appropriate to the qualification
* Asked questions in an encouraging tone and manner without leading the Learner
 |[ ] [ ]   |
| 8.3 | After the assessment, each assessor in the sample:* Clarified and resolved any inconsistencies in the evidence
* Informed Learners of the assessment decision and provided clear, constructive feedback
* Met the Learner’s needs and was appropriate to his/her level of confidence.
* Advised Learners how to seek clarification/advice on an assessment decision
* Completed an assessment record for each Learner
 |[ ] [ ]   |
| 8.4 | Each assessor in the sample could satisfactorily explain the action s/he would have taken if difficulties in judging the evidence had been experienced. |[ ] [ ]   |
| 8.5 | Each assessor in the sample could satisfactorily explain the procedure for passing records to the IV for the next stage of the recording/certification process. |[ ] [ ]   |
| 8.6 | Each assessor in the sample ensured that Learners evidence had been recorded in such a way as to indicate that all the qualification requirements had been covered and that underpinning knowledge has been assessed. |[ ] [ ]   |
| 8.7 | Each assessor in the sample ensured that Learners’ evidence was:* Valid
* Authentic
* Current
* Sufficient

in order to demonstrate that the Learner could perform consistently to the qualification standards |[ ] [ ]   |
| **9. Management and administrative systems** |
| No. | Criteria | Fully implemented? | Comments |
|  |  | Yes | No |  |
| 9.1 | There is an effective communication system between all levels of staff and in all directions. |[ ] [ ]   |
| 9.2 | Assessment conducted in an appropriate place. |[ ] [ ]   |
| 9.3 | There are complete and up-to-date records showing judgements of evidence, assessment decisions and Learner records. |[ ] [ ]   |
| 9.4 | Information is stored securely and disclosed only to those who have a right to it. |[ ] [ ]   |
| 9.5 | Records required by you were available. |[ ] [ ]   |
| 9.6 | An appeals procedure that Learners understand is issued. |[ ] [ ]   |
| **10. Physical and staff resources** |
| No. | Criteria | Fully implemented? | Comments |
|  |  | Yes | No |  |
| 10.1 | Equipment, software (if applicable), procedures and accommodations are sufficient, suitable, appear safe and are fit for use, including evolve requirements. |[ ] [ ]   |
| 10.2 | Induction materials for new assessors are in place and fit-for-purpose. |[ ] [ ]   |
| 10.3 | The qualification(s) is/are adequately staffed. |[ ] [ ]   |
| 10.4 | All current staff approved and hold the relevant recognised qualifications, and have current CPD for the qualification(s) |[ ] [ ]   |
| 10.5 | Staff list is up-to-date. |[ ] [ ]   |
| **11. Quality assurance** |
| No | Criteria | Fully implemented? | Comments |
|  |  | Yes | No |  |
| 11.1 | Assessors are kept updated on and have access to all relevant City & Guilds’ documentation and support materials. |[ ] [ ]   |
| 11.2 | There is an effective system for the internal verifier to sample judgements of evidence and assessment decisions against the qualification requirements. |[ ] [ ]   |
| 11.3 | Assessors have relevant support from the internal verifier to achieve consistency in assessment and accurate advice on the use of different types of evidence. |[ ] [ ]   |
| 11.4 | There are adequate opportunities for assessors and other relevant team members to meet and discuss assessment and quality assurance issues. |[ ] [ ]   |
| **12. Remote Sample Criteria – to be completed only for a remote sampling activity** |
| No | Criteria | Fully implemented? | Comments |
|  |  | Yes | No |  |
| 12.1 | Was assessment and assessment recording carried out in line with qualification requirements and by qualified assessors? |[ ] [ ]   |
| 12.2 | Is there an effective IV sampling strategy in place? |[ ] [ ]   |
| 12.3 | Were all requested records/evidence forwarded to you, in a timely manner, prior to the remote sample? Please record the evidence/documents sent. |[ ] [ ]   |
| 12.4 | Were all assessment/IV records made available, appropriately signed, and do dates in your sample agree with the centre record?  |[ ] [ ]   |
| 12.5 | Were assessment staff available to be contacted as required during the remote sample? |[ ] [ ]   |

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| **Continuation Sheet** |
| Sample reference | 5 | 6 | 7 | 8 |
| 7.1 Type of assessment |  |  |  |  |
| 7.2 Date of assessment |  |  |  |  |
| 7.3 Learner name |  |  |  |  |
| 7.4 Learner registration no. |  |  |  |  |
| 7.5 Date of registration |  |  |  |  |
| 7.6 Qualification & Unit number |  |  |  |  |
| 7.7 Name of assessor |  |  |  |  |
| 7.8 Where assessment took place |  |  |  |  |
| 7.9 Do you agree with the assessor’s decision? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.10 Was this assessment internally verified? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.11 Date of Internal Verification |  |  |  |  |
| 7.12 Name of Internal Verifier |  |  |  |  |
| 7.13 If this assessment was internally verified, do you agree with the IV? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.14 Comment (specific to Learner / Assessment / Unit) |  |  |  |  |

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| **Continuation Sheet** |
| Sample reference | 9 | 10 | 11 | 12 |
| 7.1 Type of assessment |  |  |  |  |
| 7.2 Date of assessment |  |  |  |  |
| 7.3 Learner name |  |  |  |  |
| 7.4 Learner registration no. |  |  |  |  |
| 7.5 Date of registration |  |  |  |  |
| 7.6 Qualification & Unit number |  |  |  |  |
| 7.7 Name of assessor |  |  |  |  |
| 7.8 Where assessment took place |  |  |  |  |
| 7.9 Do you agree with the assessor’s decision? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.10 Was this assessment internally verified? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.11 Date of Internal Verification |  |  |  |  |
| 7.12 Name of Internal Verifier |  |  |  |  |
| 7.13 If this assessment was internally verified, do you agree with the IV? | Yes | No | Yes | No | Yes | No | Yes | No |
|  |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 7.14 Comment (specific to Learner / Assessment / Unit) |  |  |  |  |