QW HSCC SAMPLING ACTIVITY PLANNER

1. Activity Details	
1.1 Centre Name	
1.2 Centre Number	
1.3 Quality Assurance Contact	
1.4 External Quality Assurer	
1.5 Type of activity (remote/visit)	
1.6 Date of activity	
1.7 Time of activity	
1.8 Date planner submitted	

2. Qualifications to be sampled			
No.	Qualification number	Qualification Title	Awarding Body
1			
2			
3			
4			
5			

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6			
7			
8			
9			
10			

3. Staff to Meet		
No.	Name	Role
1		
2		
3		
4		
5		
6		
7		
8		

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4. Agenda	
Time	Activity

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5. Previous Actions – if applicable	
Please note any outstanding actions from previous activity which are to be reviewed	
1	
2	
3	
4	
5	
6	
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9	
10	

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6. EQA sample plan									
Learner Name	**Learner Registration Number**	**Qualification name**	**Qualification number**	**Date of Registration**	**Assessor name**	**IQA name**	**Date of IQA sample (if applicable)**	**Location of assessment**	**Evidence type**

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7. Additional comments