Internal Quality Assurance Sampling Plan and Final Summary

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| **Full Qualification Title** |  | | | |
| **QAN[[1]](#footnote-1)** |  | | | |
| **Date period from:** |  |  | **Internal Verifier’s Name** |  |

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| **Assessor’s Name** | **Learner Registration ID** | **Unit Ref.[[2]](#footnote-2)** | **Planned Date** | **Actual Date** | **IQA2 Report No.** | **Date any Actions completed** | **IQA Signature** |
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| **Final IQA Sign-off and date** | |  | |

1. Regulatory qualification number [↑](#footnote-ref-1)
2. URN [↑](#footnote-ref-2)