**Skills for Work/NQ Award**

Development Visit Request and Report Form

**Introduction**

This form is for use by 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.

**Important Notes:**

* 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.
* The cost of a development visit is £100 for each External Verifier required, with the visit expected to last for half a day. An invoice for the agreed amount will be sent to the centre’s SQA Coordinator after the visit.

**Section 1** **– Development Visit Request**

The centre should complete Section 1 electronically, and then email the whole form to NQ Verification: [nqverification@sqa.org.uk](mailto:nqverification@sqa.org.uk)

**Centre Details**

|  |  |
| --- | --- |
| Centre Name |  |
| Centre Number |  |
| Address |  |
| Tel. No. |  |

**SQA Coordinator**

|  |  |
| --- | --- |
| Name |  |
| Email Address |  |

**Contact for Visit**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Suggested Date(s) and Time(s) of Visit |  |
| Site(s) to be Visited |  |

**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.

|  |  |
| --- | --- |
| SfW/NQ Award Subject Area |  |
| Verification Group Number |  |

|  |  |  |
| --- | --- | --- |
| Unit Code | Unit Level | Unit Title |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Are you an Approved SQA Centre? Yes No

Are you looking at delivering new qualifications? Yes No

Is this request pre or post Qualification Approval? Pre Post

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) |
|  |  |  |  |
|  |  |  |  |
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| --- |
| 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. |
|  |

**Declaration (SQA Coordinator)**

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 of Centre Coordinator Date**

Thank you for completing this section of the Development Visit Request and Report Form.

Please email the whole form to [nqverification@sqa.org.uk](mailto:nqverification@sqa.org.uk).

**Section 2** **– Development Visit Action Plan**

This section should be completed by the NQ Verification Team within SQA.

**Visit Setup**

|  |  |
| --- | --- |
| Date request received by NQV |  |
| Date allocated to External Verifier(s) |  |
| Allocated by (NQV admin) |  |
| External Verifier’s Name |  |
| Verification Group Name |  |
| Verification Group Number |  |

**Section 3 – Development Visit Report**

This section should be completed by the External Verifier who undertakes the visit.

|  |  |
| --- | --- |
| Centre Name |  |
| Centre Number |  |
| External Verifier Name |  |
| Verification Group |  |
| Qualification Type |  |
| Date of Visit |  |

|  |
| --- |
| Please give details of the qualifications which were the subject of the visit and summarise your discussions, noting where they relate to the expcted outcomes listed in the visit request. Also highlight any development issues which were raised.  Please complete in essay format and restrict the summary to internally assessed units/courses/assessment instruments/unit spec/standards/assessment strategy only |
|  |

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

**Declaration (External Verifier)**

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 of External Verifier Date**

Thank you for completing this section of the Development Visit Request and Report Form.

Please email the whole form to [nqverification@sqa.org.uk](mailto:nqverification@sqa.org.uk).

**Report Confirmation (To be completed by SQA NQ Verification staff)**

|  |  |
| --- | --- |
| Date Report Received |  |
| Authorised by (NQV Supervisor) |  |
| Date report sent to Centre |  |