### AAS Workplace Site Checklist Form

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

This shortened version is for use for employed candidates’ workplaces.

**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 |  |

#### 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: Workplace assessors

|  |
| --- |
| (Add information on induction, training, support for and qualifications of any workplace assessors.) |

##### 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.**