Completed forms must be retained for EQA purposes.

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| **Assessor Name** |  | | |
| **Learner Name** |  | | |
| **Regulated Qualification or ALP:** | ALP:  Regulated Qualification: | | |
| **Course / Qualification Title, Level and Codes** | **Title** | **Level** | **Code**  *(N/A for ALP)* |
|  |  |  |
| **IQA Activity**  *(please tick ✓ )* | Interim / Formative:  Summative / Final: | | |
| **IQA Name** |  | | |
| **IQA Date** |  | | |

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| Source(s) of Evidence  *(please tick ✓ )* | Observation |  | Witness Testimony |  | Product Evidence |  |
| Written Assignment / Case Study |  | Q&A *(Written and / or Oral)* |  | Professional Discussion |  |
| Simulation |  | RPL |  | Test / Exam |  |
| Learner Report  *(e.g. Personal Statement, Reflective Journal)* |  | Other  *(please specify)* | | | |

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| Was the Evidence: *(please tick ✓)* | | | | | | | | | | | |
| Valid |  | Authentic |  | Current |  | Sufficient |  | Reliable |  | Fair |  |

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| **Identified Conflicts of Interest:**  *(if any conflicts of interest in the assessment or IQA process have been declared or identified give details here, stating how the conflict has been managed)* |
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| **Feedback from IQA to Assessor:**  *(Please include portfolio references for evidence sampled. Include good practice as well as areas for development)* |
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| **Actions required:**  *(All Actions must be SMART and specify a review date)* | **By whom** | **By when** | **Review date** | **Completed?**  *(IQA initial and Date)* |
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| **Assessor Comments:** |
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| **IQA Signature:** |  | **Date:** |  |
| **Assessor Signature:** |  | **Date:** |  |