



Quality Management System

January 2026

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Revision: 03

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Document Version Control

Document	Version	Author	Approval
QMS-001	01	C Fenton	17 December 2024
QMS-001	02	C Fenton	12 December 2025
QMS-001	02	C Fenton	9 January 2026

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Information about this QMS

This document contains procedures that manage the requirement for registration as a PTE, approval and accreditation requirements, consent to assess and other regulatory requirements of the Education Act and Training Act 2020 (the Act) and Private Training Establishment Rules 2025 and any subsequent amendments.

Compliance is required.

Background

The following statutory and regulatory requirements and rules (and any subsequent amendments) were relevant:

- Rules made under relevant sections of the Act
- Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 [the Code]
- Private Training Establishment Registration Rules 2026
- Funding rules as per section 409 of the Act (to seek government funding via Tertiary Education Commission)
- Student Fee Protection Rules 2025
- Consent to Assess against Standards on the Directory of Assessment and Skill Standards Rules 2026
- Micro-credential Approval and Accreditation Rules 2026
- Programme Approval, Recognition and Accreditation Rules 2026
- Qualification and Micro-credential Listing and Operational Rules 2026
- Quality Assurance of Tertiary Education Providers Rules 2026
- Student Fund Trust Deposit Exemption Rules 2026
- NZQA Assessment Rules for Schools, TEOs assessing against Achievement Standards and NCEA Co-requisite Standards, and Candidates 2025
- Health and Safety at Work Act 2015
- Human Rights Act 1993
- Building Act 2004; Building Regulations 1992; Building Amendment Act 2019; Fire Safety and Evacuation of Buildings Regulations 2006
- Privacy Act 2020 and any subsequent amendments

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Requirements of QMS

Under Rule 4.1(f) the QMS of a PTE must apply across all aspects of its business and as a minimum must include policies and procedures for:

- Development and implementation of a QMS
- Organisational self-review
- Enrolment procedures
- Decision-making, financial delegations and financial controls
- Personnel recruitment, management and professional development
- Information management, including systems for: enrolling students, student records (enrolment and academic), up to date and accurate information to prospective students, keeping public information up to date, providing information to government agencies such as financial, statistical, and other relevant information
- Management of risks
- Maintaining academic integrity
- Programme and micro-credential management, including development, review, resources, and provision of programmes and micro-credentials
- Assessment and moderation
- Fair and equitable management of student complaints, student discipline and appeals
- Compliance with relevant requirements of the ACT and NZQA rules
- Meeting the relevant requirements of The Code

Best Practice Criteria

These documents are to provide a purposeful and consistent course of action as a response to a perceived problem that has been well evaluated and understood. They lay the foundation for interventions that lead to better outcomes.

Policies are commonly used to embed legislation and or regulations or rules for external bodies. Policies attempt to produce outcomes that might not otherwise occur – hence they need to be seen as intervention strategies to reduce risk or to cement in best practice.

An effective education management system needs to be:

- Intentional – needs to be leading towards improving measurable outcome(s)
- Structured – identified players and recognised sequence of steps
- Directive - to reflect overall direction of the organisation including aligning with PTE Outcomes Framework, Investment Plan (if relevant), etc
- Evidential – needs to provide evidence to strengthen decision-making
- Transparent – provides accountability

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Principles for Good Design

- Understand issues – does it need to be resolved by a procedure? What are the options?
- What are the things that might influence the future, and what is the best way to respond?
- Are the expectations of what the procedure will achieve clear – will it make a difference to stakeholders?
- Needs to focus on priorities.
- Needs to build in measures that demonstrate the effectiveness of policy – how will effectiveness be monitored?
- Is there resource and capacity to implement the policy?

Glossary

CMR	Consent and Moderation Requirements
EER	External Evaluation and Review
GM	General Manager
ISB	Industry Skills Board (was WDC, before that ITO)
LMS	Learning Management System
LG	Trading name of PTE <i>Let's Go Educate Limited</i>
NZQA	New Zealand Qualifications Authority
NZQCF	New Zealand Qualifications and Credentials Framework
PTE	Private Training Establishment
QA	Quality Assurance
QM	Quality Manager
MS	Management System
SLT	Senior Leadership Team
SMS	Student Management System
SSB	Standard Setting Body
TEC	Tertiary Education Commission
ToR	Terms of Reference
WDC	Workforce Development Council

In addition, the following link goes to the NZQA glossary: <http://www.nzqa.govt.nz/about-us/glossary-home/>

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Framework

1.0 Decision-Making

1.1 Educational Governance and Management

Details the compliance and regulatory information requirements required for governance and management to maintain registration as a PTE and operate within New Zealand.

1.2 Equal Educational Opportunities

To ensure that all students have equitable access to tertiary education where there are minimal barriers and where merit is recognised irrespective of gender, race, disability, age, marital status, sexual orientation, religious or ethical beliefs.

1.3 Sub-contracted Agreements

To ensure that the PTE has contractual relationships with other organisations and can comply with all legislative and regulatory body expectations, and to manage intellectual property and copyright issues.

2.0 Financial Management

2.1 Financial Management

Outlines sound practices to ensure financial performance are to recognised standards and meets student fee protection rules.

2.2 Resources and Operation Support

To ensure that the physical learning resources and personnel are at a level and quality required to maintain registration and comply with external bodies.

2.3 Cost Analysis for Courses

To provide a process to ensure sustainable practices.

3.0 Organisational Self-Assessment

3.1 Evaluation and Review

Details how the PTE evaluates its own performance to contribute to continuous improvement activities, promote best-practice and provide feedback on the effectiveness of actions and enable evidence.

3.2 Stakeholder Feedback

To ensure that outcomes are reviewed and analysed regularly through feedback from stakeholders, use of data and review activities.

3.3 Internal Auditing

The internal audit process supports self-assessment by providing information and data on operational quality processes within the PTE.

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4.0 Personnel

4.1 Personnel Qualifications

To ensure that the PTE maintains high levels of expertise and academic credibility and to meet industry standards.

5.0 Information Management

5.1 Student Records

To ensure that adequate academic records are maintained to provide information for self-assessment and meet PTE Academic and Enrolment Rules, PTE Academic Records Rules and Student Record Conditions.

5.2 Student Information, Admission and Enrolment

To ensure that prospective students receive timely, accurate and up-to-date information, advice and support to assist them with choosing courses and provide an effective admission process.

6.0 Management of Risk

6.1 Complaints

To enable a process that is based on the principles of accessibility, independent and fairness. To provide a process where complaints are resolved as quickly as possible while protecting the rights of complainants, staff and students. To provide protection for all parties involved so that those involved are not subject to harassment, retaliation or victimisation.

6.2 Discipline and Appeals

To provide students with an appropriate independent process to appeal against a decision that relates to an academic or an operational matters; and provide a transparent discipline process.

7.0 Programme Design and Delivery

7.1 Programme Design and Development

To ensure that all requirements and documentation for new and revised courses/programmes/training schemes are approved through an internal quality process; and that they meet the requirements of internal, external stakeholders and approval and accreditation agencies.

7.2 and 7.3 Assessment and Moderation

To provide a framework for students learning that is based on reliable and valid assessment methods that evaluate students performance against specified learning outcomes that reflect the level of difficulty and course content; is consistent with level, credits, content and can recognise and assess prior learning. To ensure that assessment of learning outcomes is fair, valid, sufficient and reliable, and is subject to verification.

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QUALITY MANAGEMENT SYSTEM

Version 02	Date Effective 1 January 2026	Due for Review 1 January 2031	Page 1 of 5
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1. GOAL

- 1.1 To ensure that *Let's Go* Operational procedures reflect best practice and provide a framework for activities undertaken under the PTE's Quality Assured Status.

2. APPLICATION

- 2.1 This manual applies to all activities operating within the PTE.

