

Internal Verifier's Name:

Approved Centre:

Qualifications Under Review:

Candidate Start Date:

Date of Verification: ^

Report No:

Initial Information Required

(Answer or Tick Box)

1 Number of candidates enrolled and registered with CETOP M. A.:

2 Number of candidates active on scheme to date:

3 Number of candidates taking next written examination:

4 Number of candidates successfully completed written examination:

5 Number of candidates preparing to resit examinations:

6 Number of candidates completed/part completed practical task:

Verification

(Organizational and Quality Control)

I Candidate individual record folders – content against checklist

Yes		No
<input type="checkbox"/>	CHECKED	<input type="checkbox"/>

II Candidate assignment progress records

<input type="checkbox"/>	<input type="checkbox"/>
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III Register for candidates attending modules

<input type="checkbox"/>	<input type="checkbox"/>
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IV Course feedback reports from candidates (4 monthly)

<input type="checkbox"/>	<input type="checkbox"/>
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V Completed practical task assessment profiles

<input type="checkbox"/>	<input type="checkbox"/>
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Please tick the appropriate box.

Verification

(Assessment Process)

Discussed candidate progress with assessor/

Yes

No

Please tick
the appropriate box.

Assessor/s Name/s:

Comments:

Final Remarks

Overall performance of Centre to meet the scheme requirements as laid down by the national CETOP Member Association and meeting requirements of the External Verifier.

..... Acting as Internal Verifier on behalf of this Centre
I am Satisfied/Not Satisfied with the scheme management, records and methodology.

Actions/Recommendations:

Tick

Copy Sent to External Verifier

Date:

Copy to File

Date