

SR4

ABC

QUALIFICATION APPROVAL

ABC VISIT REPORT

SECTION 1 CENTRE AND QUALIFICATION DETAILS

CENTRE NAME	
ABC CENTRE ID	
CENTRE CONTACT NAME	
VISIT DATE	
QUALIFICATION TITLE/S	
UNIT TITLES	

SECTION 2 RESOURCES

2.1 Please comment on the appropriateness of the locations in which the courses will be delivered
2.2 Please comment on the quality of resources required for the delivery of this qualification (e.g. learning materials, workshops or other equipment)

2.3 Please comment on the qualifications / experience of the staff who will deliver, assess and moderate this qualification

2.4 Please comment on the procedures in place to ensure there are effective communications between centre staff and centre staff and ABC Awards in respect of the delivery and assessment of this qualification

SECTION 3 DELIVERY

3.1 Please comment on the initial assessment and induction programme planned for this qualification

3.2 Please comment on how the Centre intends to review student progress during the delivery of this qualification

3.3 Please comment on the Centre's internal moderation / verification plan for this qualification

SECTION 4 CENTRE AND EXTERNAL MODERATOR / VERIFIER FEEDBACK

Comments from the External Moderator / Verifier
Feedback from the Centre to ABC Awards

SECTION 5 EXTERNAL MODERATOR / VERIFIER STATEMENT

Tick box as appropriate

- 1. I recommend approval is awarded.
- 2. I recommend the action points are addressed before approval is given
- 3. I recommend refusal of approval.

External Moderator / Verifier Signature

Date

A COPY OF THIS REPORT WILL BE FORWARDED TO THE HEAD OF CENTRE BY ABC

THIS REPORT INCLUDING THE ACTION PLAN MUST BE WORD PROCESSED AND EMAILED* TO THE ADMINISTERING ABC OFFICE WITHIN 10 DAYS OF THE VISIT.

**If the report cannot be emailed it must be sent by post to the appropriate administering office. Moderators / Verifiers who cannot word process this report must ensure that handwriting is legible and written in black ink.*

SECTION 6 ACTION PLAN

This action plan must be agreed and left with the Centre on the day of the visit.

REF	ACTION REQUIRED	BY WHOM	BY WHEN	METHOD OF REVIEW

Centre Representative Name	
Position	
Signature	
External Moderator / Verifier Signature	
Date	