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| **Qualification title**  |  |
| **Date of completion** |  |

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| Is the purpose of the qualification valid? |  |
| What are the progression opportunities for candidates achieving this qualification? |  |
| Is the assessment method appropriate for this qualification? |  |
| What, if any, amendments to this qualification would you consider making to improve the content and delivery to candidates? |  |
| Can you comment on the appropriateness of the grading of this qualification? |  |
| Can you comment on the required pass mark for this qualification. |  |
| Any additional comments you wish to make? |  |

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| --- | --- |
| **Company/Centre** |  |
| **Contact** |  |
| **Signature** |  |