

External Quality Assurer's Report



Qualification Approval

Form QAPV

City & Guilds qualification no(s)	Title(s) of qualifications
This information will be pre-populated	This information will be pre-populated

Service order number	800000-----
Centre name	Pre-populated information
Centre number (if allocated)	Pre-populated information
Address	Pre-populated information
Telephone number	Pre-populated information
Name of Centre Contact	Pre-populated information
Name of External Quality Assurer	Your name
Date shown on corresponding Form QAP:	Pre-populated information

To be completed at the end of the visit

Please indicate whether the organisation satisfies the requirements below:

Physical resources

Staff resources

Assessment

Quality assurance

Employer Involvement

Tick the box/s where the centre has met the requirements. Leave the box/s blank where requirements have not been met

With reference to the corresponding QAP, I recommend that approval be granted for all the Qualifications and (or) Units, for which approval is sought, except for those listed below

Only complete this section if approval is not recommended

Delete	Qualification number & title	Level	Report section no(s)	Unit no(s)	Comments
<input type="checkbox"/>	Insert the qualification number and title for which approval is not recommended. Six digit number 0000-00	Clearly identify the level of the qualification	Clearly specify the section of the report where your comments relate to why approval is not recommended	Clearly specify any unit/s where the evidence seen does not meet requirements	Add comments to support the recommendation that approval is not recommended

Date of activity

Pre-populated information

Duration of activity

To be completed by the Consultant: 00.00hrs

If approval not recommended, date application to be reviewed (approx)

To be completed if approval not recommended DD:MM:YYYY

Notes	Commentary to provide a clear overview of what evidence has been seen and discussed to justify the recommendation made. Identify who was met and their role at the visit.
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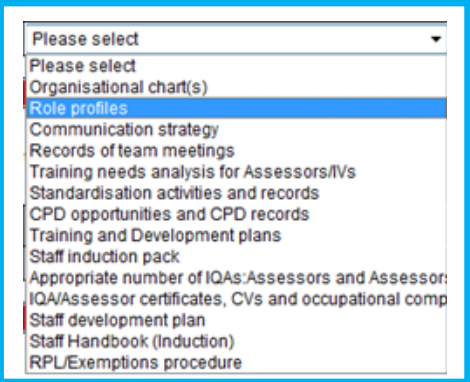
Section 1 Supporting evidence

In relation to the areas of operation listed below and from the evidence identified on the corresponding Form QAP, please comment on the Centre's capability to offer the Qualifications, and (or) Unit(s) for which approval is sought.

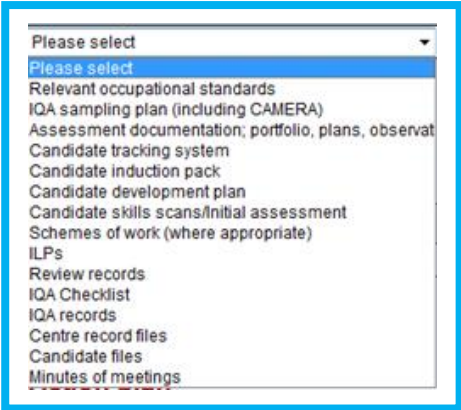
1.1 Physical resources

Delete?	Sources of evidence Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source.	Good Practice	Areas for improvements
<input type="checkbox"/>	<div style="border: 2px solid blue; padding: 5px;"> <div style="border: 1px solid gray; padding: 2px;">Health & Safety Policy</div> <div style="border: 1px solid gray; padding: 2px;">Please select</div> <div style="border: 1px solid gray; padding: 2px;">Records of remote, satellite or corporate</div> <div style="border: 1px solid gray; padding: 2px; background-color: #e0f0ff;">Health & Safety Policy</div> <div style="border: 1px solid gray; padding: 2px;">Equipment checklists</div> <div style="border: 1px solid gray; padding: 2px;">RWE Criteria</div> </div>	<p>Your comments should reflect what evidence you have seen [as selected from the drop down box in the previous column] and how the centre uses the evidence to good effect and its practical application. For technicals requirements will be written in to the handbook.</p> <p>Good practice would be to give examples of;</p> <ul style="list-style-type: none"> How the evidence seen is used to manage the qualification How RWE requirements have been met and anomalies re-adjusted [Include managing partners organisations] Details of remote, satellite or partnership sites/ agreements and details of pre-agreement checks 	<p>Where necessary clearly identify, against the specific evidence source, if the evidence seen does not meet requirements and why. These comments will contribute to the action plan at the end of the report.</p>

