**Confirmation of Approved Positive Self-Evaluation by Provider**

When uploading this document to QHub, first set the document type to Self-Evaluation Report)

**Introduction**

This report outlines the self-evaluation and governance process conducted by Provider Name to assure itself that the programme(s) listed below.

1. meets QQI Criteria for the [Validation of Programmes of Education and Training](file:///%5C%5Cqqai.local%5Cfolders%5CPublic%5CQA%20Directorate%5CRegulation%20Section%5CTemplate%20Documents%20for%20Unit%5CValidation%20Applications%5CDraft%20Templates%5CFET%5CMicrocredentials%5CPolicies%20and%20criteria%20for%20the%20validation%20of%20programmes%20of%20education%20and%20training) (including any specific validation conditions that apply.)
2. is ready to be delivered:
	1. with the intake numbers and the resources and
	2. using the teaching, learning and assessment methods and strategies

specified in the programme descriptor.

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| --- |
| **Programme(s)** |
| **Code**: | **Title** |
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**Self-Evaluation Process**

(Give a chronology of the draft review process outlining how the programme documentation was internally checked and approved, prior to being sent for final approval through provider governance structures)

|  |  |  |
| --- | --- | --- |
| **Draft reviewed by (name and role)** | **Date** | **Outcome** (e.g. Reverted to programme team for further work, Approved) |
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**Provider declaration**

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| I, the undersigned, confirm: * that the programme(s) has been evaluated against QQI validation criteria and complies with any applicable statutory, regulatory, and professional body requirements.
* that resources to deliver the programme are in place.
* the accuracy of the information in this application for programme validation.
* that the programme(s) was developed and will be delivered, monitored, and reviewed in accordance with the policies and procedures approved by QQI at reengagement.
* that all necessary rights and permissions have been secured to use properties, physical and / or intellectual, required by the programme.
* Acceptance that this document may be published by QQI with the independent evaluation report.
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**Provider authorisation signature and date**

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**Role** (e.g. Chair of Programme Approval Committee) **Date**

**Confirmation of QHub Data**

The information in QHub has been checked for accuracy and consistency with the descriptor and is confirmed as ready for submission to QQI.

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**Role** (QA Officer) **Date**