

# Centre Activity Report



External Quality Assurance Sampling Visit

External Quality Assurance Sampling Activity – Remote

## Section 1 Contact details

1.1 Transaction Number	8000071968
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1.2 Centre name	A Centre
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1.3 Centre number	123456
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1.4 Centre Contact	
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Title	Mrs
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First name	Gayle
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Surname	Green
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Telephone number *	01122322456
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Email address*	ggreen@acentre.com
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Consultant Name	Robert Bees
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Type of activity	External QA sampling visit
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Date of activity (dd.mm.yyyy)	12.02.2013
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Start Time (24 hrs clock)	<b>09.30hrs</b>
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Finish time (24 hrs clock)	<b>16.00hrs</b>
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Location of activity	<b>Centre</b>
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## Section 2 Summary of activity & centre staff met

<p>2.1 General comments regarding the day including good practice, for support visit outline advice, guidance &amp; training provided</p>	<p>Depending on the requirements for your occupational area the comments may include details of;</p> <ul style="list-style-type: none"> <li>• Good practice identified</li> <li>• Advice/guidance given to the centre</li> <li>• CPD checks for occupational area</li> <li>• Details of interviews with assessors and IQAs</li> <li>• Feedback on IQA strategy</li> <li>• RWE compliance if applicable</li> <li>• Any changes to the centre approval</li> <li>• Candidate induction process/records</li> <li>• IQA sampling records</li> <li>• Standardisation and meeting minutes</li> <li>• Reasons for selecting no in section 3.2 (Except assessments completed in Welsh)</li> <li>• Documents seen to check GLH are reasonable e.g scheme of works</li> </ul> <p>Actions are not to be raised for GLH</p>
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<p>2.2 Centre staff met</p>	
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Delete?	Staff Name	Role	Met
<input type="checkbox"/>	<p>Name in Full</p>	<p>Assessor</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
<input type="checkbox"/>	<p>Name in Full</p>	<p>IQA</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

<p>Has the previous action plan been met by the centre?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p>
<p>Comments</p> <div data-bbox="421 1273 1037 1385" style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block; background-color: #0070C0; color: white; text-align: center;"> <p>Select Yes, No or N/A from the drop down box</p> </div>	<p>The 80000* number of the previous report <b>MUST</b> be recorded if an action plan was in place</p> <ul style="list-style-type: none"> <li>• Yes - comment to say what has been completed</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>NO</b> - Comment on what has not been met - Set a new action - Increase risk level</li> <li>• <b>N/A</b> - comment to say no previous action plan in place</li> </ul>

**Section**

### 3 Qualification related information

#### 3.1 Qualifications sampled/advised

Delete?	Qualification number	Qualification title	Number of active registered learners	Number of certificated learners from last 12 months	Prior qualification risk level	New qualification risk level
<input type="checkbox"/>	1234-01	ABC award	23	20	Low	<b>Select the new risk level</b> <ul style="list-style-type: none"> <li>• <b>Low – Full Approval</b></li> <li>• <b>Medium – registration only</b></li> <li>• <b>High – no certification or registration</b></li> </ul>

#### 3.2 Checklist

Please add comments to explain your response

Quality Assurance requirement	Finding	Comments
Is the Staff Matrix up-to-date?	<input type="radio"/> Yes <input type="radio"/> No	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; background-color: #4a86e8; color: white; text-align: center;"> <p>Answer yes or no to the questions</p> <p>Where no has been selected comments must be entered also add comments where yes has been selected and good practice identified</p> </div>
Are all current staff approved, and hold the relevant recognised qualifications?	<input type="radio"/> Yes <input type="radio"/> No	
Is the centre registered for and receiving the monthly mailings?	<input type="radio"/> Yes <input type="radio"/> No	
Does the centre access centre section of website – to obtain latest guidance and updates?	<input type="radio"/> Yes <input type="radio"/> No	
Are learners' development needs matched against the requirements of the qualification(s) and an agreed individual assessment plan	<input type="radio"/> Yes <input type="radio"/> No	

established?		
Do learners have regular opportunities to review their progress and goals?	O Yes O No	
Do learners have regular opportunities to revise their assessment plan accordingly?	O Yes O No	
Are particular assessment requirements of learners identified and met where possible?	O Yes O No	
Were any assessments completed in Welsh? If so, please provide further details in section 2.1	O Yes O No	

