## **Quality Assurance Report**

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| Qualification |  |
| Appointed IQA  |  | Tutor name |  |
| Assessor name  |  | Date |  |
| Venue  |  | Event number (if applicable) |  |

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| **RAG Status** |
| RAG status of tutor pre-intervention | Red [ ]  Amber [ ]  Green [ ]  N.A [ ]  | RAG status of tutor post intervention | Red [ ]  Amber [ ]  Green [ ]  N.A [ ]  |
| RAG status of assessor post intervention: | Red [ ]  Amber [ ]  Green [ ]  N.A [ ]  | RAG status post intervention | Red [ ]  Amber [ ]  Green [ ]  N.A [ ]  |
| **Previous action points (if applicable)** |
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| **Were the IQA sampling plan and methods relevant for this qualification/programme?** |
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| **Quality Assurance Summary** |
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| **Feedback to the tutor/assessor**  |
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| **Action points from IQA intervention** | **Responsibility** **(i.e. tutor/assessor/ recognised centre)** | **Priority level****(High, Medium, Low)** | **Timescale** |
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| Signed IQA |  | Date |  |