Completed forms must be retained for EQA purposes.

|  |  |
| --- | --- |
| **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** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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)* |

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

|  |
| --- |
| **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)* |
|  |

|  |
| --- |
| **Feedback from IQA to Assessor:***(Please include portfolio references for evidence sampled. Include good practice as well as areas for development)* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actions required:***(All Actions must be SMART and specify a review date)* | **By whom** | **By when** | **Review date** | **Completed?***(IQA initial and Date)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **Assessor Comments:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **IQA Signature:** |  | **Date:** |  |
| **Assessor Signature:** |  | **Date:** |  |