3. DEFINITIONS

Abbreviations and Definitions ([MS Glossary link](#))

PTE	Private Training Establishment.
Quality Assured Status	NZQA awards Quality Assured Status after External Evaluation and Review.
Policies and Procedures	These are prescriptive documents that detail “what” must be done, and “why” and “how” it must be done; and assign responsibilities for various procedures. These documents also include key controls for ensuring that quality processes are followed, and detail the records that must be maintained. Policies and procedures require a specific approval process prior to implementation.
Policy Statements	Provide framework what must be done to meet the requirements of any standards set by regulatory bodies e.g. NZQA and TEC. These statements precede the procedure.
Procedures	The steps in a process. May be in the form of tables, flowcharts, checklists etc., and describe how policies are to be implemented.
Guidance	A set of instructions or actions (or additional details) to direct a particular outcome. May be in the form of a Handbook.
Template	A suggested form a not mandatory.
Form	A mandatory document related to a controlled process or task.
Task Instruction	A procedure that should be followed to control an outcome.

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Minor change	Includes formatting, editing and nomenclature resulting from organisational change that do not change the intent of the document.
Document Owner	Responsible for the development, review and update of a document, including consultation with other relevant parties. Generally a manager or head of function, they are ultimately accountable for the successful deployment of the activities described within the document.
Document Approver	Has the final sign off on any new documents or any updates of an existing document. A competent person (with appropriate knowledge and experience) they verify the content of the document is fit for purpose and technically complete, including the satisfaction of legislative, regulatory/industry standard requirements prior to publication.
SLT	Senior Leadership Team – those responsible for managing the PTE

4. STATEMENT

- 4.1 That the quality management system consists of policy statements, procedures, flow diagrams and related guidelines, templates and forms that have been developed to:
- Provide clear instructions to staff for approved processes and operations
 - Comply with current and relevant legislation and regulation
 - Meet the requirements of NZQA and relevant Standard Setting Bodies
 - Provide records as evidence of implementation and compliance
 - Encourage consistency in operations and best practice
- 4.2 All academic procedures or manuals are approved by the Quality Manager. For the purposes of this document, the Quality Manager refers to the role responsible for quality management on the Senior Leadership Team (SLT), irrespective of actual title.
- 4.3 Flow diagrams or manuals detailing non-academic corporate and HR matters are approved by the relevant manager. Health and Safety are approved by General Manager/director or delegate (SLT).
- 4.4 **Accessing the QMS**
- The official controlled version of approved documents are available to all staff and subcontractors. All students must have access to relevant policy and documents.

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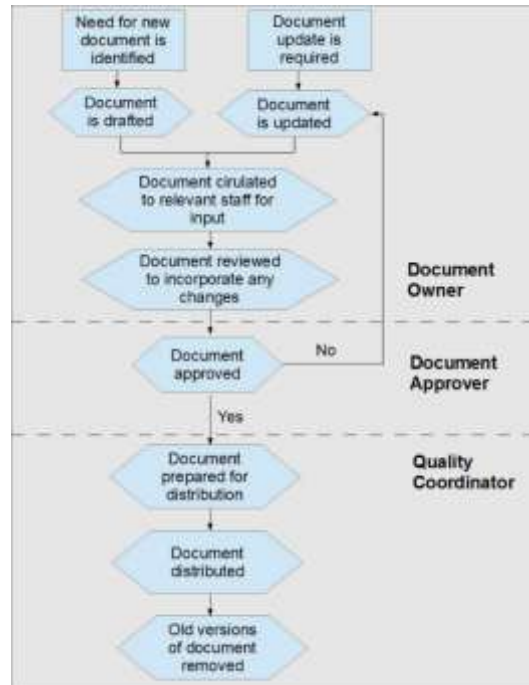
- 4.5 All manuals/procedures will have a contents page to enable users to locate specific documentation. Associated guidelines, forms and templates and associated documents will be listed under each section with hyperlinks when possible.
- 4.6 Line Managers are responsible for familiarising all new staff/contractors during induction, taking particular care to introduce the new staff member to the policies and procedures/manuals relevant to the new staff member's role.
- 4.7 **Amendments to the QMS**
The shared drive contains the official controlled versions of approved QMS documents in pdf form. Policies and procedures/manuals printed from the shared drive will be marked "uncontrolled when printed".
- 4.8 Forms or templates are prepared mainly for electronic use. Templates must be sourced from the shared drive each time of use to ensure that the latest version is used. Templates must not be saved on personal files.
- 4.9 All approved QMS documents must be reviewed as per review dates.
- 4.10 Working parties may be assigned to develop or review QMS documents and may consist of volunteers or assigned members. The Operation Responsible Person leads/delegates to the working party, in liaison with General Manager/delegate/SLT.
- 4.11 Once approved by the relevant manager (4.2, 4.3) then a record in the form of an appropriate approval note outlining the rationalisation for change, a brief description of the review process, date of approval shall be filed.
- 4.12 An approval date and version number is recorded on all QMS related documents.
- 4.13 Staff will be informed of significant changes to QMS documents by email. A description of the changes is to be given in the revision history section in each operating document. Minor changes such as formatting, minor corrections that do not change the intent of the document are not highlighted.
- 4.14 Significant changes to this document will be formally notified to NZQA, and other relevant external bodies.
- 4.15 **Responsibilities for Academic Quality**
The Senior Leadership Team have overall responsibilities for setting strategic goals and objectives that are in line with Vision and Mission, Key Performance Indicators and compliance.

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- 4.16 The Quality Manager has specific responsibilities for the development, implementation and maintenance of the QMS and is the PTEs designated liaison person for NZQA and TEC.
- 4.17 Document control, including uploading current approved documents to the intranet is the responsibility of the Quality Manager.
- 4.18 Any subcontracted providers are responsible for maintaining academic quality in accordance with the QMS.
- 4.19 Lead Tutors/subcontracted providers may develop further procedures to support compliance against the QMS and will be responsible for document control and record management of their own procedures.
- 4.20 Line Managers at all levels are responsible for effective implementation and monitoring of academic outcomes and QMS processes.
- 4.21 All employees, and contracted personnel must comply with QMS.
- 4.22 **Record quality**
All hard records produced from the QMS are stored in an environment which will not contribute to physical damage of the records. They must be easily accessible and readable.

5. FLOW DIAGRAM

Change to Quality Management System documents



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6. RELATED FORMS AND GUIDANCE DOCUMENTS

Refer to Record Management

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Template	QM	Shared Drive	Life of current format
Approval note	QM	Quality	Life of document
Draft document and consultation	Operational Responsible lead	Development File	Until approved
Obsolete/superseded document	QM	Quality	Indefinitely
Policy and MS documents	SLT	Shared Drive	Indefinitely
Student Assessment documents	QM	In locked room or password protected drive	3-6 months
Student Assessment documents	QM	Archived in locked container or password protected drive	4 years minimum

8. OPERATIONAL RESPONSIBILITY

8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document, new template	January 2025
02	Minor update to 4.6 to include 'contractors'	January 2026

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1.1 EDUCATIONAL GOVERNANCE AND MANAGEMENT

Version	Date Effective	Due for Review	Page 1 of 2
01	1 January 2026	1 January 2031	

1. GOAL

- 1.1 This documents details the compliance and regulatory information requirements required for governance and management to maintain registration as a PTE.

2. APPLICATION

- 2.1 This policy and procedure applies to all activities, policies and procedures operating within the PTE.

3. DEFINITIONS

Abbreviations and Definitions

- Governance** Overarching decision makers for the PTE and have oversight of the company. Governance consists of minimum of Directors/Owners, an independent academic, other staff co-opted as advisory when relevant.
- Management** Operational positions required to deliver high quality education and training for our learners

4. STATEMENT

- 4.1 Governance members and management of PTE must have an understanding of their responsibilities and must encourage others to uphold compliance and regulatory information to continue to maintain registration as a PTE for NZQA and TEC.
- 4.2 Regular management meetings must occur (at least once every twelve months). This is in addition to any operational management requirements. Management Meeting Template can be used to ensure that all agenda items are covered. Minutes and lessons learned are stored securely.
- 4.3 All necessary information that is required for staff, management and governance that is required to maintain registration and funding will be subject to an annual review for compliance and improvement opportunities; this will include review of the statement of education (3.1) and educational equal opportunities (1.2). These reviews must be formally documented.

