## **Quality Assurance Report**

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| Qualification |  | | |
| Appointed IQA |  | Tutor name |  |
| Assessor name |  | Date |  |
| Venue |  | Event number (if applicable) |  |

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| **RAG Status** | | | |
| RAG status of tutor pre-intervention | Red  Amber  Green  N.A | RAG status of tutor post intervention | Red  Amber  Green  N.A |
| RAG status of assessor post intervention: | Red  Amber  Green  N.A | RAG status post intervention | Red  Amber  Green  N.A |
| **Previous action points (if applicable)** | | | |
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| **Were the IQA sampling plan and methods relevant for this qualification/programme?** | | | |
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| **Quality Assurance Summary** | | | |
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| **Feedback to the tutor/assessor** | | | |
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| **Action points from IQA intervention** | | **Responsibility**  **(i.e. tutor/assessor/ recognised centre)** | **Priority level**  **(High, Medium, Low)** | | | **Timescale** |
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| Signed IQA |  | | | Date |  | |