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)  |  |  |  |

Version 1.4 January 2011 Page 1 of 2 Supporting Document: Site Selection Checklist

 **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:**

Version 1.4 January 2011 Page 2 of 2