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- 4.4 Senior Leadership Team (SLT) is responsible to governance. If a GM is appointed they are responsible for senior positions within the PTE.
- 4.5 The membership of governance will be reviewed and confirmed annually and any change in status must be notified to NZQA.
- 4.6 Conflict of interest for governors will be displayed publicly.
- 4.7 Any significant changes affecting the QMS, management or training staff, delivery sites or a reduction in training capabilities or trading name will be formally notified to NZQA and any relevant accreditation body in a timely manner.
- 4.8 The Organisation chart will be updated regularly.
- 4.9 The SLT is responsible for ensuring compliance against NZ legislation.
- 4.10 In matters where independent academic advice differs from the other governors, and the matter is an academic one, this should be clearly minuted. In situations where this may occur, the governors should consider seeking external advice. If this not is sought, a clear explanation for this should be documented along with an appropriate analysis of risk.
- 4.11 To maintain or update Statement of Education and Objectives, see Advisory Terms of Reference. Changes to any programme of study need to be supported by stakeholder groups and informed by stakeholder feedback and advice.
- 4.12 The SLT will conduct regular reviews of risk register and ensure that health and safety hazards are identified, risk assessed, and appropriately controlled. The SLT will ensure a mechanism for documenting newly identified health and safety risks. The SLT will also ensure there is a business continuity plan in place.
- 4.13 The SLT will review its obligations against the code and regular publish. This will include setting of objectives and strategy for student’s wellness and outcomes as well as review of Academic Framework.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

Academic Framework. See record management section. Oops Form. RAMs forms. Business Continuity Plan. Risk Matrix. Advisory Terms of Reference.

7. RECORD MANAGEMENT

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Record	Responsibility	Filed	Retention Time
Organisational Chart	QM	Quality	Until replaced
Annual Attestations	QM	Quality	Indefinitely
Governance Records	QM	Quality	Indefinitely
Meeting records	QM	Quality	Indefinitely

8. OPERATIONAL RESPONSIBILITY

8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	First approval.	January 2025

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1.2 EDUCATIONAL EQUAL OPPORTUNITIES

Version	Date Effective	Due for Review	Page 1 of 2
02	1 January 2026	1 January 2031	

1. GOAL

- 1.1 To ensure that all students have equitable access to tertiary education where there are minimal barriers to being able to access education where merit is recognised irrespective of gender, race, disability, age, marital status, sexual orientation, religious or ethical beliefs.
- 1.2 To provide an education system that enables Māori to succeed as Māori.
- 1.3 To provide an education system that enables Pasifika learners to participate, engage and achieve in education.

2. APPLICATION

- 2.1 This applies to:
 - All students
 - All programmes of study
 - All quality management system documents.

3. DEFINITIONS

Abbreviations and Definitions

Priority Learners	TEC priority learners as per TEC strategy (i.e. under 25 years of age, Māori, Pasifika)
EPIs	Educational Performance Indicators (as per TEC definitions)
Treaty of Waitangi	An agreement made in 1840 between the British Crown and more than 500 Māori chiefs establishing a constitutional relationship. Principles are: Partnership – working with Maori learners, iwi, hapu, whanau and communities Participation – Māori to be involved in all levels of the education system

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Protection – uphold te reo Māori, tikanga and mātauranga Māori

Cultural Competency – an awareness of cultural diversity

4. STATEMENT

- 4.1 All services, facilities and courses of study are offered in accordance with the Human Rights Act 1993.
- 4.2 Access is not limited to physical access but also includes:
- Access to accurate, relevant and timely information
 - Access to services and facilities
 - Access to course information and learning
 - Access to buildings.
- 4.3 Barriers that contribute to inequality are identified and eliminated.
- 4.4 The SLT is responsible for monitoring, reviewing and evaluating the equal educational opportunity initiatives and reporting to governors at least annually. This will include educational performance indicators of priority learners.
- 4.5 Teaching delivery will reflect a worldview that all learners have potential, are culturally distinct and inherently capable.
- 4.6 Use the Treaty to guide our obligations to Māori as Tangata Whenua and Treaty partners through:
- Building staff capability in Māori
 - Introducing te reo and tikanga into the organisation
 - Monitor learner recruitment, retention and achievement
 - Enabling requests for assessment in te reo.
 - Ensuring maintenance of Māori networks for feedback on delivery and programme development

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

Record Management. Referral lists. Feedback form. Oops form.

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7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Management and governance meeting minutes	SLT	Quality	Indefinitely

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	First approval.	January 2025
02	Rewrote wording in 4.6 to build staff capability in Maori (from build Maori staff capability)	January 2026

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1.3 SUB-CONTRACTED AGREEMENT

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1. GOAL

- 1.1 To ensure that the PTE can comply with all legislative and regulatory body expectations.
- 1.2 To manage intellectual property and copyright issues.

2. APPLICATION

- 2.1 This applies to all providers or contractors who are delivering education on behalf of the PTE.

3. DEFINITIONS

Abbreviations and definitions

Accreditation	The PTE is the only accredited education entity
Contractor	Sole traders or others that deliver education on behalf of <i>Let's Go</i> for all intends and purposes they are <i>Let's Go</i> staff. This is a contract for service.
Subcontractor	An education organisation (which maybe a PTE) that provides training and/or assessment services that <i>Let's Go</i> is not in a capacity to provide.
Intellectual Property	Intellectual property is a term that covers a range of legal rights that protect intellectual effort. Intellectual property created during employment belongs to the employer. Intellectual property rights relate to the right to prevent other people or organisations from using ideas or innovations.
Copyright	Copyright is part of intellectual property law and is an automatic right that comes into existence when an original work is created. This may include materials and resources used for teaching. Copyright protects against unauthorised copying. New

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Zealand is a signatory to the Berne Convention (Literacy and Artistic works).

4. STATEMENT

- 4.1 All contractor agreements require *Let's Go* SLT approval before delivery can occur.. Any contractor agreement must be for specific purpose and must be compliant with QMS, Position Descriptions.
- 4.2 All subcontracted agreements require NZQA and TEC approval (if TEC funded) before delivery can occur. (refer to 6 below)
- 4.3 Delivery cannot occur if there is no signed agreement in place.
- 4.4 The sub-contracted agreement will outline the responsibilities of the PTE (the supplier) and the sub-contractor (the provider) (refer 6 below for guidance).
- 4.5 The sub-contracted agreement must provide the (PTE) with mechanisms to influence the quality of education within the provider as if the provider was the PTE.
- 4.6 The sub-contracted agreement must provide access to delivery teams and students by the PTE, NZQA and TEC if required, as if they were the PTE.
- 4.7 Intellectual property and copyright expectations should be incorporated into the sub-contracted agreement. The PTE retains intellectual property rights over the courses and the Management System. Providers are able to deliver as agreed via Investment or other agreement/plans. Providers may have copyright rights over teaching and learning materials and may add their logos to the top left hand side of PTE templates if agreed.
- 4.8 Sub-contracted agreements must be reviewed regularly (annually) under the following conditions:
- History of provider with compliance
 - Stakeholder engagement and needs analysis
 - Financial and academic viability
 - Reputation.
- 4.9 Subject to clause 4.6, providers can expect an automatic right of roll-over.
- 4.10 Sub-contracted agreements will be signed by the SLT after consultation with the Quality Manager.
- 4.11 Sub-contracted agreements will commence from the time of signing or otherwise noted.

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- 4.12 The agreement will contain opt-out clauses and termination clauses where PTE retains the right to terminate the contract.
- 4.13 Any termination requires the provider to ensure all affected learners are transferred to another PTE or provider before delivery is ceased if delivery includes courses longer than a week.
- 4.14 The sub-contractor must not further contract out any agreed provision that is part of its contract with the PTE. The PTE must be notified if the sub-contractor is not able to fulfil any part of the agreed contract.
- 4.15 Where training is delivered via a subcontracting arrangement the PTE will ensure public facing information states an approved subcontracting arrangement is in place. The *Let's Go* logo and PTE registration details will be clearly visible.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

Subcontract Template MoU

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Contractor agreements	SLT	National office	10 years
Subcontracted agreements	SLT	National office	10 years

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document	January 2025

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2.1 FINANCIAL MANAGEMENT			
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1. GOAL

- 1.1 This policy outlines the sound practices to achieve financial performance to organisation professional standards.
- 1.2 To ensure sound financial management, financial viability and sustainable growth.
- 1.3 To ensure financial records and reporting the PTE’s statutory financial reporting obligations and are supported by effective internal financial controls that enable the preparation of reliable financial statements.
- 1.4 The PTE must maintain an internal financial control framework that:
 - Ensures timely and accurate recording of transactions
 - Segregates duties where appropriate
 - Protects assets
 - Supports preparation of annual financial statements compliant with statutory requirements
 - Is reviewed annually for effectiveness

2. APPLICATION

- 2.1 This document applies to all activities of the PTE.

