|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EXTERNAL STANDARDIZATION of MULTIPLE CENTERS FORM** | | | | | |
| **Qualification Number & Title`** | |  | | | |
| **Unit Number and Title:** | |  | | | |
| **Assignment Title (If any)** | |  | | | |
| **Name & ULN of Learner** (Please add rows or use additional sheets for larger sample) | **Assessor’s Name** | **Original Grade awarded by the Assessor** | **Agree with original Decision(Y/N)** | **Centre Name and Number** | **Standard of Assessment Decision** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Number – 01 (Duplicate this section as many as samples required)** | | | |
| **Centre Name and Number** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Number – 02 (Duplicate this section as many as samples required)** | | | |
| **Centre Name and Number** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Number – 03 (Duplicate this section as many as samples required)** | | | |
| **Centre Name and Number** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sample Number – 04 (Duplicate this section as many as samples required)** | | | |
| **Centre Name and Number** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Any actions required** | | | |
| **Action Required** | | **Target Date for Completion** | **Date Action Completed** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **GENERAL COMMENTS** | | | |
|  | | | |
| **I confirm that the assessment decisions of the unit are at the same standard and accurate across the centers sampled in respect of the whole cohort.** | | | |
| **EVQA at B-TIC** |  | **Date** |  |
| Centre - 1 |  | Date |  |
| Centre - 2 |  | Date |  |
| Centre - 3 |  | Date |  |
| Centre - 4 |  | Date |  |