Internal Quality Assurer

Induction Checklist

Please complete form in block letters

Supporting Excellence

Please photocopy as necessary

Internal Quality Assurer name

Date of commencement at centre

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Signed by IQA** | **Date** |
| **1** | **Provided:** CV and qualification certificates to prove required occupational competence at the appropriate level |       |       |
| **2** | **Provided:** original certificate which was checked and photocopied. Original returned and EQA-validated photocopy kept in centre records |       |       |
| **3** | **Received:** the centre organisation chart |       |       |
| **4** | **Received:** the centre equality of access policy |       |       |
| **5** | **Received:** Centre Internal Quality Assurance policy, proceduresand recording documentation |       |       |
| **6** | **Received:** City & Guilds Guidance |       |       |
| **7** | **Received or know where to access:** relevant qualification updates |       |       |
| **8** | **Received:** information about allocated assessors and theirlearners |       |       |
| **9** | **Received:** a copy of the internal quality assurance assessor and learner induction programmes and packs |       |       |
| **10** | **Received:** information on the processing of records for registration and certification of learners |       |       |
| **11** | **Received: list of compulsory standardisation meetings/****activities** |       |       |

Signed by new IQA

Date

Signed Development Officer

Date