## Decision Form

Version 1

## Introduction

This form should be used to track decisions for qualifications seeking to gain GOC approval. This applies to both new qualifications and existing qualifications being adapted to the new requirements.

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| **1. Approved qualification title:**  | Current (if applicable) |  |
| Proposed |  |
| **2 Name and address of qualification provider / awarding organisation (AO):** |
|  |
| **3. Date of submission:**  |  | **4. GOC reference number:** |  |
| **5. Allocated GOC QA Officer:** |  |

**Section one:** Standards for Approved Qualifications

**QA Officer:** Complete the template for the relevant criterion within the **Standards for Approved Qualifications** (for detail of who is the relevant decision-maker, please refer **to Education Decision-Making Framework**).

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| **Standards for Approved Qualifications**  |
| **Ref** | **INSERT STANDARD HERE** |
| **Ref** | **INSERT CRITERION HERE** |
| **Decision: Met** [x]  **On track to be met** [ ]  **Not met** [ ]  **Conditions** [ ]  **Recommendations** [ ]  **If so, please specify:** |
| **QA officer triage**  | **EVP review** | **QA officer reconciliation & recommendation to decision-maker**  |
| **More evidence required? Yes** [ ]  **No** [ ] **If so, please list:****1.** **2.** **Evidence satisfactory? Yes** [ ]  **No** [ ] **EVP review required? Yes** [ ]  **No** [ ] **Met? Yes** [ ]  **On track to be met** [ ]  **No** [ ] Notes (N); questions (Q) | **More evidence required? Yes** [ ]  **No** [ ] **If so, please list:****1.** **2.** **Evidence satisfactory? Yes** [ ]  **No** [ ] **Met? Yes** [ ]  **On track to be met** [ ]  **No** [ ] Notes (N); questions (Q) | **Met** [ ] **On track to be met** [ ] **Not met** [ ] **Conditions** [ ] **Recommendations** [ ] **If so, please specify:** Notes (N); questions (Q) |

**Section two:** Outcomes for Registration

**QA Officer:** Complete the template for the relevant outcome within the **Outcomes for Registration** (for detail of who is the relevant decision-maker, please refer **to Education Decision-Making Framework**).

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| **Outcomes for Registration** |
| **Ref** | **INSERT CATEGORY HERE** |
| **Ref** | **INSERT OUTCOME HERE** |
| **Decision: Met** [x]  **On track to be met** [ ]  **Not met** [ ]  **Conditions** [ ]  **Recommendations** [ ] **If so, please specify:** |
| **QA officer triage**  | **EVP review** | **QA officer reconciliation & recommendation to decision-maker**  |
| **More evidence required? Yes** [ ]  **No** [x] **If so, please list:****1.** **2.** **Evidence satisfactory? Yes** [ ]  **No** [x] **EVP review required? Yes** [ ]  **No** [ ] **Met? Yes** [ ]  **On track to be met** [ ]  **No** [ ] Notes (N); questions (Q) | **More evidence required? Yes** [ ]  **No** [x] **If so, please list:****1.** **2.** **Evidence satisfactory? Yes** [ ]  **No** [ ] **Met? Yes** [ ]  **On track to be met** [ ]  **No** [ ] Notes (N); questions (Q) | **Met** [x] **On track to be met** [ ] **Not met** [ ] **Conditions** [ ] **Recommendations** [ ] **If so, please specify:** Notes (N); questions (Q) |

**Section three:** Recommendation

**QA officer:** Please record each matter under consideration, the recommendation and date submitted for decision.

Please include a short rationale to support your recommendations.

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| **List matters under consideration:**  | **Recommendation to decision-maker**  | **Date** |
| [EXAMPLE: to note changes to approved qualification, effective from MONTH/YYYY] |  |  |
| [EXAMPLE approve qualification] |  |  |

|  |  |
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| **Date decision(s) sent to provider:** |  |
| **Notes:**  |  |

**Section four:** Decision

**Quality Assurance (QA) Officer**: Please record each matter under consideration, mark who has delegated authority to consider and note (**N**) or agree (**A**) each matter (refer to **Education Decision-Making Framework**).

Once a conclusion is made, the decision maker is to sign in relevant column.

**Guidance:** Met / On track to be met / Not met

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|  | **Descriptor** |
| **Met**  | The decision-maker after reviewing the available evidence is assured that the criterion or outcome is met. Recommendations for enhancements and commendations of good practice may be made.  |
| **On track to be met** | The decision-maker after reviewing the available evidence is assured that the criterion or outcome is on track to be met at the point of delivery. Recommendations for enhancements and commendations on good practice may be made. |
| **Not met** | The decision-maker after reviewing the available evidence does not have assurance that the criterion or outcome is met or is on track to be met at the point of delivery. This may be because the evidence does not demonstrate that the criterion or outcome will be met or the evidence itself is insufficient to provide confidence that that the criterion or outcome is met or is on track to be met at the point of delivery.  |

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|  |  **Decision-maker** | **Decision-maker to complete this section**  |
| **List matters under consideration:**  | Council  | Registrar | Director | Head of Education  | Education Manger  | Approved/Noted by: Decision-maker name | Decision-maker job title | Signature | Date |
| [EXAMPLE: to note changes to approved qualification, effective from MONTH YYYY] |  |  |  | **N** |  |  |  |  |  |
| [EXAMPLE approve qualification] |  | **A** |  |  |  |  |  |  |  |

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| --- | --- | --- |
|  |  **Decision-maker** | **Decision-maker to complete this section**  |
| **List matters under consideration:**  | Council  | Registrar | Director | Head of Education  | Education Manger  | Approved/Noted by: Decision-maker name | Decision-maker job title | Signature | Date |
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**Section five:** Supplementary information

**QA Officer:** This section is to record your responses to any supplementary information submitted by a provider, for example, information on adaptation, teach-out, timescales, key milestones/dates, key risks, contingency plans, etc.

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| **Supplementary Information** |
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Activity Log

Please log any activity that has taken place throughout the triage and decision process. This should include:

* any advice sought & received from EVPs
* any further documentation or contact with the provider
* dates activities took place, dates of deadlines and receipt of documentation.

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| **Activity** | **Description**  | **Date** |
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