

Internal Quality Assurance Concerns Form



Please complete form in block letters

please photocopy as necessary

Feedback to Development Officer (DO) or Qualifications Centre Manager

The areas of concerns should be completed by the IQA and handed to the Development Officer or Qualifications Centre Manager as appropriate.

Areas of concern _____

Agree action and target date _____

Internal Quality Assurer's signature _____ Date _____

Countersigning IQA signature _____ Date _____

DO/QCM signature _____ Date _____

Action:

IQA/DO/QCM Signature _____ Date _____