Application to change an ILM assessment method (2024)

***Please complete section 1 below, save in Word and email to quality@cityandguilds.com with an***

***email subject header ‘ILM Change of Assessment Request (your centre no)’.***

***Please attach your proposed Assessment Task briefing document.***

**Proposed change to ILM assessment method**

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| **Section 1 - To be completed by the centre** | | | | | |
| **Date submitted via email to the City & Guilds quality team:**  quality@cityandguilds.com, subject header ‘ILM Change of Assessment Request (your centre no)’ | | | | |  |
| **Centre Number:** |  | **Centre Name:** | |  | |
| **Request submitted by (name)** |  | | | | |
| **Contact tel. no:** |  | **Contact email:** |  | | |
| **Qualification Number:** |  | | | | |
| **Title of Qualification:** |  | | | | |
| **Unit reference number and title:**  *(please note that a separate proposal must be completed for each unit)* | |  | | | |
| **Centre assessed:**  *(Do you assess your own ILM assessments?)* |  | **ILMA assessed:**  *(Do you outsource your assessment marking to ILMA?)* | |  | |
| **Rationale behind the request to change the assessment method**: *(Include how you want to assess)* | | | | | |

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| **Section 2** (for City & Guilds use only) **- To be completed by the TEQA / ILMA Lead Assessor** | | | | |
| **Guidance to TEQA / ILM Lead Assessor** Please check:   1. that the proposed assessment method is valid for the nature of the unit and the relevant assessment criteria the proposed change relates to (e.g. on its own, a knowledge test would be unsuitable to assess all aspects of a presentation skills unit) 2. that the Centre’s assessment instrument explicitly covers the relevant assessment criteria of the unit involved, and that it allows a clear indication of whether each separate assessment criterion is met or not. 3. that, if this is a qualification using criterion assessment, the centre understands this requirement and the assessment instrument allows for marking of the relevant assessment criterion. 4. that the proposed assessment does not place undue bias on certain learning outcomes or assessment criteria (use the weighting of marks in the ILM unit as a guide) 5. once completed, please respond to the original email from Quality Delivery and include this completed form as an attachment. The form will be stored within the Assessment Hub and retained for audit purposes.   **Quality Delivery will contact the centre with the outcome and will inform their allocated EQA.** | | | | |
| **Approved?** *(delete as applicable)* | | Yes / No | | |
| **Reason if not approved**: | | | | |
| Name: |  | | | |
| Signed: |  | | Date: |  |

*TEQA / ILMA Lead Assessor, please email the completed form to the Quality team by attaching it to their original request.*