### 3.3 Sampling pages

This tab will hide the comments while you continue to populate the form

Delete?	Learner Name and Reg. number	Reg. and cert date	Qual. and unit (s) sampled	Assessor name	Type of assessment and Date of Assessment (dd.mm.yyyy)	Do you agree with the Assessor finding?	Internal Quality Assurer (IQA) name	Internal Quality Assurance activity and date	Internal Quality Assurance finding?	Hide
<input type="checkbox"/>	Name ABC1234	01.01.2012 01.01.2013	1234-01 101, 102	Name	Only one assessment type can be selected – add any additional to 'Comments of your sample'	If No explain reason in <i>Comments of your sample</i>	Name	Name 01.04.2013	If No explain reason in 'Details of your sample' column	
Comments of your sample <b>Additional assessment methods sampled – Additional units sampled – Reasons you may not agree with assessors or IQAs judgements- Good practice identified- reference numbers of evidence sampled</b>										

#### Summary of comments on sampling

There is a separate row to add comments under each learner sample

Enter any general themes across your learner samples such as reoccurring issues identified/ good practice

**Please add comments to explain your response**

**Answer yes or no to the questions**

**Where no has been selected comments must be entered  
also add comments where yes has been selected and  
good practice identified**

Quality Assurance Requirement	Finding	Comments
Have all programme operations have been complied with?	O Yes O No	
Is the assessment strategy complied with?	O Yes O No	
Have all assessments been sampled as planned?	O Yes O No	
Do IQA staff facilitate regular standardisation activities?	O Yes O No	
Does the centre work with any subcontractors, partners or third parties in the delivery and/or assessment of these qualifications? If so please describe the nature of that relationship with details of how roles are documented, understood and arrangements are quality assured.	O Yes O No	<ul style="list-style-type: none"> <li>• <b>Subcontractor/ partnership/ 3<sup>rd</sup> party contracts and service level agreements</b></li> <li>• <b>Documented agreements for roles and responsibilities</b></li> <li>• <b>Details of the location of this provision</b></li> <li>• <b>Where/ how quality assurance will take place</b></li> <li>• <b>Details of the type of qualification provision that the subcontractors will offer (eg examinations, practical assessment)</b></li> <li>• <b>Details of who is being assessed by the subcontractors</b></li> <li>• <b>Records of monitoring activities undertaken</b></li> </ul>
Do IQA staff give appropriate feedback to assessors regarding their assessment decisions?	O Yes O No	
Do IQA staff maintain appropriate sampling plans in line with CAMERA?	O Yes O No	
Are records of IQA activity maintained and made available in line with City & Guilds ?ILM requirements?	O Yes O No	
Do all claims for certificates meet the necessary requirements?	O Yes O No	
Are there any other risks concerning IQA activity?	O Yes O No	

## Section 4 Action/Improvement Plan

All Action/ Improvement points must be referenced to Our Quality Assurance Requirements

'To be checked by' should only be populated with the name of the Quality Coordinator or the External Quality Assurer

Delete?	Date set (dd:mm:yyyy)	Action/Improvement Point Please enter A or I before text to specify type of point	Level of risk	By whom	By when (dd:mm:yyyy)	Date completed (dd:mm:yyyy)	To be checked by
<input type="checkbox"/>	12.01.2013	A – Complete a CU form and send into the local office (OQAR 2.2)		Gayle Green	12.02.2013		Quality Coordinator name
<input type="checkbox"/>	12.01.2013	A – Countersigning to be arranged and carried out for Tim Spring (OQAR 4.5)		Gayle Green	12.02.2013		External Quality Assurer
<input type="checkbox"/>	12.01.2013	I – Update terminology in document's IV – IQA, EV – EQA and APL - RPL		Gayle Green	12.02.2013		External Quality Assurer

Select the appropriate risk level for the action or improvement point

Any actions must align to the risk in  
**OQAR POST APPROVAL MONITORING CRITERIA**

You can now close any actions that have been completed once the CAR has been processed at a later date;

- Open the Walled Garden click on the 8000.... number
- Click 'Display'