Combined Assessment Request Form

Use this form when developing your combined assessment to request a support meeting from an External Verifier when developing your combined assessment.

Take this opportunity to tell us which units you wish to combine and provide an indication of where you feel you need support.

Before requesting a support meeting, it would be beneficial for you to read the 'Combined Assessment Toolkit for Centres' available on the Prior web page.

This document will give you a good idea of how to start developing your combined assessment, and will help you identify where you require additional support.'

Further information and guidance is available on the Prior web page and you can also contact us via the mailbox QVPrior@sqa.org.uk

This form is split into three sections:

Section 1 - Centre Information

Section 2 - Requesting an External Verifier support meeting

Section 3 - Declaration

This form should be completed and submitted by SQA Coordinators only. Please provide as much information as possible regarding your support requirements - this will help us allocate your request to the appropriate External Verifier

Once this form is complete, please email it to: QVPrior@sqa.org.uk All of the details you complete in this form, as well as any supporting documents you send, will be treated as private and confidential by SQA.

Disclaimer

If the SQA find that any of the content has potential copyright issues, we will be unable to publish them on our secure site for sharing with other SQA approved centres.

Section 1 – Centre Information

1.1   Centre Details

Centre Name

Centre Number

SQA Co-ordinator

Contact Tel. Number

Email Address

1.2   Combined Assessment Product Details

Please detail the unit codes and titles you wish to combine. This will allow us to direct your support request to the External Verifier most suited to your needs.

Unit Codes & Titles

Estimated start date of the combined assessment?

Section 2 - Requesting an External Verifier support meeting

2.1 Please provide a summary of the support you are requesting:

2.2 Proposed Dates (Must be at least 10 working days after submission)

Option 1

Option 2

Option 3

2.3 Details of Attendees

Please list all staff / assessors / internal verifiers who will be in attendance

If other centres are involved, please list all centre and staff information

2.4   Link to Qualification Verification Event

Is this assessment linked linked to a non compliant outcome of a Qualification Verification Event?

Yes   No

Please provide the Event ID for the Qualification Verification Event

Event ID: Agreed Action Date:

2.5   SQA Approval

Are you already approved to offer these units?   Yes   No

If no, are you currently seeking SQA approval?   Yes   No

2.6   Supporting Documents

If you have any supporting documentation that you wish to attach for discussion, please outline below.

Document	Filename
Instruments of Assessment (where applicable, assessment conditions must be described)	
Sample Solutions (N/A for project based qualifications)	
Marker Schemes (N/A for project based qualifications)	
Internal Verification Reports	
Other Documentation	
Other Documentation	

3.0 Declaration

Yes   No

Has the combined assessment been developed in collaboration with other centres?

If the submission for combined assessment has been developed in collaboration with other centres out-with your own please confirm and provide details.

Centre Name   Centre Number

Details

Submitted By: **Date:**