



Education Department Annual Monitoring – Audit Form 2005/2006

There are 2 sections of this form which need to be completed:

- Section 1 Details of the institution programme and contacts
- Section 2 Details of institution's internal quality report – mapped to HPC's Standards of Education & Standards of Proficiency **PLUS** sign declaration

Section 1 – About the Institution

Name of Awarding Institution	
Programme title	
Name of site where the programme is delivered	
Name of Department, School or Faculty <i>(to which the programme belongs)</i>	
Mode of delivery	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other (please provide details)
Duration of Programme	
Name, job title, telephone number & e-mail address of person responsible for submitting the change proposal to HPC	

Have you submitted any minor/major changes application forms to HPC since the last HPC approval visit or annual monitoring audit?

Yes No

Date of change submission: / /

Date of approval: / /

Date of change submission: / /

Date of approval: / /

Date of change submission: / /

Date of approval: / /

Date of change submission: / /

Date of approval: / /

Date of change submission: / /

Date of approval: / /

Section 2 – Details of the institution’s internal quality report

With reference to the Standards of Education and Training, complete the following proforma and indicate by cross-referencing/mapping where each point is addressed in your internal quality report.

Standard of education and training	Brief summary of change	Cross-reference to quality report	SET and/or SoP this links to eg. 3.7
2. Programme admissions			
3. Programme management and resources standards			
4. Curriculum standards			
5. Practice placement standards			
6. Assessment standards			

Declaration

The following documents are included with this completed form

- Copy of External Examiner’s report for this programme
- Copy of Internal Quality Review/Report for this programme

I confirm that the information given on this Annual Monitoring form is correct and that failure to disclose relevant information could result in the XXXXXXXXXXXXXXXX

First Name: _____ Last Name: _____

Job Title/Position: _____

Signature: _____ Date: _____

How to complete the Annual Monitoring Audit Form

The following information is provided to assist you in completing the audit form if you find you have any questions. For further details about the annual monitoring form, please refer to the guidance notes for this process. A copy of this information is available on the HPC website at: www.hpc-uk.org.

Name of Institution:

This refers to the name of the Education Provider who validates the programme.

Programme title:

This refers to the title of the programme for which you are requesting the change. If there are a number of programmes that will be impacted by the changes, for example if the programme shares modules with another HPC approved programme, or if the change is an Education Provider-wide change, please list all the programme titles here.

If you are proposing a name change for the programme, please put the current name of the programme in this space and detail proposed name change in the space below.

Name of institution where the programme is delivered:

If the programme is offered at a site or college other than that of the validating provider, please provide this information.

Department or School or Faculty (*to which the programme belongs*):

Generally a programme will be run by a specific School or Department within an institution. For example, the School of Social Care or Department of Health Sciences, The University of XXX.

Mode of delivery:

The programme may be offered on a full time and/or a part time basis.

Duration of Programme:

This refers to the length of the programme and is generally stated in years. However, if you have for example, stand alone modular programme that lasts for only a number of months, please indicate this in months.

Final award/title:

This is the actual title that appears on the graduation certificate.

Name, job title, telephone number & e-mail address of person responsible for submitting the change proposal to HPC:

This information relates to the person with whom you would like us to correspond regarding the changes you have submitted. It may be someone from the Quality Assurance office of your institution, and administrative person, or someone from the programme team who is responsible for overseeing such changes and their implementation.

Have you submitted any minor/major change application forms to HPC since the last HPC approval visit or annual monitoring audit?

This is a yes/no answer only. This information is to assist us in making decisions about cumulative change (for further information about cumulative changes, please refer to the Minor/Major Change guidance notes). If the programme has undergone other changes since the last visit or annual monitoring audit, it may be the case that the change is significant and we may need to Visit the programme

If yes, Date of change submission:

This refers to the date that you sent notification of the change to us.

Date of approval:

This may apply either to the date that the HPC notified you of the change, or the date of the HPC committee meeting at which the change was approved.

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