

# Programme Master Document

Programme/Course Title
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Start Date	Finish Date
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NCFE Ref No.	Level
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Mandatory Units	Optional Units
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.

Tutors/Assessors			
<u>Name</u>	<u>Qualified</u>	<u>Details Held</u>	<u>NCFE Approved</u>
1.			
2.			
3.			
4.			
5.			

Total No of Candidates	
Candidate Tutor/Assessor Ratio	:

Candidates

No	Name	ULR	En	Ind	Reg	Cert
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Venue
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Contact
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Tel	Mobile
Email	

Facilities Required	Equipment Required
1	1
2	2
3	3
4	4
5	5

Sponsor	
Organisation	
Contact	Tel
Address	
Email	
Fees	

Pre Delivery Meeting	Date	
Action Points	Owner	Date

Assessment Method
Method
Plan

Moderation Plan

IV Plan
IV's
1. 2. 3. 4
Plan

External Verification
Ev'S
1. 2. 3.
Plan

