Internal Quality Assurance Feedback

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| **IQA** |  | **Assessor** |  |
| **Date** |  | **Qualification** |  |
| **Learner name (if appropriate)** | | |  |
| **Title of unit or piece of evidence being quality assured** | | |  |

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| **Feedback from Internal Quality Assurer to Assessor. Record of any discussions, actions or follow up needed.** |
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| **Additional comments from Internal Quality Assurer** | | | |
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| **Assessor comments** | | | |
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| **Date of next meeting** | | | |
|  | | | |
| **Signed (Assessor)** |  | **Date** |  |
| **Signed (IQA)** |  | **Date** |  |

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| **I confirm that the action points have been completed and evidence requirements have been met.** | | | |
| **Internal Quality Assurer signature:** |  | **Date:** |  |
| **Assessor**  **signature:** |  | **Date:** |  |