

P1 Internal Audit / Evaluation Form

The purpose of this form set out audit / monitoring criteria and record audit outcomes made.

Section 1: Particulars of Audit		PLEASE USE BLOCK CAPITALS	
Date:	<input type="text"/>	Area for Audit:	<input type="text" value="Governance"/>
Auditor(s):	<input type="text"/>		
Section of QMS / Relevant Services:	<input type="text" value="P1"/>		
Staff Member Audit:	<input type="text"/>		

Grading Scale:

3 = Strength

There is **plentiful documentary evidence** to indicate that achievement in this area is above average. This is an example of good practice which should be disseminated.

2 = Acceptable

There is evidence that achievement in this area meets expectations. With further development, this could become an area of strength

1 = For Improvement

There is little or **no evidence** that achievement in this area meets expectations. Improvement is needed.

Section 2: Plan and Outcomes

Plan of Action for Audit / Monitoring:

Results:

	Standard Item	Yes	No	Grade	Comment / Evidence
1.	Is there a graphic summary prepared of how Forus Training governance structures and policies interrelate?				
2.	Does the graphic summary show the process of programme development from original idea to final approval prior to submission for validation?				
3.	Are there clear terms of reference for all committees represented on the graphic?				
4.	Are there clear role descriptions for individuals represented on the graphic?				
5.	Are the resources given to governance / quality assurance proportionate to the details set out in terms of reference and responsibilities?				
6.	Do the terms of reference include regular consideration of reports on programme quality: - e.g. enrolment, learner feedback, staff feedback, outcomes, resources, development etc				
7.	If Forus Training cannot support internal committees for governance, are there alternative arrangements in place to provide (i) informed, independent oversight of significant decisions and (ii) constructive analysis of information gained through internal and external monitoring and review?				
8.	Is it clear where responsibility for the quality assurance system lies? Does this role have clear support from the managing director? e.g. is there a budget or specific job specs for QA activities?				
9.	How are decisions affecting the conduct of programmes and services recorded and communicated to those who need to implement them?				
10.	Where are risks identified and addressed?				
11.	Do you know of situations where commercial and academic considerations may conflict? How do you ensure that decisions on education and training matters are made independently of commercial considerations?				
12.	Is there systematic oversight of assessment outcomes and trends in the provider? How would this result in change where it is deemed necessary?				
13.	If blended learning is current or planned for Forus Training, is there an organisational level strategy and plan for the same?				
14.	Are the expertise and resources available necessary to deliver blended learning programmes in a quality assured manner?				
15.	If you have current or planned apprenticeship programmes, are the necessary governance structures in place to manage the collaborative arrangements?				

16.	Is it clear in the documentation how ongoing monitoring of processes will be carried out i.e. by whom, how often, what method, what indicators would be sought, how recorded?				
17.	Is it clear in the documentation how internal evaluations / reviews of programme validation or effectiveness of QA will be carried out i.e. by whom, how often, what method, what indicators would be sought, how recorded?				
18.	Is it clear how the findings of monitoring and reviews will be reported to governance and how acted on where required?				
19.	Is it clear how staff are made aware of Forus Training's quality assurance system and of their role and responsibilities within it?				
20.	Is it clear how learners are made aware of the Forus Training's quality assurance system and of their responsibilities and entitlements within it?				
21.	If you are collaborating in any way with another provider in the delivery of a programme, is it clear which provider has the validated programme and, therefore, responsibility for quality assurance?				
22.	Where Forus Training requires the collaboration of another provider, are there documented agreements in place setting out respective responsibilities in respect of delivery, assessment and quality assurance?				
23.	Are there arrangements in place for consultation with employers in respect of programme outcomes and content during programme development?				
24.	Are there arrangements in place for consultation with other providers in respect of transfer and progression options during programme development?				
25.	Have you established criteria and process for appointing persons of appropriate expertise to act in the role of independent authenticator / evaluator / evaluator as required?				
26.	Are the purpose(s), responsibilities, processes, outcomes and oversight of monitoring documented and communicated?				
27.	Is it clear how the results of monitoring are used to maintain and improve the quality of programmes and services?				
28.	How has self-evaluation been incorporated as an essential part of all QQI related quality assurance activities? Is there a documented process for self-evaluations?				
29.	Are you satisfied that our evaluation processes can be genuinely critical and improvement focused?				

Scoring total Applicable

Scoring total Yes

Overall Score

Section 3: Sign Off

Staff Member / Trainer: Indicate your level of agreement with the feedback/scoring offered by the auditor on the evaluation of this area:

Totally agree ☐
Agree with some aspects ☐
Disagree ☐

Staff Member:	<input type="text"/>	Date:	<input type="text"/>
Auditor:	<input type="text"/>	Date:	<input type="text"/>

CODE: P1

Internal Audit / Evaluation Form

Auditor Name:

Date of Audit:

Internal Audit Non-Conformance Report Summary

	Action to be resolved	Current Status	Progress Plan	Person in Charge	Date Action Opened	To be completed by
1.						
2.						
3.						
4.						
5.						

Section 3: Sign Off

Staff Member:

Date:

Auditor:

Date: