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| **EXTERNAL STANDARDIZATION FORM – SINGLE CENTRE** | | | | |
| **Centre Name and Number** | |  | | |
| **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) | **Assessors Name** | **Original Grade awarded by the Assessor** | **Agree with original Decision(Y/N)** | **Standard of Assessment Decision** |
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| **Sample Number – 01 (Duplicate this section as many as samples required)** | | | |
| **Unit Title & Number of Sample** |  | | |
| **Learner’s Name** |  | **Unique Learner Number** |  |
| **Assessor’s Name** |  | **Decision** |  |
| **Internal Verifier’s Name** |  | **Decision** |  |
| **Feedback on Standard** |  | | |
| **Recommendation** |  | **Due Date** |  |

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

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

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

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