3. DEFINITIONS

Abbreviations and Definitions

Annual financial statements	The financial statements prepared under statutory reporting obligations (e.g., Financial Reporting Act) that the PTE must submit to NZQA
Internal financial controls	Systems, policies, and procedures designed to ensure financial statement integrity, accuracy of financial data, and compliance with statutory reporting requirements.
Statement of financial position	In financial accounting, a balance sheet or statement of financial position is a summary of the financial balances of an individual or

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organisation. Assets, liabilities and ownership equity are listed as of a specific date, such as the end of its financial year.

Statement of financial performance

An income statement or profit and loss account shows the company's revenues and expenses during a particular period. It indicates how the revenues (money received from the sale of products and services before expenses are taken out) are transformed into the net income (the result after all revenues and expenses have been accounted for, also known as "net profit" or the "bottom line").

IFRS

International Financial Reporting Standards. Standards adopted and used by PTE.

T&C

Terms and conditions

CAPEX

Purchases of significant goods/services that will be used to improve *Let's Go* performance in the future. Expenditures are typically for fixed assets but may include development of saleable product.

OPEX

Costs incurred for running day-to-day operations. Expenses are ordinary and customary costs for the industry in which the company operates.

4. STATEMENT

- 4.1 Financial delegations (if any) for PTE and contractors are approved in writing by governance. If no financial delegations are enabled, see 4.3.
- 4.2 The SLT has responsibility for managing the financial risks and activities of *Let's Go* including maintaining an effective internal system of financial controls and ensuring accounting practices the produce annual financial statement comply with statutory requirements. Main areas of focus include managing finance staff and day to day financial activities including invoicing and cash management, preparation and review of management and financial accounts, budgeting, reporting, management of the Customers and Suppliers records, developing and reviewing financial processes, controls and systems.
- 4.3 Purchasing approvals are granted in according to the Delegation of Authority Matrix issued by *Let's Go*. No purchases can be made without prior approval of SLT.
- 4.4 Internal financial monitoring occurs regularly and results, are reported at least monthly to SLT.
- 4.5 A PTE budget based on the commitments of the strategic and business plans and Investment Plan (if relevant) is drawn up annually to cover the operation of PTE activity.

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4.6 The PTE will prepare annual financial statements in accordance with its statutory financial reporting obligations. These statements are supported by adequate system of internal financial controls that enable preparation of reliable statements. Category 1 PTEs may submit these financial statements to NZQA every two years where permitted, otherwise annual financial statements are required. Where an independent assurance review or audit is required, such review shall be arranged and documented.

4.7 The PTE should have current and appropriate insurance cover. The types of insurance could include:

Public and Product Liability/Third Party Liability	Covers workplace incidents (including liability for body Injury, death, and damage to property)
Material Damage & Business Interruption Insurance	Covers loss or damage to physical assets including buildings, contents plant etc. Interruption covers operating expenses, payroll, taxes, loans etc.
Building insurance (arranged by the Landlords)	Covers permanent fixtures and fittings etc.
Employers Liability Insurance	Covers damages claims from sustaining personal injury
Professional Indemnity	Covers businesses who provide professional services or advice to clients in claims of unprofessional work (as deemed by a client) including legal costs.
Motor vehicles	Covers policy holder in case of financial loss resulting from a motor vehicle accident if company vehicles

4.8 The PTE will have in place systems to prevent fraud.

4.9 Electronic financial records will be secured on a restricted access drive on the server and accounting software password protected.

4.10 **Protection of Fees**

If the PTE charges fees, it will align with the requirements for Learner Fee Protection through the use of Trust Accounts with the Public Trust.

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- 4.11 NZQA and Public Trust financial reporting requirements will be met by required deadlines, including submission of annual financial statements and associated management assurance documentation.
- 4.12 The PTE commits to submit to NZQA within the appropriate timeframe after end of each financial year – annual financial statements, any statutory review/audit reports, and notification of any changes in financial year or entity status.

5. FLOW DIAGRAM

Not applicable.

6. RELATED FORMS AND GUIDANCE DOCUMENTS

See record management section. Administration Handbook.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Accounts etc	SLT	Server; Finance office	Seven years
Annual Registration Fee form (NZQA)	SLT	Server; Finance office	Seven years
Student Fee Protection Acknowledgement	SLT	Student Profile	Seven years

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New	January 2025
02	Addition of details to meet changes to NZQA PTE registration rules regarding financial reporting	January 2026

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2.2 RESOURCES AND OPERATIONAL SUPPORT

Version	Date Effective	Due for Review	Page 1 of 3
01	1 January 2026	1 January 2031	

1. GOAL

- 1.1 To ensure that the PTEs education delivery provides effective, appropriate and timely support services that:
- Are accessible to all students
 - Will enhance students’ learning experiences and increase likelihood of retention and success
 - Will assist students to meet their learning needs
- 1.2 To ensure that the PTEs physical and learning resources are at a quality required to maintain registration as a PTE and continue to meet requirements of external bodies. This includes requirement of the Code.

2. APPLICATION

- 2.1 This document applies to all course or programme offerings delivering education under PTE registration.

3. DEFINITIONS

Abbreviations and Definitions

Physical resources	This is buildings, infrastructure, offices, office equipment, technology, equipment and teaching and learning resources.
Learning resources	Relates to learning material that has been produced to support the learners to achieve
The Code	The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021

4. STATEMENT

- 4.1 The PTE will ensure that students have access to a range of accessible support services which may include:

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- Assessment in te reo Māori (where appropriate)
- Assistance for controlled assessments (such as when student has a self-declared disability)
- Area to eat or prepare food (if physical space)
- Referrals to support agencies (nutrition, food bank, tenancy resolutions, budgeting, tenancy resolutions, budgeting, addiction) and relevant online courses
- Regular focus on particular parts of wellness (physical and mental)
- Access to specific liaison/support personnel

4.2 The PTE will ensure that support services that are accessible are written in the Student Handbook and available publicly which is updated annually. An annual review of obligations against the code will be done and published.

4.3 If assistance for controlled assessment is provided the supervisor appointed must not be an associate, friend, partner or member of the student’s family or closely associated with the student’s family.

4.4 **Infrastructure and Physical Resources**

All learning sites must have adequate facilities and premises used for the PTE education delivery must comply with NZQA approvals (be approved as a site, temporary or permanent). This includes:

- Resource Management Act 1991
- Building codes
- Health and Safety at Work Act 2015
- Any other health and safety Acts or Regulations relevant to the circumstances at the time.

Temporary sites utilised will be notified to NZQA on a quarterly basis if Category 1 provider. Status below Category 1 requires site approval prior use.

The Quality Manager will monitor temporary site usage and work with the SLT to apply for a permanent site approval when it aligns with NZQA’s determination of permanent.

4.5 All activity must comply with relevant Health and Safety documents including management and elimination of hazards. Adequate safety equipment for each learner must be in place. All field trips and learning that takes place outside of PTE approvals and relevant site agreements must have associated risk management assessment conducted and documented.

