# Conditions and Recommendations Chair Sign Off form

This template should be used by the AQD Office to record and monitor the conditions and recommendations of the collaborative event. The completed form should be submitted to the Chair after all evidence submitted by the Partner is reviewed. The Chair should review the evidence submitted by the Partner and record his/her/their decision on the form.

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| **Partner Institution:** |  |
| **Type of event(s): *E.g. Institutional Review/Approval*** |  |
| **Course(s):**  |  |
| **Event date(s):** |  |
| **Deadline for meeting conditions and recommendations:** |  |
| **Chair of event:** |  |
| **Secretary of event:** |  |

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| **Reference No. (In outcomes report)** | **Institutional and course specific Conditions**  | **Evidence submitted** | **Status** | **Comment** |
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| **Reference No. (In outcomes report)** | **Institutional and course specific Recommendations**  | **Evidence submitted** | **Status** | **Comment** |
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| **Partner Institution:** |  |
| **Type of event(s): *E.g. Course Review/ Course Validation*** |  |
| **Course(s):**  |  |
| **Agreement Type:** | *Franchise or Validated?* |
| **Event date(s):** |  |
| **Deadline for meeting conditions and recommendations:** |  |
| **Chair of event:** |  |
| **Secretary of event:** |  |

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| **Reference No. (In outcomes report)** | **Course specific Conditions**  | **Evidence submitted** | **Status** | **Comment** |
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| **Reference No. (In outcomes report)** | **Course Recommendations**  | **Evidence submitted** | **Status** | **Comment** |
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| **Comment from AQD Office (to be completed by the Secretary of the event)** |
| **Name: Signature: Date:**  |
| **Comment from the Chair of the panel** |
| **Name: Signature: Date:**  |