P3 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:		Area for Audit: Finance
Auditor(s):		
Section of QMS / Relevant Services:	P3	
Staff Member Audit:		

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.

Plan of Action for Audit / Monitoring: **Results:**

		Standard Item	Yes	No	Grade	Comment / Evidence
	1.	Have we prepared a graphic summary of how our operational and governance structures and processes interrelate? e.g. does it show the process of programme development from original idea to final approval prior to submission for validation?				
	2.	Are there clear terms of reference / role descriptions for all committees / individuals represented on the graphic?				
	3.	Are the resources given to governance / quality assurance proportionate to the details set out in terms of reference and responsibilities?				
	4.	Do the terms of reference include regular consideration of reports on programme quality: - e.g. enrolment, learner feedback, staff feedback, outcomes, resources, development etc.				
	5.	Where your organisation's scale is such that it 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?				
	6.	Is it clear where responsibility for the quality assurance system within the organisation lies? Does this role have clear support from senior management / owners of the organisation? e.g. is there a budget or specific job specs for QA activities?				
	7.	How are decisions affecting the conduct of programmes and services recorded and communicated to those who need to implement them?				
	8.	Where are risks identified and addressed?				
	9.	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?				
	10.	Is there systematic oversight of assessment outcomes and trends in the provider? How would this result in change where it is deemed necessary?				
	11.	If blended learning is current or planned for your organisation, is there an organisational level strategy and plan for the same?				
	12.	Are the expertise and resources available necessary to deliver blended learning programmes in a quality assured manner				
	13.	If you have current or planned apprenticeship programmes, are the necessary governance structures in place to manage the collaborative arrangements? Ref Sections 3 and 4 Apprenticeship Guidelines.				

14.	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?				
15.	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?				
16.	Is it clear how the findings of monitoring and reviews will be reported to governance and how acted on where required?				
17.	Is it clear how staff are made aware of the provider's quality assurance system and of their role and responsibilities within it?				
18.	Is it clear how learners are made aware of the provider's quality assurance system and of their responsibilities and entitlements within it?				

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:		Date:	
Auditor:		Date:	

P3 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: _____