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- 4.6 Facilities and equipment (including technology) required to meet the learning needs of the students and the requirements of the course/programme will be in place. IT support will be provided by an approved external contractor and *Let's Go* where required.
- 4.7 All off-site activity such as field trips, work-experiences or activities outside must involve the completion of forms to identify the risks, justify the learning activity (against learning outcomes) and mitigate the risks identified. These must be approved by Quality before they take place.
- 4.8 Specialist equipment must be selected, maintained and retired in accordance with health and safety requirements and manufacture expectations. Any electronic equipment will be only used if tag and testing is current.
- 4.9 The PTE should keep an asset register of equipment owned. The relevant resources needed to deliver a course should be referred to in the programme/course approval file.
- 4.10 Sufficient and competent support and administration staff will be available. A job description and accountabilities must be in place for all positions, and this will form the basis of performance appraisal objectives and review.
- 4.11 External suppliers will undergo a selection and evaluation process that is led by the SLT in consultation with other staff. All approved suppliers/contractors will be evaluated at least annually.
- 4.12 SLT will maintain a register of keys issued to individuals for any facilities, which must be returned at the cessation of employment and checked off against the register.
- 4.13 Offsite training will start with a toolbox meeting or safety induction.
- 4.14 Directive signage on *Let's Go* controlled premises will be dated and version recorded.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

See record management section. HR Handbook for specific information on roles. Venue Hire Agreement. RAMs forms.

Checklist for Site Approval.

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7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Asset Register	SLT	Quality	Indefinitely
Site Approvals	Quality	Quality	Indefinitely
Field Trips, risk assessment forms	All	Quality	Five years
Legislation checklist	SLT	Quality	Four years
HR Record	Manager	Managers office	10 years
Agreements, leases	SLT	SLT office	Seven years

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025

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2.3 COST ANALYSIS FOR COURSES			
Version	Date Effective	Due for Review	Page 1 of 2
02	1 January 2026	1 January 2031	

1. GOAL

1.1 To provide a process that ensures that the PTE has sustainable practices.

2. APPLICATION

2.1 This policy applies to all delivery.

3. DEFINITIONS

Abbreviations and definitions

4. STATEMENT

- 4.1 Proposals for new courses will include a business case and/or cost analysis information such as market analysis, stakeholder needs analysis and student number projections or be part of planning/strategy documents. This information may vary for tender proposals and be subject to the requirement of that tender document. Proposals must be reviewed by the Quality Manager and be approved by the SLT before work begins or before release to the customer.
- 4.2 All courses will comply with Quality Management system requirements (irrespective of accreditation body or funding source). Any deviations need the written approval of the SLT.
- 4.3 All courses and programmes will comply with any funding conditions.
- 4.4 For new programmes of study, training schemes, micro credentials or courses, see Programme Design and Development.
- 4.5 The SLT or governance reserves the right not to proceed with programmes or courses if financial viability (or cost analysis) indicates that the quality of teaching will be impaired either through lack of appropriate resources, or through diminished student experiences.

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5. FLOW DIAGRAM

Not relevant.

6. RELATED FORMS AND GUIDANCE DOCUMENTS

See record management.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Business case/cost analysis	SLT	Quality office	Indefinitely

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025
02	Noting that new courses may be required by strategic or planning documents	January 2026

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3.2 STAKEHOLDER FEEDBACK			
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1. GOAL

- 1.1 To ensure that learner outcomes are reviewed and analysed on a regular basis.
- 1.2 To provide opportunities to evaluate stakeholder feedback into the performance of courses/programmes.
- 1.3 To collect data to inform evaluation and review activities.
- 1.4 To provide opportunities for stakeholders to be involved in course development, review and quality.

2. APPLICATION

- 2.1 This applies to all courses offered by the PTE

3. DEFINITIONS

Abbreviations and definitions

Programme	A discrete programme of study comprising of courses that lead to a recognised qualification.
Course	A cohesive body of learning on a particular subject (modules).
Internal Stakeholders	Students and staff
External Stakeholders	Community members, industry, employers, advisory groups and any persons, groups or organisations that have a vested interest in the course/programme or its outcomes
Evaluation of Study	Feedback is sought (usually through set questions in writing) from students in regard to their views about their study.

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Evaluation of tutor Feedback is sought (usually through set questions in writing) from students in regard to their views about their tutor.

4. STATEMENT

- 4.1 Learner feedback and stakeholder outcomes of courses and other educational activities will be evaluated regularly to ensure continuous improvement. These will be done by a variety of methods (anonymous forms, paper-based forms, meetings, discussions, learner groups).
- 4.2 Quality Manager is responsible for ensuring that courses have documented evaluation including:
- Appropriate stakeholder advisory input/feedback
 - Relevant data and information to inform evaluation
 - Are conducted at regular intervals as required by the Self-Assessment schedule (see Evaluation and Review)
 - Improvement opportunities are clearly identified and progress reported.
- 4.3 Operations Manager and/or SLT is responsible for identification of internal and external stakeholders and ensuring communication and feedback is documented and used in evaluation opportunities. See Advisory Terms of Reference.
- 4.4 Student and staff confidentiality will be maintained at all stages of the feedback process.
- 4.5 SLT are responsible for ensuring that evaluation of student feedback occurs for each course offering. If offering programmes of study, that this feedback is planned and will include coverage of all programmes and all tutors over the year.
- 4.6 The SLT is responsible for ensuring that the tutor and/or assessor provides written feedback at the conclusion of each course.
- 4.7 Student evaluations are analysed regularly and reported to SLT.
- 4.8 Any issues that are identified from feedback will require the relevant manager to form an improvement plan, and that this will be monitored until improvement occurred. In situations where improvement is not progressing, SLT needs to be informed. An Improvement Register is maintained by Quality.
- 4.9 Summary of evaluations and actions will be included in any Review or programme evaluation.
- 4.10 **External Stakeholder**

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SLT may gain feedback on programme quality/outcomes/design or graduate capabilities and destinations through formal meetings or surveys, or through informal mechanisms providing feedback is documented.

- 4.11 Formal stakeholder survey of stakeholders will be conducted at least once every two years; be documented, analysed; any actions identified. Actions will be monitored by the SLT. (refer 1.1 Educational Governance and Management)

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

See Records management. Advisory Terms of Reference. Feedback forms.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Evaluation Report Analysis	Quality Manager	Quality	Five years
Facilitators /Tutor feedback Report	Tutors	Add to register	Until issues addressed

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025

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3.1 EVALUATION AND REVIEW			
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02	January 2026	1 January 2031	

1. GOAL

- 1.1 Organisational self-review is a quality assurance method where the PTE evaluates its own performance to contribute to continuous improvement activities, promote best-practice, provide feedback on effectiveness of actions, and enable evidence and documentation for reporting to NZQA.

2. APPLICATION

- 2.1 This document applies to all activities within the PTE.

3. DEFINITIONS

Abbreviations and Definitions

Activities	Programmes, systems and services that the PTE and contractors deliver
Continuous Improvement	A systematic ongoing focus on improving the quality of the PTEs outcomes
Evaluation	The systematic determination of the merit (quality), worth (value) or significance (importance) of the outcomes for learners and other stakeholders. An evaluative process requires a planned approach to gathering and analysing evidence from multiple sources.
Evidence	Information that is gathered to inform evaluative judgements about the value of outcomes for stakeholders. Evidence can be qualitative and quantitative and must be reliable and valid.
Key Evaluative Questions (KEQs)	High level, open-ended questions intended to elicit answers that inform judgements about educational outcomes and the key processes that influence these outcomes.
Outcomes	Changes that occur to learners, or other stakeholders (employers, communities, economy) that are influenced by the teaching activities.

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Review	A formal process of gathering data to evaluate a course or programme against external expectations (qualification outcomes and requirements, rules, policies, procedures, legislation).
Self-Review	An ongoing process where organisations evaluate the quality and value of their own performance and educational provision. The purpose of self-review is to understand the quality of education/training provided, effectiveness of quality assurance systems and practice and outcome achieved by learners.

4. STATEMENT

4.1 Institutional Quality Assurance

An annual report will be prepared by the Quality Manager which identifies areas for improvement arising from self-review and a plan to address those areas, confirms compliance against the Act, NZQA rules and The Code., and describes practice on specific themes or areas set out in NZQA annual schedule. This annual schedule will be approved by the SLT. Any evaluators must be trained, have experience and if auditing, hold a relevant auditors certificate. Any work-based training must also be reviewed for effectiveness of arrangements of support, assessment, resources and verification moderation activities.

4.2 The PTE will carry out Quality Assurance Reviews regularly to identify opportunities for improvement and monitor performance. This may be used as evidence of performance against: compliance, consistency, progress, self-assessment capability, improvement progression or review. See Subcontracted Agreement.

