



Assessment Year Schedule Technical Qualifications 2018-19

Centre Details

Centre name:	
VTCT centre number:	
VTCT site location:	

Centre Contact Details

Contact name:	
Telephone number:	
Email address:	

Qualification Details

Qualification title:	
Qualification code:	
Course Leader:	

Overview

The Assessment Year Schedule (AYS) contributes to the centre activity and provides information which will be sampled by the External Quality Assurer (EQA). This is a live working document which contains planned assessment dates. A copy must be retained by the centre as part of the assessment tracking documentation. This will ensure effective and efficient arrangements are made to support the centre and to meet Ofqual General Conditions of Recognition C2.3 (b) and (c).

Centre requirements for Assessment Year Schedule

- A completed Assessment Year Schedule is required for each Technical Certificate and Technical Level Qualification that is delivered within each centre
- The Assessment Year Schedule must be submitted no later than 28 days after the course commencement date
- Please complete the Assessment Year Schedule and then email a copy to qualityassurance@vtct.org.uk with a copy to your allocated EQA along with your completed Programme Notification Form (PNF)
- The email subject line is to be entered as **AYS/PNF/ Centre name/number**
- Any significant* changes made to the Assessment Year Schedule will require the centre to update their EQA and the Quality and Processing department at VTCT qualityassurance@vtct.org.uk
- The updated Assessment Year Schedule must be clearly marked as the current live version
- VTCT requires accurate records regarding Technical Certificates and Technical Level Qualifications, without which a hold up of EQA visits and/or learner certification may occur
- For qualifications that are run over two years, an Assessment Year Schedule must be submitted for year one of the programme no later than 28 days after the course commencement date
- When completing the Assessment Year Schedule, please disregard any sections that do not apply by entering N/A.

*Example:- a large percentage of a group are not deemed ready by the centre at the planned assessment date.

Mandatory Units

Mandatory Units <i>(Please list)</i>	First Unit Graded Assessment Group 1	Second Unit Graded Assessment opportunity Group 1 - <i>(if required)</i>	First Unit Graded Assessment Group 2	Second Unit Graded Assessment opportunity Group 2 - <i>(if required)</i>
	All Mandatory Units – Complete planned date of assessments for each group			
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Quality Assurance				
Complete the names of: <ul style="list-style-type: none"> Assigned Assessor Assigned IQA Employer <i>(as applicable)</i>	Assessor name:	Assessor name:	Assessor name:	Assessor name:
	IQA name:	IQA name:	IQA name:	IQA name:
	Employer name:	Employer name:	Employer name:	Employer name:

Optional Units

Optional Units <i>(Please list)</i>	First Assessment opportunity Group 1	Second Assessment opportunity Group 1 - <i>(if required)</i>	First Assessment opportunity Group 2	Second Assessment opportunity Group 2 - <i>(if required)</i>
All Optional Units – Complete planned date of assessments for each group				
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Quality Assurance				
Complete the names of: <ul style="list-style-type: none"> • Assigned Assessor • Assigned IQA • Employer <i>(as applicable)</i>	Assessor name:	Assessor name:	Assessor name:	Assessor name:
	IQA name:	IQA name:	IQA name:	IQA name:
	Employer name:	Employer name:	Employer name:	Employer name:

External Examinations

External Examination EX1. (Paper 1)

Confirm date of examination scheduled:	February 2019 1 st attempt	April 2019 1 st attempt	June 2019 1 st attempt	
	Date:	Date:	Date:	

External Examination EX1. (Paper 1)

Confirm date of examination scheduled:	April 2019 2 nd attempt	June 2019 2 nd attempt	
	Date:	Date:	

External Examination EX2. (Paper 2)

Confirm date of examination scheduled:	April 2019 1 st attempt	June 2019 1 st attempt	
	Date:	Date:	

External Examination EX2. (Paper 2)

Confirm date of examination scheduled:	June 2019 2 nd attempt	
	Date:	

Graded Synoptic Assessment

	First Assessment opportunity Group 1	Second Assessment opportunity Group 1 - <i>(if required)</i>	First Assessment opportunity Group 2	Second Assessment opportunity Group 2 - <i>(if required)</i>
Quality Assurance				
Complete the names of: <ul style="list-style-type: none"> Assigned Assessor Assigned IQA Employer (as applicable)	Date:	Date:	Date:	Date:
	Assessor name:	Assessor name:	Assessor name:	Assessor name:
	IQA name:	IQA name:	IQA name:	IQA name:
	Employer name:	Employer name:	Employer name:	Employer name: