|  |  |
| --- | --- |
| **Programme** |  |
| **School** |  |
| **Date** |  |
| **Time** |  |
| **Venue** |  |
| **Objective** |  |
| **Scope** |  |
| **Audit Criteria** |  |
| **Audit Team** | Refer to Appendix 1 |
| **Audit Method** | |  |  | | --- | --- | | **Description** | **Tick (√)** | | Review of documentation and records |  | | Observations of processes and activities |  | | Interview with person-in-charge for the audited area |  | | Others (Please specify: ) |  |   *(Tick all if all is related)* |
| **Facilities Required** | |  |  | | --- | --- | | **Description** | **Tick (√)** | | Meeting Room |  | | Facilities for Photocopying |  | | Representative |  | | Others (Please specify: ) |  |   *(Tick all if all is related)* |
| **Confidentiality Requirements** | The members of audit team undertake not to disclose any confidential information obtained during the audit. |
| **Reporting** | |  |  | | --- | --- | | **Description** | **Tick (√)** | | Format | Verbal and Written | | Expected date of issue | After closing meeting |   **.** |
| **Audit Schedule** | Refer to Appendix 1 |