4.3 Evidence that must be collected, analysed and evaluated by providers includes:

- Student feedback (at least quarterly in frequency)
- Destination or Employer feedback (at least every two years)
- Feedback from external moderation outcomes
- Student outcomes (training results)
- Peer observations (at least annual for each tutor/teacher)
- Minutes of meetings (stakeholder, advisory, staff, planning)
- Professional development events and progress (tutor/teacher).

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4.4 All relevant parties must provide feedback or participate in and record progress on improvement plans from previous reports when requested. Parties will be notified and participation is compulsory.

4.5 Requests for unscheduled institutional evaluations or reviews will be managed by the Quality Manager.

4.6 **Reviews**

All courses or programmes of study will be reviewed within the first year of delivery and then every alternate year unless there have been significant quality issues or changes to the qualification. See also Programme Design and Development.

4.7 **The Code**

Annually there will be a review against the strategic goals against the Code, and this will be published on the website.

4.8 Any disagreements concerning the self-review activity or process or findings will be referred to the SLT.

4.9 An annual schedule may be prepared for the following year and is approved by the Quality Manager. It will be informed by quality issues and evidence collected throughout the year.

4.10 Annual schedule will include:

- Annual moderation
- Internal audits
- Course/programme reviews
- Focused evaluations
- QA reviews (external body requirements)
- Peer observations
- Review against Code – update goals and reviews on website

5. FLOW DIAGRAM

Not applicable

6 RELATED FORMS AND GUIDANCE DOCUMENTS

See record management section. Oops and feedback forms. Advisory Terms of Reference.

Internal Audit Section 3.3

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7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Self-assessment schedule	Quality Manager	Quality	Annual
Improvement plans	Relevant Manager	Quality	Four years

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document	January 2025
02	Update due to NZQA rule changes – no EER	January 2026

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3.3 INTERNAL AUDITING			
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1. GOAL

- 1.1 The internal audit process supports self-assessment by providing information and data on operational quality processes within the PTE.
- 1.2 Internal audit aims to:
- Identify systems weaknesses
 - Identify potential and actual risks
 - Facilitate immediate and long-term corrective actions
 - Identify best practice
 - Ensure compliance with statutory and regulatory requirements
 - Verify processes and evidence of quality
 - Promote awareness of quality processes
 - Provide valid feedback to management on quality and compliance

2. APPLICATION

- 2.1 This applies to all activities within the PTE

3. DEFINITIONS

Abbreviations and definitions (

Improvement Notes Audit findings that require mandatory correction action within agreed timeframes. Improvement notes will be graded either High Risk or Low Risk.

High Risk Risk to student learning or risk to quality of course

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Low Risk	Minor risk to student learning or to quality of course
Recommendations	Corrective action that is not mandatory but will need a response as to why recommendations are not actioned.

4. STATEMENT

- 4.1 An annual audit schedule will be prepared by the Quality Manager. This may be part of the self-assessment schedule or may differ.
- Considerations when preparing this schedule are:
- Risk
 - Timing of activities
 - Performance issues
 - Previous audit findings
 - Significant change
 - New personnel
 - External body requirements
- Approaches may be:
- By course or programme
 - By activity
 - By approval body
- 4.2 Requests for unscheduled audits will be considered through the Quality Manager.
- 4.3 Lead auditors will have completed auditor training and will be independent from the area being audited. An auditor must not audit their own work/have a conflicting interest.
- 4.4 Audits will be against specific standards, policies, regulations, rules and may be conducted on-site, or as a document only audit.
- 4.5 Audit actions will inform evaluation reports.
- 4.6 Corrective actions and timelines for improvement notes will be agreed to between the lead auditor and relevant manager. For any High Risk audit, teams should attempt to use root cause analysis tools such as 5 whys before setting corrective actions.
- 4.7 Any disagreements regarding the audit process or findings should be referred to the SLT.

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4.8 Manager of the area audited is responsible for ensuring that corrective actions are carried out effectively and within agreed timelines.

4.9 Audit trends will be evaluated and reported as part of self-assessment reports.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

See records management.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Internal audit schedule	Quality Manager	Quality	Indefinitely
Audit report, improvement notes, action plans	Quality Manager	Quality	Indefinitely

8. OPERATIONAL RESPONSIBILITY

8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

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01	New document.	January 2025

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4.1 PERSONNEL QUALIFICATIONS

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02	1 December 2026	1 January 2031	

1. GOAL

- 1.1 To ensure that the PTE maintains a high level of expertise and academic credibility.
- 1.2 To comply with the NZQA requirements and industry standards which require all staff to hold a qualification at least one level higher than that being taught and meets Consent and Moderation Requirements.
- 1.3 To ensure that students have access to high quality teaching and learning that meets their needs.
- 1.4 To ensure non training staff are competent to fulfil roles in support of training.

2. APPLICATION

- 2.1 This applies to all activities within the PTE.

3. DEFINITIONS

Abbreviations and definitions

4. STATEMENT

- 4.1 The PTE will have in place recruitment, selection, appraisal and performance, and Human Resources policies to manage the requirements of legislation including ensuring staff are suitable for appointment. Employment contracts must contain clauses on Intellectual Property and Personal Grievance.
- 4.2 All staff must be legally able to work in New Zealand.
- 4.3 Job descriptions and employment contracts for teaching staff must align with this document.
- 4.4 A job description and accountabilities must be in place for all positions, and this will form the basis of performance appraisal objectives and review.
- 4.5 Teaching staff must hold a qualification or industry experience or recognised life skills at least one level higher than the programmes that they teach and/or assess.

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- 4.6 Any teaching staff (whether permanent or temporary or contractors, part-time or full-time) who do not have a qualification one level above which they teach will need the written approval of the SLT. This written approval will require the staff member to be actively engaged in professional development.
- 4.7 On appointment, a copy of the successful candidates CV plus copies of qualifications will be provided to the PTE and held on file. For those staff under clause 4.6 who are in development, a copy of their certification when gained will be placed on file.
- 4.8 All staff starting a new role shall be provided an appropriate induction, which includes orientation to course requirements, QMS and delivery expectations.
- 4.9 All teaching staff must be suitably qualified to teach at the time of appointment or be working towards an Adult Education qualification or equivalent. Enrolment must occur within the first year of appointment with completion within two years. For any staff teaching or assessing achievement standards, they must already hold a teaching qualification before they can teach or assess.
- 4.10 No teaching staff member can independently teach and assess student work unless they hold:
- Minimum of Unit Standard 4098 or equivalent (if assessing standards) and/or adult teaching experience/training
 - the relevant standards or qualifications as required by the relevant Standard Setting Body (or NZQA)
 - Clean independent police check (SLT discretion)
 - Experience relevant to the subjects being taught
 - For achievement standards, staff must have already successfully completed an appropriate teaching qualification
 - If teaching at degree level, must engage in research.
- 4.11 Underperforming staff will be subject by their employer to performance management processes.
- 4.12 It is the intention that all teaching staff (and tutors) will undertake at least one Peer Observation annually by a competent reviewer. A competent peer observer is either another instructor who is a subject matter expert and/or an educational expert. Under certain circumstances (i.e Pandemic) a risk assessment process can be used to deviate from this requirement with priority on new tutors. An action plan is developed where gaps are identified in skills or knowledge.
- 4.13 A Professional Development Plan for teaching staff will be prepared annually. This Plan will be informed by peer observations, student feedback and

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evaluations, and educational performance. The PTE may direct some professional development activities.

