

To be completed by the Centre Quality Contact with the AIQA applicant. Please return form to the LASER Quality Administrator with the Evidence checklist, CV and copies of any IQA/EQA qualification certificates.

Name of Centre Quality Contact:	
Centre name:	
Centre address:	
AIQA applicant name:	
AIQA current role within Centre:	
AIQA email:	
AIQA telephone:	
Experience as Internal Quality Assurer:	
Experience as External Verifier:	
Quality qualifications and date/s achieved (e.g. D34; V1 and/or 2; IVA; IQA; AIVS):	
Course titles programmes that AIQA is applying for (if known at time of application):	
Regulated qualifications and levels that AIQA will be verifying:	

For LASER use only

Support from LASER QR/QM:	
Evidence of Quality/IQA/EQA qualifications witnessed:	List:
Application and CV received (date):	
Evidence checklist received and approved by QM (date):	
Courses approved:	
Qualifications and levels approved:	
Action plan for those not yet ready for AIQA/DCS:	
Date of next Annual Review by LASER:	
Signed by: (LASER Quality Manager)	Date:

Please note: all AIQAs are expected to complete a D2 DCS Annual Report and attend at least one AIQA forum every 2yrs to update their knowledge and maintain the currency of their practice unless they have undertaken alternative relevant AIQA CPD (which has been agreed by their QR).

If the AIQA leaves the organisation, the organisation will lose their Direct Claim Status until such time that a new AIQA has been endorsed.