





Quality Assurance Appointee Performance Report


What this form is for

This form is a report based on an accompanied visit to monitor the performance of an SQA Quality Assurance (QA) Appointee who has recently been recruited to undertake QA activities and who has not yet undertaken any QA approval or verification activities.

Guidance on SQA's Approach to Quality Assurance is available online:

- [SQA's Quality Assurance for Higher National and Vocational Qualifications](#) 
- [SQA's Quality Framework: a guide for centres \(for National Qualifications\)](#) 

How to use this form

- This form is to be completed electronically. Please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the [Adobe website](#) 

When you have finished

Once this form is complete, please email it to:

- If you are reporting on an approval activity: asv@sqa.org.uk
- If you are reporting on a verification activity: gav@sqa.org.uk

All the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by SQA.

Quality Assurance Process

Qualification Approval	
Qualification Verification	
Systems Approval	
Systems Verification	

Supporting Appointee Role

Senior External Verifier	
Mentor	
Senior Without Portfolio	
Quality Enhancement Manager	
Other (please specify)	

Centre and Qualification Quality Assurance Appointee Details

Centre's Full Name	
Centre's SQA Number (if known)	
QA Appointee Name	
Visit Date	

Qualification Information (if applicable)

Verification Group Number	
Verification Group Name	
Qualification Name	

About the Visit

This section should be completed based on how the QA Appointee prepared for and planned the visit, and how the visit was conducted, including the way in which feedback was given based on the decisions made.

<p>Preparing for activity</p> <p><i>(Please comment on the preparation methods at the start of the process)</i></p>	
<p>Planning the visit</p> <p><i>(Please comment on the communication with centre and arrangements made prior to the visit)</i></p>	
<p>Quality assurance activity</p> <p><i>(Please comment on the sequence of the activities carried out, the agreed format, questioning techniques and examination of materials etc.)</i></p>	
<p>Clear justification given for the decisions made</p> <p><i>(Please comment on the decisions made and if you advised the QA Appointee on any particular areas)</i></p>	

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<p>Feedback to centre</p> <p><i>(Please comment on the method and conduct of feedback at the conclusion of the visit)</i></p>	
<p>Visit report</p> <p><i>(Please comment on the accuracy of the visit report and the quality of reporting)</i></p>	
<p>Good practice</p> <p><i>(if applicable)</i></p>	
<p>Areas for improvement</p> <p><i>(if applicable)</i></p>	
<p>Summary of feedback provided to the Quality Assurance Appointee</p>	

Confirmation

Supporting
Appointee Name

Date

(dd/mm/yyyy)

SQA Officer Name

Date

(dd/mm/yyyy)

Copy Sent to QA Appointee

Date

(dd/mm/yyyy)

Copy Sent to Senior Verifier

Date

(dd/mm/yyyy)