Supporting Document: Site Selection Checklist

# Supporting Document: Site Selection Checklist Template

## Introduction

**Note** – all of the information you provide on this form will be treated as **private and confidential** by SQA.

To complete this form electronically please make sure that you are using Adobe Reader version 9 or later. This can be downloaded free of charge from the [**Adobe website**.](http://get.adobe.com/uk/reader/)

## What this form is for

This form should be completed by a centre applying for approval to offer SQA qualifications if it will be teaching or assessing candidates at a site other than its main operating site. It provides a checklist of policies and procedures that apply to the site which make it a suitable environment for the activities it will be used for. For more information see the section on “Additional sites” in the SQA document [: **Guide to Approval**](http://www.sqa.org.uk/sqa/files_ccc/GuideToApproval_July09.pdf)

## Site Details

Please provide details to identify your centre and the site being used.

Centre’s full name

Site name

Site address

**01**

**02**

Postcode

Site telephone no.

Site Contact

## Checklist

Please indicate which policies, procedures and facilities are available at or apply to this site and to its use by your organization.

**Yes No Comments**

|  |  |  |  |
| --- | --- | --- | --- |
| Health & Safety Policy |  |  |  |
| Equal Opportunities Policy |  |  |  |
| Training and Development Policy  (for staff) |  |  |  |
| Confidentiality Policy/Agreement  (at sites owned by others) |  |  |  |

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**Yes No Comments**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Induction Procedures |  |  |  |
| Candidate Appeals Procedures |  |  |  |
| Candidate Complaints Procedure |  |  |  |
| Information Management  Procedure |  |  |  |
| Access to equipment |  |  |  |
| Materials (Reference and  Learning) |  |  |  |
| Access for Assessors |  |  |  |
| Access for Internal Verifiers |  |  |  |
| Access for SQA Staff |  |  |  |
| Time allocated to candidates to attend relevant meetings |  |  |  |
| Time allocated to staff to attend relevant meetings |  |  |  |

# Declaration

We declare that, to the best of our knowledge, the information given in this form, is correct.

Site representative name Date

Centre representative name Date

**Applicant Name: Student ID Number:**

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