**Reengagement Panel Report**

**Assessment of QA Procedures for Blended Learning**

**Part 1 Details of provider**

|  |  |
| --- | --- |
| **1.1 Applicant Provider** | |
| Registered Business/Trading Name: |  |
| Address: |  |
| Date of Application: |  |
| Date of resubmission of application: |  |
| Date of evaluation: |  |
| Date of [virtual] site visit (if applicable): |  |
| Date of panel reconvene meeting (if applicable) |  |
| Date of recommendation to the Programmes and Awards Executive Committee: |  |

**1.2 Profile of provider**

|  |  |  |
| --- | --- | --- |
| **Part 2 Panel Membership** | | |
| Name | Role of panel member | Organisation |
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**Part 3 Findings of the Panel**

**3.1 Summary Findings**

**3.2     Recommendation of the panel to Programmes and Awards Executive Committee of QQI**

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| --- | --- |
|  | **Tick one as appropriate** |
| **Approve** [the provider's – insert name] draft QA procedures for Blended Learning |  |
| **Refuse approval** of [the provider's – insert name] draft QA procedures for blended learning **pending mandatory changes** set out in Section 6.1  (If this recommendation is accepted by QQI, the provider may make a revised application within six months of the decision) |  |
| **Refuse to approve** [the provider's – insert name] draft QA procedures for blended learning |  |

**Part 4 Evaluation of draft QA Procedures for Blended Learning submitted by <Provider Name>**

*The following is the panel’s findings following evaluation of <Provider name> quality assurance procedures for blended learning against QQI’s Topic Specific QA Guidelines - Blended Learning.*

***Panel Findings:***

**Part 5 Conditions of QA Approval**

**5.1 Mandatory Changes**

1.

**Part 6 Mandatory Changes to QA Procedures for Blended Learning and Specific Advice**

**6.1 Mandatory Changes**

**6.2 Specific Advice**

**Part 7 Approval by Chair of the Panel**

This report of the panel is approved and submitted to QQI for its decision on the approval of the draft Quality Assurance Procedures or Blended Learning of <Provider Name>.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**Annexe 1: Documentation provided to the Panel in the course of the Evaluation**

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| --- | --- |
| Document | Related to |
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| **Annexe 2: Provider staff met in the course of the Evaluation** | |
| Name | Role/Position |
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