



Internal Quality Assurance (IQA) Sampling Plan

IQA Name			Site Name	
Qualification Title			Course Reference Number	
Sampling Time Period	DD/MM/YYYY	DD/MM/YYYY		

Tutor/Assessor Name or STA Reference Number	Learner Name or STA Reference Number	IQA Date		Units Sampled	Sample Type (portfolio, practical marking sheet, worksheets or tutor assessed skill sheet)	IQA Report Number	IQA Signature on Date of IQA
		Planned	Actual				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				
		DD/MM/YYYY	DD/MM/YYYY				

Action Points

Date	Action Points	Date Completed
DD/MM/YYYY		DD/MM/YYYY
DD/MM/YYYY		DD/MM/YYYY



Internal Quality Assurance (IQA) Assessor Observation Performance Report

IQA Name		Assessor Name	
Qualification Title		Course Reference Number	
Unit Number			

Describe the activity in this course that was undertaken during the observation. Please note any special circumstances.

Did the assessor...	Evidence	Result
Remain as unobtrusive as reasonably practicable?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any evidence of planning and preparation of the assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure the assessment supported the learners' progress?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have up-to-date awarding organisation documentation and assessment criteria to complete the assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Give the learner clear information on the assessment process, relevant policies and procedures, and was their understanding of these confirmed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Accurately judge the quality of evidence for validity, sufficiency and reliability, in line with Safety Training Awards assessor guidance and the qualification specification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide feedback to learners that is constructive, affirms achievement and identifies any further implications for learning, assessment and progression?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Make an assessment decision that is consistent with Safety Training Awards' qualification specification and answer key/assessor guidance as appropriate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have evidence that the tutor has checked each learner's pre-requisites?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete assessment records as required by Safety Training Awards, including being signed and dated as appropriate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that requirements for equality and diversity and, where appropriate, bilingualism, were considered during assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that training activities meet the needs of learners and the requirements of the qualification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Identify if there was a conflict of interest or not? If so, was it declared to Safety Training Awards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the procedures for confirming learners' identities and authenticity of assessment evidence were adhered to?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the training hours have been verified, and that course planning indicates that the minimum course contact hours (where applicable) were adhered to?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Ensure that there were suitable resources available for course delivery and assessment, in line with the qualification specification (including participants for swimming teaching qualifications, if applicable)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Give learners the opportunity to give feedback relating to their learning and assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Feedback for the Assessor

Does the evidence submitted meet the assessment criteria?

Assessor Comment

IQA Name		Assessor Name	
IQA Signature		Assessor Signature	
Date	DD/MM/YYYY	Date	DD/MM/YYYY



Internal Quality Assurance (IQA) Tutor Observation Performance Report

IQA Name		Tutor Name	
Qualification Title		Course Reference Number	
Unit Number			

Describe the activity in this course that was undertaken during the observation. Please note any special circumstances.

Did the tutor...	Evidence	Result
Provide evidence of planning and preparation for the course?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the learning style met the learners' needs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that learners had access to course resources?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Make sure that learners had access to the site's facilities?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Ensure that learners provided pre-requisite evidence?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Make good reference to the course manual?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the learning environment met the learners' needs and complied with Safety Training Awards' requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that the minimum guided learning hours for the course were adhered to?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Give specific feedback to each individual learner?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have up-to-date knowledge of the course that they were delivering?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Develop opportunities for learners to apply their new knowledge and skills?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Ensure that learners were given clear information on the course assessment process?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have access to operating procedures and risk assessments?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Feedback for the Tutor**Tutor Comment****IQA Name****IQA Signature****Date**

DD/MM/YYYY

Tutor Name**Tutor Signature****Date**

DD/MM/YYYY

Internal Quality Assurance (IQA) Desk-Based Sampling Report



IQA Name		Assessor Name	
Qualification Title		Course Reference Number	
Sampling Date	DD/MM/YYYY		

Learner Names	Samples					

Sample Checks	Evidence	Result
Is there evidence of the learners' attendance of the course?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the learners' knowledge and understanding been assessed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there evidence of practical marking assessment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have assessment criteria been meet by the tutor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the assessor used up-to-date resources?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were assessment records completed as required by Safety Training Awards, including being signed and dated as appropriate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there sufficient evidence to judge that the assessment was valid, authentic, sufficient, current and reliable?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Action Points

Date for Completion	DD/MM/YYYY	Date Completed By	DD/MM/YYYY
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I confirm that I have discussed this sampling report with my IQA and have received feedback where relevant.

IQA Name		Assessor Name	
IQA Signature		Assessor Signature	
Date	DD/MM/YYYY	Date	DD/MM/YYYY

Internal Quality Assurance (IQA) Learner Interview Record



Learner Name		Qualification Title	
IQA Name		Course Reference Number	
Tutor Name		Site Name	
Assessor Name		Interview Date	DD/MM/YYYY

Question	Response Given by Learner	Action Required
How were you welcomed to the course?		
When did the course begin?		
What were the start and finish times?		
How were you made aware of the course?		
Were you made aware of any reasonable adjustments or special considerations?		
If you identified any reasonable adjustments or special considerations, were they made for you?		

Were you made aware of health and safety requirements?		
Were you made aware of the complaints and appeals procedure?		
When did you receive your course manual?		
What resources did the tutor have access to and use during the course?		
Were you made aware of what was expected of you and how you would be assessed?		
When did the assessment take place?		
Did the tutor go through your worksheets and portfolios with you?		
Did the tutor give you feedback throughout the course?		
Did the assessor give you feedback after the assessment?		
If so, how was this feedback given to you?		
Have you signed any documentation to confirm your completion of the course?		
Do you feel that the qualification will help you in your work now, and in the future?		

I agree that the contents of this record are an accurate reflection of my interview and may be shared with my assessor.

Learner Name		IQA Name	
Learner Signature		IQA Signature	
Date	DD/MM/YYYY	Date	DD/MM/YYYY

EQA Name	
EQA Signature	
Date	DD/MM/YYYY

Once completed please submit this report to STA at iqareports@sta.co.uk.