**AAS Site Checklist Form**

This form is for recording checks of sites to be used for assessment of SQA qualifications which are not owned, leased or managed by the approved centre.

**Note** This form is to be completed and retained by the centre for future reference – please do not send this form to SQA. Verifiers will review the form during the verification process.

|  |  |
| --- | --- |
| Centre name |  |
| Name of assessment site |  |
| Organisation which owns the site |  |
| Address of assessment site (including country) |  |
|  |  |
|  |  |
| Postcode |  |
| Phone number of site |  |
| Contact name at site |  |
| Qualification(s) being assessed at this site |  |

##### Comments on how site is used:

|  |
| --- |
|  |

**Checklist**

##### Section 1: Assessment requirements

Reference should be made to the assessment strategy and any specific requirements for assessment of the specific award(s) being assessed at the site when completing this section.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Is the assessment environment appropriate for assessing the award? |  |  |  |
| Are appropriate equipment and resources available for assessment? |  |  |  |

##### Section 2: The site

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Is the assessment environment safe for candidates and staff? |  |  |  |
| Do all candidates have equal access to assessment at this site? |  |  |  |
| Is there agreed access to the site for centre assessors and internal verifiers? |  |  |  |
| Is there agreed access to the site for SQA and regulatory body QA staff? |  |  |  |
| Is there secure storage at the site for assessment materials and records? |  |  |  |

##### Section 3: Support for candidates and staff

This section should only be completed if centre staff and/or candidates are based at the site.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comment** |
| Are candidates based at this site given induction covering the requirements of SQA? |  |  |  |
| Are assessors and internal verifiers based at this site given induction covering the requirements of SQA? |  |  |  |
| Do candidates and staff have access to the centre’s policies and procedures? |  |  |  |
| Is the centre’s quality assurance system being applied at this assessment site? |  |  |  |
| Are there effective mechanisms in place for collecting, submitting and securely storing candidates’ personal, entry and results data, in line with the centre’s data management policy and procedures? |  |  |  |

##### Section 4: Declaration

We declare that, to the best of our knowledge, the information given in this form is correct:

**Centre representative**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Signature  |  |
| Date |  |

**Site representative**

|  |  |
| --- | --- |
| Name |  |
| Designation |  |
| Signature  |  |
| Date |  |

|  |  |
| --- | --- |
| Date of next planned review |  |

**Please keep this form for your records and provide to a verifier when requested.**