

**External Verification for Quality Assurance Report**

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| **Center Name**  |  |
| **Center Number**  |  | **Country** |  |
| **Qualification Title**  |  | **Qualification Number** |  |
| **External Verifier’s Name**  |   |
| **Date of EVQA**  | **Method**  | **Duration** | **Previous EVQA date – *if applicable*** |
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| **EVQA Outcome**  | **Release**  | **Not Yet Finalized**  | **Blocked** |
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| **Date of EVQA Completion**  |  | **Proposed Date for next EVQA** |  |

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| **Authorized Persons responsible for management and delivery of Qualification**  | **Position** | **Role**  |
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| **Name of Staff Report is presented to**  | **Position** | **Role** |
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| 1. **Academic Staff & Management Staff**
 | **Yes** | **NO** | **Comment | Good Practice | Action Points** |
| Academic Staff are appropriately qualified for their role and sufficient in number |  |  |  |
| Management Staff are appropriately qualified for their role and sufficient in Number |  |  |  |
| Center provide staff induction program  |  |  |  |
| Center provides CPD training |  |  |  |
| Center provides academic trainings |  |  |  |

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| 1. **Delivery System and center**
 | **Yes** | **No** | **Comment | Good Practice | Action Points** |
| Deliver Time of the qualification is appropriate |  |  |  |
| Resources allocation for delivery of qualification is appropriate |  |  |  |
| All Center changes of circumstances are reported to B-TIC promptly which is up to date |  |  |  |
| Center is Up to date of the qualifications specifications  |  |  |  |
| Performance of resources are reviewed and evaluatedDelivery arrangements of qualifications are reviewed and evaluated |  |  |  |
| The center has essential and sufficient equipment, facilities and resources as stated to deliver the qualification |  |  |  |
| Equipment/Materials/library / LMS |  |  |  |

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| 1. **Policies and Procedures**
 | Yes | No | Comment | Good Practice | Action Points |
| Admissions Policy |  |  |  |
| PLAR Policy  |  |  |  |
| Academic Misconduct and malpractice policy  |  |  |  |
| Academic Appeal policy |  |  |  |
| Blended Learning Policy |  |  |  |
| Central Contingency & Adverse Effects Policy |  |  |  |
| Complaints Policy & Procedure |  |  |  |
| Equal Opportunities Policy |  |  |  |
| Health & Safety Policy |  |  |  |
| Assessment Policy |  |  |  |
| Malpractice & Maladministration Policy |  |  |  |
| Privacy Policy |  |  |  |
| Academic Quality Policy |  |  |  |
| Staff Induction Policy Statement |  |  |  |
| Conflict Of Interest |  |  |  |
| Reasonable Adjustments & Special Consideration Policy |  |  |  |
| Data Protection Policy |  |  |  |

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| 1. **Learner Support and Experience**
 | **Yes** | **No** | **Comment | Good Practice | Action Points**  |
| The Center has provided course handbook containing appropriate information |  |  |  |
| Learners have access to relevant lecturers  |  |  |  |
| Learners have access to appropriate materials  |  |  |  |
| Learners have sufficient time to complete assessments |  |  |  |
| Learners are aware about the assessment process  |  |  |  |
| Learners are given feedback on their work |  |  |  |

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| 1. **First Assessment by Center**
 | **Yes** | **No** | **Comment | Good Practice | Action Points** |
| First assessors are appropriately qualified |  |  |  |
| Teaching materials are appropriate |  |  |  |
| Assessments are IVQAed by center and EVQAed B-TIC for fit for the purposes.  |  |  |  |
| There is a clear separation of assessor and internal quality assurer for quality Assurance  |  |  |  |
| There is documented evidence that the assessor has received feedback from the internal quality assurer for quality Assurance. |  |  |  |
| Learners' work is generally well structured and laid out in a clear, logical manner. |  |  |  |
| Learners receive appropriately documented criterion referenced feedback from assessors. |  |  |  |
| Assessors’ feedback justified the decisions made on the learner’s work sampled. |  |  |  |
| Learners’ work sampled was appropriate and consistently referenced suitable for the level of the qualification. |  |  |  |
| Learners' work sampled showed no evidence of malpractice.  |  |  |  |
| The Standard and Language of the learner’s work appropriate for the level of the qualification of sample  |  |  |  |

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| 1. **Internal Verification for Quality Assurance (IVQA)**
 | **Yes**  | **No** | **Comment | Good Practice | Action Points** |
| IVQA are appropriately qualified |  |  |  |
| IVQA plan is appropriately assessed by all assessors and assessments.  |  |  |  |
| Assessments are standardized between first assessors and IVQA |  |  |  |
| Assessment records and IVQA records are accurate and up-to-date (unit sampling plans, feedback to assessors, IQA reports) |  |  |  |
| All learners’ work seeking certification was made available to the EQA. |  |  |  |
| The Center confirmed the Rules of Combination have been met (if applicable) |  |  |  |
| Assessors have robustly applied systems to ensure there is no learner malpractice |  |  |  |
| Work of all learners seeking certification was available to the EVQA |  |  |  |

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| 1. **EVQA Sampling Record Unit (s) Sampled**
 | **No. of Registrations** | **No. of Samples** |
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| **Sample Number – 01 (Duplicate this section As many as samples required to provide feedback)** |
| **Unit Name & Number of Sample**  |  |
| **Learner’s Name**  |  | **Learner Number** |  |
| **Assessor Name** |  | **Decision** |  |
| **Internal Verifier Name** |  | **Decision** |  |
| **Feedback** |  |
| **Recommendation** |  | **Due Date** |
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| **Action Points from Last EVQA** |  | **Last EVQA Date** |  |
| **Essentials Actions ( failure to address will lead to block the program and/or Centre)** | **Addressed**  | **Ongoing** |
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| **Recommended Actions** | **Addressed**  | **Ongoing** |
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 **Actions Required**

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| **Essentials Actions ( failure to address will lead to block the program and/or Centre)** | **Due Date** |
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| **Recommended Actions**  | **Due Date** |
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**Comments on Best Practice**

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**EVQA Declaration**

I hereby confirm that the center fully co-operated with the EVQA process. I have completed the EVQA as per the best of my knowledge and understanding.

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| **External Verifiers name**  |  | **Verified BY Registrar**  |  |
| **Signature**  |  | **Signature** |  |
| **Date**  |  | **Date**  |  |