

Form EV

External verifier visit report VT1000078572

Centre number Name of centre Address of centre or assessment site
 Postcode Did you visit this address? If not, please
enter the address of the site you visited Postcode Contact name Telephone number Contact email address City & Guilds managing region/nation Date of last activity Date of activity Start time Finish time Type of activity Date of next activity Type of next activity EV reference Surname Initials Title Has the previous action plan been met? Yes No Partially
If no, or partially then review the action plan and consider increasing tariff(s).

Centre representatives met during visit

Name	Role	Name	Role
Ross Midgley	QAC	Zoe Ashe	Assessor / Internal Verifier
Marios Avraam	Assessor / Internal Verifier	Rachel Stevens	Assessor
Karen Bridges	Assessor / Internal Verifier	Alison Midgley	Assessor
Jane Spinner	Assessor / Internal Verifier	Victoria Arnold	Assessor

Qualification status

Recommendations to awarding body

Qualification number and name	Expiry dates	Recommendations to awarding body				Prior tariff	New tariff
		i	ii	iii	iv		
3171-02 Level 2 NVQ in Children's Care, Learning & Development	31-12-2010	35	0	0	16	None	None
	31-12-2012						
3171-03 Level 3 NVQ in Children's Care, Learning & Development	31-12-2010	87	0	0	24	None	None
	31-12-2013						
4834-13 Level 3 NVQ in Playwork	31-12-2010	101	0	0	0	01	None
	31-12-2013						
6978-10 Level 3 Award in Playwork for Early Years and Child Care Wor	31-12-2010	28	0	0	1	01	None
	31-12-2013						

i - Number of registered candidates

ii - Number of candidates IVd to date

iii - Number of candidates EVd to date

iv - Number of certificate claims to date

None - DCS, no action plan

01 - Continue or allow DCS (action plan)

02 - Remove or withhold DCS

3a - Suspend registrations

3b - Suspend certifications

Assessments externally verified (N/SVQs)

Sample reference	VT1000078572/3171-02/01	VT1000078572/3171-03/01	VT1000078572/4834-13/01	
Type of assessment	<input type="radio"/> Portfolio <input checked="" type="radio"/> Observed <input checked="" type="radio"/> Both	<input type="radio"/> Portfolio <input checked="" type="radio"/> Observed <input checked="" type="radio"/> Both	<input type="radio"/> Portfolio <input checked="" type="radio"/> Observed <input checked="" type="radio"/> Both	<input type="radio"/> Portfolio <input checked="" type="radio"/> Observed <input checked="" type="radio"/> Both
Qualification unit and title	3171-02, Level 2 NVQ in Childr	3171-03, Level 3 NVQ in Childre	4834-13, Level 3 NVQ in Playw	
Candidate name	SANA A GOMMI	TRACY ANN MAPPERLEY	Michelle Martin	
Awarding body enrolment no	KHL4994	KBD2331	KLS5483	
Awarding body registration date	17-06-2009	18-05-2009	13-07-2009	
Centre enrolment date	16-06-2009	18-05-2009	15-07-2009	
Planned completion date	16-06-2010	18-05-2010	13-07-2010	
Name of assessor	Rachel Stevens	Victoria Arnold	Karen Bridges	
Date of last assessment	23-04-2010	16-03-2010	19-04-2010	
Assessment location	Cambridge Women's Centre	Quayside Nursery	Suffolk Young Persons Project	
Name of IV/QA staff responsible	Jane Spinner	Jane Spinner	Marios Avraam	
Was the assessment sampled by IV/QA staff?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
Date of last IV/QA sampling			19-04-2010	
Details of your sample	See VT1000072232 for portfolio sample. Hence I have not marked whether I agree with assessor today - NA. Today I was able to interview the candidate over the telephone - see comments within report	See VT1000072232 for portfolio sample. Today I was to interview this candidate over the telephone but due to time constraints and other telephone interviews carried out I chose not to	PRJ3 for 402 K15a,b,c which fully met the referencing and again showed the clear quality of feedback from assessor to candidate and IV to assessor. VACS met	
Date qualification completed			19-04-2010	
Date claimed/certificated			20-04-2010	
Do you agree with the assessor's decision?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you agree with the IV/QA staff's decision?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA



Assessments externally verified (N/SVQs)

Sample reference					
Type of assessment	<input type="radio"/> Portfolio <input type="radio"/> Observed <input type="radio"/> Both	<input type="radio"/> Portfolio <input type="radio"/> Observed <input type="radio"/> Both	<input type="radio"/> Portfolio <input type="radio"/> Observed <input type="radio"/> Both	<input type="radio"/> Portfolio <input type="radio"/> Observed <input type="radio"/> Both	<input type="radio"/> Portfolio <input type="radio"/> Observed <input type="radio"/> Both
Qualification unit and title					
Candidate name					
Awarding body enrolment no					
Awarding body registration date					
Centre enrolment date					
Planned completion date					
Name of assessor					
Date of last assessment					
Assessment location					
Name of IV/QA staff responsible					
Was the assessment sampled by IV/QA staff?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date of last IV/QA sampling					
Details of your sample					
Date qualification completed					
Date claimed/certificated					
Do you agree with the assessor's decision?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you agree with the IV/QA staff's decision?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Comments on assessments externally verified					

Please see report VT1000072232 27.04.10 for detailed comment on assessment sampled. I did today sample the portfolio which I could not access on the remote sampling carried out on 27.04.10 and I agreed with the assessment decision of both assessor and IV. I have spoken to 3 candidates today by telephone and all were very keen to express their delight at the excellent quality of support, advice and input they have received throughout their qualification. I would add that they all extolled the virtues of the OneFile system and expressed comment they felt "lucky they had the opportunity to use this type of assessment process" Exceptional quality of sampling undertaken, well done! Today we spent time reviewing and discussing QCF for both CCLD and Playwork, the team are keeping up to date through the SSC and C&G websites which is good practice. I would add that during my routine visit today I met ALL staff on the team (I could not fit all names on page 1!!) I have recommended a remote visit for my next EV sampling although will happily amend that in light of QCF introduction should the centre wish - we can negotiate this nearer the time

Assessments externally verified (VRQs)

Sample reference	VT1000078572/6978-10/01					
Qualification unit and title	6978-10, Level 3 Award in Playw					
Candidate name	BRENDA DUNN					
Awarding body enrolment no	LSG7726					
Awarding body registration date	04-11-2009					
Centre enrolment date	05-11-2009					
Name of assessor	Karen Bridges					
Date of last assessment	19-04-2010					
Planned completion date	05-11-2010					
Name of IV/QA staff responsible	Marios Avraam					
Was the assessment sampled by IV/QA staff?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Date qualification completed						
Details of your sample (indicate whether mandatory or optional assessment)	See VT1000072232 for portfolio sample. Hence I have not marked whether I agree with assessor today - NA. Today I was able to interview the candidate over the telephone - see comments within report					
Date claimed/certificated						
Do you agree with the assessor's decision?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Do you agree with the IV/QA staff's decision?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

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Assessments externally verified (VRQs)

Sample reference									
Qualification unit and title									
Candidate name									
Awarding body enrolment no									
Awarding body registration date									
Centre enrolment date									
Name of assessor									
Date of last assessment									
Planned completion date									
Name of IV/QA staff responsible									
Was the assessment sampled by IV/QA staff?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	
Date qualification completed									
Details of your sample (indicate whether mandatory or optional assessment)									
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Do you agree with the assessor's decision?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	
Do you agree with the IV/QA staff's decision?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> NA

Comments on assessments externally verified

See comments above!

