Completed forms must be retained for EQA purposes.

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| **IQA Name** |  |
| **Course / Qualification Level**  |  |
| **Course / Qualification Title** |  |

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| **Please explain briefly below your Sampling Strategy:***(You should take care to sample across all learners (including where any Reasonable Adjustments have been made), units, assessment methods, assessors and assessment sites. Your sampling matrix should clearly show “Planned” and “Actual“ sampling, with dates)* |
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**Sampling Plan and IQA Tracking Sheet**

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| --- | --- | --- | --- | --- | --- |
| Learner Names | **Start Date** | Assessor | Units Selected for IQA*(Please tick ✓)* | Scheduled IQA Date | Actual IQA Completion Date |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
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*(please add additional rows as necessary)*