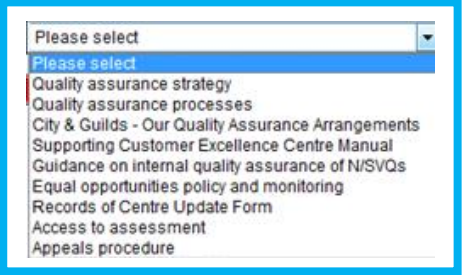
1.2 Staff resources

Delete?	Sources of evidence Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source.	Good Practice	Areas for improvements
<input type="checkbox"/>		<p>Your comments should reflect what evidence you have seen [as selected from the drop down box in the previous column] and how the centre uses this evidence to good effect.</p> <p>Good practice would also include;</p> <ul style="list-style-type: none"> • How the evidence seen is used to manage the qualification. • Are there adequate numbers of staff to deliver the qualification and the names of assessors and IQAs • if original certificates and CPD have been seen • Does CPD meet the qualification requirements • How often standardisation of marking activities are held. The centre is required to standardise assessments across different Assessors, to ensure they all mark to the same standard 	<p>Where necessary clearly identify, against the specific evidence source, if the evidence seen does not meet requirements and why. These comments will contribute to the action plan at the end of the report.</p>

1.3 Assessment

Delete?	Sources of evidence Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source.	Good Practice Types of evidence that can be commented upon are:	Areas for improvements
<input type="checkbox"/>		<p>Your comments should reflect what evidence you have seen [as selected from the drop down box in the previous column] and how the centre uses the evidence to good effect. Good practice would be to give examples of;</p> <ul style="list-style-type: none"> • How the evidence seen is used throughout the learner journey [from selection to achievement] • How documentation meets C&G requirements • Details of tracking system to be used to monitor learner progress • Sampling plans in line with qualification requirements • Evidence of how the centre will follow the moderation process- checking internally written assignments <p>(Please note RPL is not applicable)</p>	<p>Where necessary clearly identify, against the specific evidence source, if the evidence seen does not meet requirements and why. These comments will contribute to the action plan at the end of the report.</p>

1.4 Quality assurance

Delete?	Sources of evidence Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source.	Good Practice	Areas for improvements
<input type="checkbox"/>		<p>Your comments should reflect what evidence you have seen [as selected from the drop down box in the previous column] and how the centre uses the evidence to good effect.</p> <p>Good practice would be to give examples of;</p> <ul style="list-style-type: none"> • How documentation used meets C&G requirements • How the evidence seen is used to risk manage the qualification • IQA strategy, plans and records meet requirements, to ensure the sampling of assignments across different Assessors and different marks and to ensure e-volve tests are carried out in line with requirements • How quality assurance within remote, satellite or partnership sites/ agreements will be monitored and managed • is the centre/ partner organisations, signed up to receive Focus alerts • How the appeals process is communicated to learners 	<p>Where necessary clearly identify, against the specific evidence source, if the evidence seen does not meet requirements and why. These comments will contribute to the action plan at the end of the report.</p>

1.5 Employer Involvement (Key Stage 5, 16-19 Technical qualifications only)

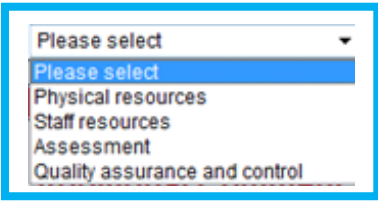
Delete?	Sources of evidence Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source.	Good Practice	Areas for improvements
<input type="checkbox"/>	<div style="border: 2px solid blue; padding: 5px;"> <p>Please select</p> <p>Please select</p> <p>Research into potential employer involvement</p> <p>Evidence of employer consultation</p> <p>Letters/statements of intent from employers</p> <p>Signed agreements with employers</p> <p>Timetables/schedules for delivery of employer involvement</p> <p>Other (please state)</p> </div>	<p>Your comments should reflect what evidence you have seen [as selected from the drop down box in the previous column] and how the centre uses the evidence to good effect.</p> <p>Good practice would be to give examples of;</p> <ul style="list-style-type: none"> • Completed Employer Involvement Plan • Employer involvement; work experience or work-placements • How the centre has consulted with the employer • Evidence of employer input in to learner projects, exercises, assessments, examinations • Employer involvement with industry practioners operating as expert witnesses • Letters/ statement to demonstrate how the employer intends to engage with the centre • Signed agreements with employers and how these will be monitored and managed • Timetables/ schedules/ 	<p>Where necessary clearly identify, against the specific evidence source, if the evidence seen does not meet requirements and why. These comments will contribute to the action plan at the end of the report.</p>

		schemes of work to demonstrate delivery of employer involvement	
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Action points must be referenced to Our Quality Assurance Requirements, Centre Manual or the Qualification Handbook

Section 2 Action plan

2.1 Please note any follow-up action required to satisfy the qualification approval criteria overall, in relation to the following areas of operation and the date by which the action should be taken.

Delete?	Relation to	Action required	By when (date)	By whom
	Please select the relevant sources of evidence from the drop-down box below. Add a new line and highlight the evidence source			
<input type="checkbox"/>		Using your comments made in the above 4 sections in areas for improvement. Chose a section from the drop down box in the previous column. Write a SMART action plan to enable the centre to meet the requirements.	Against each action identify a date for its completion. DD:MM:YYYY	Insert the name and position of the person responsible for each action.

Section 3 Additional Comments

Please add any additional comments here

Provide any additional comments to support the recommendation made in the report

