

## P6 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="Programme &amp; Service Development Life Cycle"/>
Auditor(s):	<input type="text"/>		
Section of QMS / Relevant Services:	<input type="text" value="P6"/>		
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 the obligations arising from QQI's Policies and Criteria for Validation of Programmes into your procedures for programme development, approval and review?				
2.	Do the procedures make clear that your programmes will: <ul style="list-style-type: none"> <li>· be written using learning outcomes</li> <li>· be developed based on evidenced need</li> <li>· align with the relevant award standards</li> <li>· be subject to internal evaluation and approval prior to submission for validation</li> <li>· comply with requirements of Access, Transfer &amp; Progression</li> <li>· be subject to ongoing monitoring and periodic review</li> </ul>				
3.	If your programmes will incorporate blended learning, have you incorporated the relevant quality assurance guidelines relating to programme design, structure, assessment etc. (Ref. Section 4, BLGs)?				
4.	If your learners enrolled on any of your programmes will spend a significant amount of time on work placement, is the selection, monitoring and support of workplace provision and assessment covered by your procedures?				
5.	Are statistics on learner enrolments, retention, completion and progression monitored and reported on? How is this information captured and stored?				
6.	Are the resources required for programmes – human, financial, physical, ICT etc - regularly monitored and reported on?				
7.	What are the qualitative and quantitative indicators of quality used for your programmes, i.e. in reviewing the programme, what measures do you use to evaluate its success or otherwise?				
8.	Do you benchmark programme indicators against comparable providers?				
9.	Is the process for amending programmes based on monitoring / review clear and documented?				
10.	Is information about programmes subject to internal approval prior to publication?				
11.	Is recognition of prior non-certified learning offered to learners? If so, is this process documented and monitored for consistency?				
12.	How does your assessment strategy inform programme development?				
13.	Are the purpose(s), responsibilities, processes, outcomes and oversight of monitoring documented and communicated?				

14.	Is it clear how the results of monitoring are used to maintain and improve the quality of programmes and services?				
15.	How has self-evaluation been incorporated as an essential part of all QCI related quality assurance activities? Is there a documented process for self-evaluations?				
16.	Are you satisfied that your 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"/>

## P6 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: