

P2 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="Management"/>
Auditor(s):	<input type="text"/>		
Section of QMS / Relevant Services:	<input type="text" value="P2"/>		
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.	Where/how can our documented quality assurance system be accessed? Is it available to all who need to access it in a manner appropriate to their needs? E.g. How does a learner know how to make a grade appeal? How does a staff member know how to process a grade appeal?				
2.	Do learner and staff handbooks provide or point to the policies and procedures with most relevance to these audiences?				
3.	Have the quality assurance procedures been updated to reflect all relevant QQI Guidelines? e.g. if you have a blended learning programme, have you updated your procedures with reference to the Blended Learning Guidelines?				
4.	Does the QA system address the additional responsibilities for oversight of contracted or collaborative provision?				
5.	Has senior management agreed that your organisation's quality assurance procedures, once approved by QQI, will be published on your website?				
6.	Is it clear how QA procedures and processes can be amended to reflect experience and changing contexts? Who has responsibility and oversight of this?				
7.	Does your quality assurance system for QQI validated programmes of education and training integrate with the management of other quality / legislative / regulatory responsibilities you have e.g. Health & Safety, Employment, Child Protection, Finance, Human Resources, other awarding or accrediting bodies?				

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"/>

P2 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: