**1 Centre Details**

|  |  |
| --- | --- |
| Centre Name |  |
| Quality Assurance Contact |  |
| Telephone |  | E-mail |

**2 Personal Details of IQA nominee**

|  |  |
| --- | --- |
| Full Name |  |
| Job Title |  |
| Telephone |  | E-mail |
| How long working at Centre |  | How long as an IQA for centre |  |

**3 Qualifications of IQA nominee**

|  |  |  |
| --- | --- | --- |
| **Qualifications** | **Title** | **Date completed** |
| **Teaching** |  |  |
|  |  |  |
|  |  |  |
| **Quality Assurance / IV** |  |  |
|  |  |  |
|  |  |  |
| **Professional** |  |  |
|  |  |  |
| **CPD (in the 12 months)** |  |  |
|  |  |  |
|  |  |  |

**4 Experience**

**Teaching and Assessing**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Level | Dates: from | to |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Quality Assurance (internal and external)**

|  |  |  |  |
| --- | --- | --- | --- |
| Subject | Level | Dates: from | to |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please give a brief overview of how you conduct your IQA duties including standardisation & how many assessor/tutors are you responsible for: |

|  |  |
| --- | --- |
| What Qualifications will you be IQA for, please list. | LEVEL |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
|  **5 Confirmation and Signature** |
| **I hereby declare that the information given in this application is true to the best of my knowledge and belief.**  |
| Applicant  | Date  |

|  |  |
| --- | --- |
| For internal use only (delete as needed) |  |
| Does the centre have DCS? | Yes  | No  |
| Training Requirement: IQA Award | Theory Unit  | Practice Unit |
| No training required –QR to endorse application | Yes | Date of endorsement: |
| Deferred: *Give a brief outline of the reason*  |