**Internal Quality Assurance Feedback Form**

(May be used to record feedback to, or discussions with, assessors or candidates where a detailed record will be helpful)

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| --- | --- | --- | --- | --- |
| **Candidate:** | **Assessor:** | | **Internal Quality Assurer:** | |
| **Course code:** | | **Course title:** | | |
| **Qualification (title/unit/controlled assessment):** | | | | **Date:** |

|  |
| --- |
| **Comments and Discussion:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Agreed** | **By Whom** | **By When** | **Review (with dates)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Action Points Completed**

|  |  |
| --- | --- |
| Assessors Signature: | **Date:** |
| Internal Quality Assurer’s Signature: | **Date:** |