

Continuing Professional Development Summary



Please complete form in block letters

please photocopy as necessary

Note: This form can be used by assessors and IQAs (delete as appropriate).

Assessor/IQA name _____

Reviewer name _____

Last observation date _____

Dates of standardisation meetings since the last review _____

If the Assessor/IQA is unqualified, when were they registered with the awarding organisation?

Summary of any CPD activities undertaken:
Action plan for meeting training needs and CPD opportunities:
Reviewer's Comments

All of the above have been discussed and agreed

Reviewer's signature _____ Date _____

Reviewee's signature _____ Date _____

Date of next review _____

Please send a copy of the completed form to the ATS office