

WWETB Quality Assurance System Internal Verifier Course Summary Report

Version 1.2 January 2023

Class Ref Number		RCCRS F12 ID Number	
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The following checks to take place prior to External Authentication

	QUESTION	1 st Check			Recheck*		Note any issues identified
		Yes	No	N/A	Yes	No	
Section 1- Assessment Evidence Documentation Check							
1.1	Has the F12 Course Summary Assessment Sheet and Results Approval Form been completed fully and accurately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Was the correct version of the assessment instruments used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Was the correct number of test packs returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Have all the assessment documents including model answers been returned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Are the Workplace Record Books returned for Traineeship Programmes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Are all the tasks in the Workplace Record Books signed and dated by the Workplace Assessor and Learner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Has electronic/video evidence been submitted as part of the assessment evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Is there evidence on the scripts to show that they have been assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Have the totals been added up correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Has the correct grade been applied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Is the overall result on the script?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	Are the results transferred/transcribed correctly throughout all documents i.e. <ul style="list-style-type: none"> • from the scripts to the Assessment Sheets • from the Assessment Sheets to the Summary Assessment Sheets • from the Summary Assessment Sheets to the F12 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Are the assessment sheets and summary assessment sheet signed/dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***Note: Only tick the specific line item in the recheck column when a recheck is required**

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 Version 1.2 January 2023

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Section 2- Assessment Attendance/Submission Sheet							
2.1	Is there a signed & dated Assessment Attendance/Submission Sheet for each event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Did the Tutor/assessor identify any anomalies on the Learner/Supervisor Instructions/assessment briefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	If 'yes' to the above, was the AIS/Assessment Feedback Sheet completed by the tutor/assessor and submitted to the TSO for corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Were there any issues/recommendations made by the assessment supervisor/assessor for the attention of the Results Approval Panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 3- Moodle							
3.1	Is there a signed and dated On-Line Assessment Activity Report Form for each event submitted on Moodle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	URKUND-Have any assignments with a similarity index of 25 to 49% been reviewed by the Instructor if plagiarism is suspected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	URKUND- Have any assignments with a similarity index of either 50-74% or 75-100% been reported to the TSO and investigated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 4- Internal Verification on the Conduct of the Assessment Process							
4.1	Were any of the assessment events selected and scheduled for the Internal verification on the Conduct of Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Is the Internal Verification on the Conduct of Assessment report(s) included, completed fully and signed & dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WWETB Quality Assurance System
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 Version 1.2 January 2023

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4.3	Were any issues/ non-conformances identified /recommended in the report(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 5- Peer Review							
5.1	Were any of the assessment events selected and scheduled for the Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Is the Peer Review report(s) included, completed fully and signed & dated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Were any issues/ non-conformances identified/recommended in the report(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 6- Rechecks/Reviews Requested by the IV							
6.1	Did the IV request the assessor to recheck/review any results/grades and what was the outcome of the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 7- Recommendations Actioned from previous EA/EQA Report							
7.1	If there were any recommendations noted by the previous EA, did the IV follow up on the recommendation and carry out the required corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 8- Internal Verifier/Tutor Assessor Course Briefing and Meetings							
8.1	Did the internal verifier carry out regular meetings with the tutor/assessor prior to the commencement of the course, during the course and end of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	If 'yes' to the above' can you please include sample Minutes of the Meetings with the IV Course Summary Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 9- Training Specification/Curriculum							
9.1	Was the current version of the Training Specification/Curriculum issued to the tutor/tutors prior to the commencement of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	If 'yes' to the above' what version of the Training Specification/Curriculum were issued for the delivery of this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Were the tutor/tutors briefed by the IV to discuss the Training Specification/Curriculum prior to the commencement of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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9.4	Did the tutor/tutors have access to the Training Specification/Curriculum at all times during the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 10- Assessment Regulations							
10.1	Did the tutor/tutors have access to the Assessment regulations at all times especially during assessment events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	If 'yes' to the above' what version of the Assessment Regulations was issued for the delivery of this course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Were the tutor/tutors briefed by the IV to discuss the Assessment Regulations prior to the commencement of the course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 11- Reasonable Accommodation- Learner Assessment Support							
11.1	Was a request made by a learner/learners for Reasonable Accommodation and the Reasonable Accommodation in Assessment Application Support Form submitted to the TSO for approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 12 - Results Approval Meeting							
12.1	Have any issues/recommendations been summarised for the Results Approval Panel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 13 - Feedback received from persons met as part of the verification process:							

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Section 14 - Summary of Internal Verification findings:

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Section 15 - Continuous improvements recommendations:

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Are there any corrective/ preventative action arising? **Yes** **No**
Please comment:

Internal Verifier Name: print name

Internal Verifier signature:

Date: