

Qualification Development Visit Request and Report Form


What this form is for

This form is for use by approved SQA centres to request a Qualifications Development Visit. It will subsequently be used to plan the visit and then to record the discussions which took place and any advice given during the visit.

Development visits are solely intended to provide advice and support to centres on the delivery of internally assessed units/courses. The visiting External Verifier is not able to discuss estimates, set examinations, appeals or other matters more appropriately handled by other SQA departments.

Costs for development visits can vary depending on location and number of external verifiers required, please discuss this with your account manager. An invoice for the agreed amount will be sent to the centre's SQA Coordinator after the visit.

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

Section 1 should be completed by the centre, and then email the whole form to: asv@sqa.org.uk

Section 3 should be by the External Verifier conducting the visit, and then email the whole form to: asv@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.

Section 1 – Details of Request

This section should be completed by the centre requesting the development visit.

1. Centre Details

Centre's full name

Centre's SQA number

Address

Post / Zip code

Country

Telephone number

2. SQA Coordinator

Name

Email address

3. Contact for Visit

Name

Position

Suggested Dates(s) and Time(s) of Visit

Site(s) to be Visited

4. Background to Development Visit Request

To allow SQA to deploy the appropriate resource, please indicate the qualification type that you want to discuss and specify the subject area (e.g. Accounting) and Verification Group.

HN VQ Other (Please specify)

Subject area

Verification Group

Code	Level	Title

Are you looking at delivering new qualifications? Yes No

Is the visit required following verification activity for these qualifications? Yes No

Have there been any recent staff changes Yes No

How many staff will be present for the visit?

Please provide details of the members of staff who will be in attendance during the visit.

Name	Role (in relation to the qualifications)	Name	Role (in relation to the qualifications)

Please detail what specific area(s) of delivering the qualifications you require support for.

Please detail what outcomes you expect to be achieved by the development visit.

5. Declaration (SQA Co-ordinator or Head of Centre)

I declare that I have read this request and agree that it should be submitted to SQA. I also agree that the centre will be liable for the cost of the visit which will be confirmed by SQA in advance.

Name

Date

dd/mm/yyyy

Once this report has been completed please email it to asv@sqa.org.uk

Section 2 – Development Visit Action Plan

This section should be completed by SQA.

1. Visit setup

Date request received

Date allocated to External
Verifier(s)

Allocated by

External Verifier's Name

Verification Group Name

Verification Group Number

Section 3 – Development Visit Report

This section should be completed by the External Verifier conducting the visit.

1. Visit Details

Centre's full name

Centre's SQA number

External verifier name

Verification group

Qualification type

Date of visit

dd/mm/yyyy

2. Visit Summary

Please give details of the qualifications which were the subject of the visit and summarise your discussions, noting where they relate to the expected outcomes listed in the visit request. Also highlight any development issues which were raised.

Please detail any further support that SQA could provide for this centre.

3. Declaration (External Verifier)

I declare that this report is an accurate account of the Development Visit.

Name of External Verifier

Date

dd/mm/yyyy

Once this report has been completed please email it to asv@sqa.org.uk

Report Confirmation *(to be completed by SQA)*

Date report received

dd/mm/yyyy

Date report sent to centre

dd/mm/yyyy