

P5 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="HR Life Cycle"/>
Auditor(s):	<input type="text"/>		
Section of QMS / Relevant Services:	<input type="text" value="P5"/>		
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.	Are there clear selection criteria and development processes in place to ensure that new and current staff will have the experience, qualifications and expertise appropriate to the scope of provision?				
2.	Is it clear how programme needs are incorporated into recruitment processes?				
3.	Is it clear how staff development needs are identified and addressed?				
4.	Do staff have structured and clear mechanisms to give feedback and suggestions for programme improvements?				
5.	Where using self-employed tutors who may also work with other providers, what arrangements / contingencies are in place to ensure: <ul style="list-style-type: none"> · availability of tutors when needed · involvement of tutors in programme team meetings and in programme development and review processes? · tutors are informed of issues relating to their programme areas · staff development issues are addressed 				
6.	For blended learning programmes, are staff properly inducted and trained for the role(s) in on line learning?				
7.	Is it clear how the staff management and development is quality assured where the staff are employees of collaborating providers or second providers?				
8.	Are staff facilitated to engage with a community of practice in their field(s) of learning?				

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:

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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: