



Business & Computing Examinations (BCE)

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BCE Centre Visit Quality Assurance

[This section to be completed by Responsible Person]

Centre Name: **Centre No.:**

Centre Address:

Centre Email Address: **Telephone No.:**

Centre Head Name:

Centre Governance and Administration

Place a <i>tick</i> or <i>x</i> in the relevant box for each of the following statements to indicate your level of satisfaction: 1 is <i>Poor</i> and 10 is <i>Very Strong</i>		1	2	3	4	5	6	7	8	9	10
1	Organisational Structure										
2	Staff duties/responsibilities										
3	Method of recruiting staff										
4	Policies and systems in place										
5	Staff development programmes										
6	Internal assessment methods										
7	Centre ways of communicating important information to learners <i>Briefly state ways used:</i>										
8	Learners given feedback on their internal formative assessment										
9	Evaluation and review processes and samples										
10	Process of implementing Centre/Awarding Body procedures? <i>Briefly describe processes used:</i>										
11	Learner retention										
12	Learner progression										
13	Current learner records maintenance										
14	Past learner records maintenance										
15	Environment security										
16	Facilities and other resources (including IT Strategy) <i>What are positive strengths and weaknesses you identified</i>										
17	Compliance mechanisms										
18	Procedures to monitor effectiveness										
19	Action plan(s) for improving quality of education										
20	Security of Examination question papers and candidate written scripts/coursework										

Quality Assurance Responsible Person:

Date:

Signature:

This section to be completed by Centre Management

Comment on each of the following:

1. What are your views regarding entrance meeting?

2. What are your views regarding the evaluation process?

3. What are your views regarding presentation of Evaluation of Report (ROE)?

4. Any comments you would like to add

Centre Stamp:

Centre Management Representative Name:

Date:

Signature: