

Construction Training Services - Quality Assurance Report

Awarding body:	NPORS		CPCS		CITB		CTSL	
Award Title:								

IQA name:							
Instructor name:							
Pre-Assessment <input type="checkbox"/>	During course/training <input type="checkbox"/>	Post Course <input type="checkbox"/>					
What sources of evidence have been quality assured?	Classroom observation		Oral Questions				
	Practical		Written Questions				
	Course Content		Completion of paperwork				

Feedback to Instructor:

Good Practice Identified:

Action(s) Required:

Does the IQA agree with the instructor's decision?			Yes		No	
IQA Signature:		Date:				

Feedback given to Instructor:			
Method:	Verbal (Instructor to sign below)		Email (Please attach copy of email to report, together with 'read' receipt)
Instructor signature		Date:	

Review of actions:				
Actions Completed:	Yes		No	
IQA Signature:				
Date:				