|  |  |
| --- | --- |
| **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 |