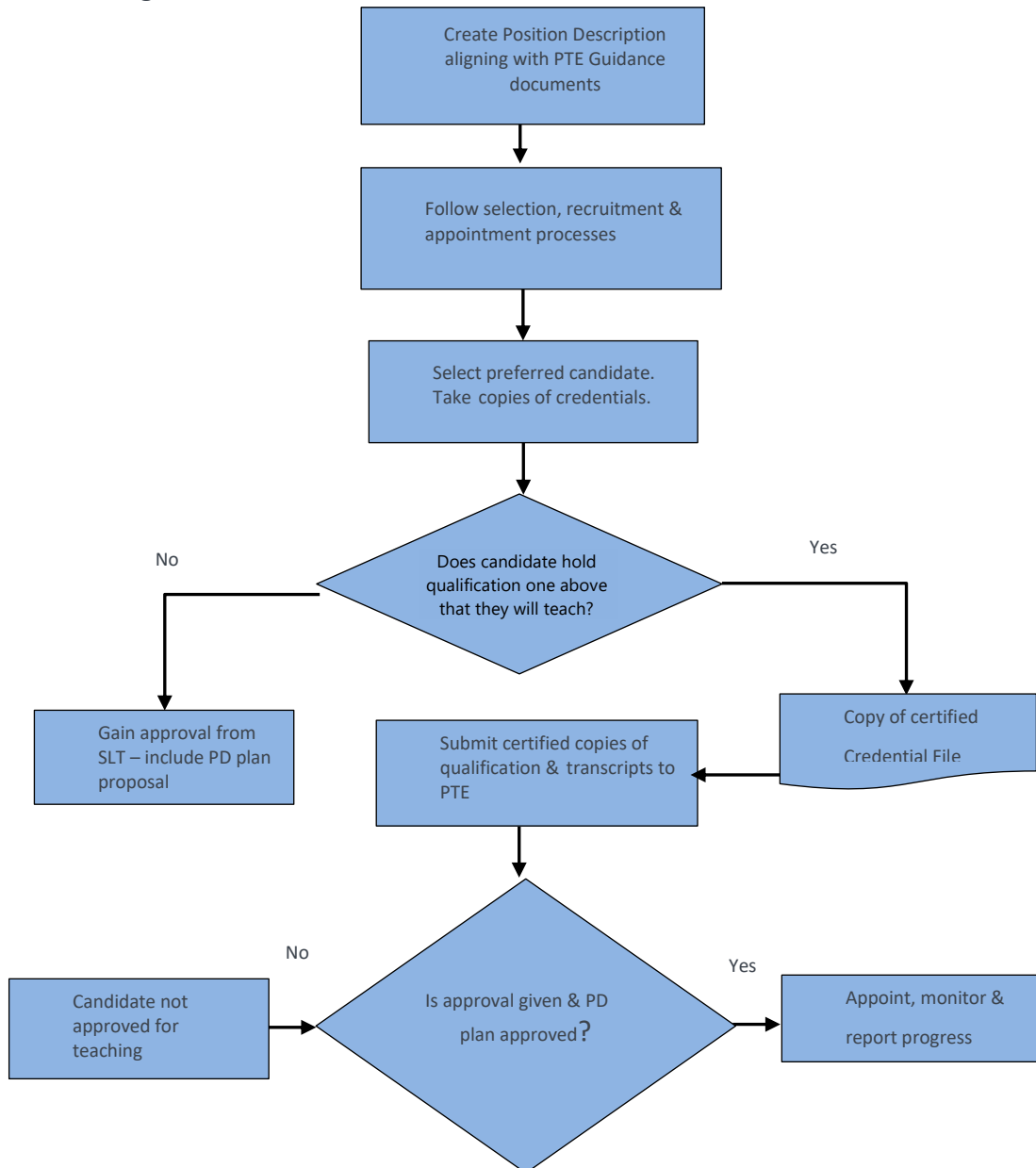
- 4.14 The SLT may offer whole of organisation professional development. This will be offered based on:
- Changes in legislation
 - Technical developments
 - New strategic directions
 - Compliance or self-assessment requirements
 - Continuing Professional Development (CPD)
 - Treaty of Waitangi obligations (see 1.2 Educational Equal Opportunities)
- 4.15 Staff will have their profiles updated annually and this will include additional qualifications gained or professional development opportunities.
- 4.16 Staff undergoing on the job training are supervised until completion and competency demonstrated.
- 4.17 All staff are required to meet standards of personal presentation when representing *Let's Go* including the wearing of *Let's Go* branded clothing when requested by management.
- 4.18 Assessors will attend assessor and moderation workshops or forums where it is a requirement for their assessor registration.
- 4.19 Teaching staff are required to maintain current knowledge of H&S legislation and industry best practice in the subject areas they are delivering.
- 4.20 Training staff may be required to have a current first aid certificate or have received first aid training.
- 4.21 For those delivering online (or designing online) they must have experience in online pedagogy and/or qualifications.
- 4.22 All staff will be familiar with The Code, and will have training to support all students.

5. FLOW DIAGRAM

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Initial Stages of Recruitment



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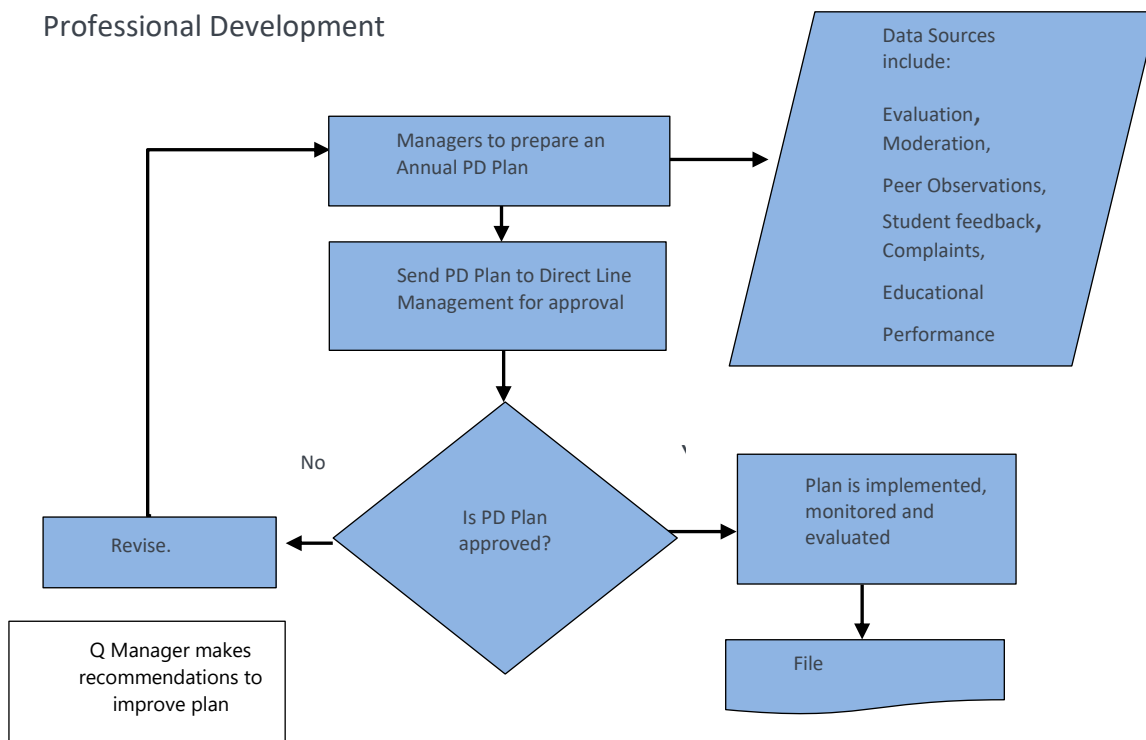
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Professional Development



6. RELATED FORMS AND GUIDANCE DOCUMENTS

Refer to HR handbook and record management section

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Qualification/training certification evidence	Relevant Manager	HR records	10 years
Professional development plan	Relevant Manager	Server	Duration of employment
Staff profile	Relevant Manager	Server	Duration of employment

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8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025
02	Changes to meet CMR requirements regarding achievement standards	January 2026

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5.1 STUDENT RECORDS

Version	Date Effective	Due for Review	Page 1 of 3
01	1 January 2026	1 January 2030	

1. GOAL

- 1.1 To ensure that adequate academic records are maintained.
- 1.2 To provide information to inform self-assessment.
- 1.3 To manage NZQA PTE Academic and Enrolment Rules, PTE Academic Records Rules and TEC Student Record Conditions.

2. APPLICATION

- 2.1 This applies to all learners enrolled in courses with the PTE.

3. DEFINITIONS

Abbreviations and definitions

Enrolment	Formally enlisting to participate in a course(s)
Learner file	A student record file that collates all relevant evidence regarding student enrolment and progress. A learner file may be physical or electronic or a combination.
APL	Assessment of prior learning (see Assessment policy)
RPL	Recognition of prior learning (see Assessment policy)
Archived	After student leaves or has not had training with the PTE for over two months their file may be archived. This must be fully retrievable and retained as per record management section.
SMS	Student management system – learner profile, results and records (may also be learner file)

4. STATEMENT

- 4.1 Pre enrolment email will follow a set template and this pre-enrolment material includes links to Student Handbook.

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Evidence of entry criteria being met will be filed on the student record. Evidence of the student's identity will be sighted and details recorded in the student management system.

- 4.2 Evidence of APL or RPL will be filed on the student record.
- 4.3 Consultation processes to advise on programme enrolment will be recorded on learner file.
- 4.4 All accepted enrolments will be sent an acceptance letter with all information required. Any enrolments declined will be given alternative options. When enrolling there must be evidence that the student is able to complete the course they have enrolled in (met entry criteria as per approved Programme Document).
- 4.5 The Senior Leadership Team has authority to refuse entry or cancel enrolment of a person who is not of good character, is guilty of misconduct or breach of code of conduct, is enrolled in another institution or has made insufficient progress after a reasonable trial period.

4.4 Achievement

For students who have not achieved, feedback is provided and will be filed on learner file.

- 4.5 Learner attendance records and assessment evidence must be kept and stored centrally.
- 4.6 Medical certificates or disciplinary processes must be documented and filed in learner file.
- 4.7 Literacy and numeracy testing and progression (if relevant) will be also be held in the learner file. Any course Level 1 to 3 will have embedded literacy and numeracy. Any qualification Level 1 to 3 will use TEC literacy tool.

Eligibility to graduate

This will be documented in Programme Document (approved by NZQA). Completion must be registered in SMS and NZQA notified.

4.8 Files

Learner files can be archived, but must be accessible and retrievable. Hard-copied assessment items can be archived onsite for no less than 12 months from the date of completion/withdrawal, and then off-site (if required) for a further 3 calendar years.

- 4.9 All data entered must be accurate. Learner name, address, contact details, NSI, nationality, programme enrolment and completion dates, entry criteria evidence, financial detail will be kept for at least two (2) years after completion. Learner assessment details including name of student date of achievement and

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outcome (including any cross-credits, transfers, RPL and all evidence) and qualifications/awards are kept as a permanent record and are retrievable. Records of attendance must be kept for the duration of enrolment.

- 4.10 Only authorised staff access electronic (password protected) or hard copy learner records (manager approval required). Backup of records of 4.9 must be accessible in event of PTE closure or emergency.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

Enrolment Form. Administration Handbook. Acceptance or decline letter.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Learner files	Manager	Archive container	1 year after completion. Archived for 3 years further
Learner assessment results	Tutors and manager	SMS	Indefinitely

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025

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5.2 STUDENT INFORMATION, ADMISSION AND ENROLMENT

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01	1 January 2026	1 January 2031	

1. GOAL

- 1.1 To ensure that prospective students receive timely, accurate and up-to-date information, advice and support that will assist them to choose programmes or courses best suited to their needs.
- 1.2 To provide an effective admission process for applicants that meet specified entry criteria.
- 1.3 If funded by TEC, to minimise the risks of having to return funding due to lack of sufficient progress or completion rates.

2 APPLICATION

- 2.1 This policy and procedure applies to all prospective students, programmes, micro-credentials and courses offered by the PTE.

3 DEFINITIONS

Abbreviations and definitions

Contractor	Other organisations delivering programmes or courses under sub-contracted agreement
Student Handbook	A document that outlines information that is required to be relayed to the student
Trial enrolment period	Where a student can engage in class, before making the decision to formally enrol – up to 10% of a duration of a programme
Formal withdrawal	Where the student elects to formally discontinue their programme of study with the PTE
Informal withdrawal	Where the student has been concurrently been absent for 10 working days with no explanation in a programme, or does not turn up for day training course.

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4. STATEMENT

- 4.1 The PTE will provide timely, accurate and up-to-date information that will assist students to make informed decisions when choosing their education pathway or training needs.
- 4.2 The PTE will have task instructions in place to ensure that all enrolment requirements such as documentation and fee payment are met prior to students starting their course or programme of study.
- 4.3 All parties are responsible for providing information to prospective students in a timely manner, such as within one working day of the enquiry.
- 4.4 Applicants who do not meet the entry criteria of the programme or course applied for will be provided with advice for alternative education pathways. For funded programmes/training schemes/micro-credentials, eligibility for enrolment must be confirmed.
- 4.5 All accepted enrolments will be sent an acceptance letter, and any other additional material required.
- 4.6 Students will provide evidence of identity and legal name (photo identification). All students attending a course must be registered.
- 4.7 The SLT has authority to refuse entry or to cancel the enrolment of a person on the grounds that:
- The person is not of good character
 - The person has been guilty of misconduct or a breach of discipline
 - the person has made insufficient progress in their study after a reasonable trial period or in other courses
- 4.8 **Student Handbook**
- Students will be advised via a Student Handbook the following:
- How to make a complaint or appeal
 - How to complain to NZQA
 - How to progress a dispute
 - How to voice a concern
 - Values of the organisation

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- Code of conduct
- Who to go to for what
- How the obligations under the Treaty of Waitangi are met
- How students will learn
- Health and Safety and risk management
- How to access support
- Rules and requirements
- Student fee protection
- How to access policies, procedures and management system documents
- Responsive wellbeing and safety systems (how we keep you safe)

4.9 **Ability to Progress**

The PTE must ensure that students are capable of completing the courses that they are enrolled into.

4.10 **Eligibility for Certification**

Where students have already achieved elsewhere (see Policy Assessment on Recognition of Prior Learning) the correct grade must be entered into the Student Management System.

4.11 Tutors/managers must audit the student's academic record against the requirements of an approved course to ensure that the certification can be awarded, and this will be recorded in the Student Management System as a Completion.

4.12 **Withdrawal**

If students disengage/withdrawal/are absent from their course the entitlement to a refund is subject to *Let's Go* Terms and Conditions.

- For courses of two days or less the refund is as per Terms and Conditions.
- For course of more than two days but under five weeks a student can withdraw up until the end of day 5 and receive 75% of fees paid. After this, refund is as per Terms and Conditions.

For NZQA approved Micro-credentials or Programmes, student withdraw and refund rules apply:

- For any course more than 3 months in duration a student can withdrawal up to the end of day 8 and receive a full refund less administration costs

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as per Terms and Conditions. After this date, refund is as per Terms and Conditions.

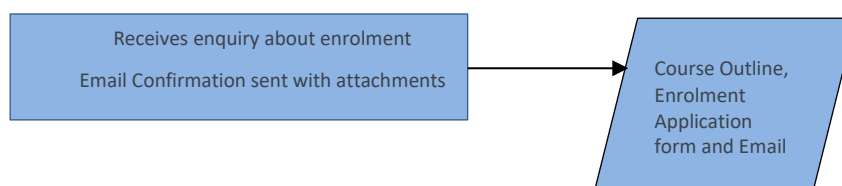
- Students requesting a refund must formally withdrawal in writing.
- For online, the date of withdrawal will be when formal writing of withdrawal is received.
- When withdrawing after commencement but before they have paid fees, the refund will be deducted from the fees outstanding.
- For any student who has not turned up or logged in, PTE must not claim TEC funding. The student must be withdrawn. PTE can withdraw any student not progressing as expected or not engaging. The student will be notified in writing before this occurs.
- No student can be withdrawn past the course or programme end date or where final assessment has taken place.
- Transfers between programmes can occur providing it is possible to be successful. This is at the Quality Managers discretion.
- Students may dispute refund decision in writing within one month.
- In exceptional circumstances SLT may decide to refund student (compassionate grounds). This needs to be documented and supported by evidence.

4.13 Refund entitlements are noted in terms and conditions that are approved by the SLT. Prospective students will receive links to T&C online via a confirmation email.

4.14 Students must agree to meet *Let's Go* principles of student conduct and requirements as detailed on the enrolment form.

5. FLOW DIAGRAM

Enquiries



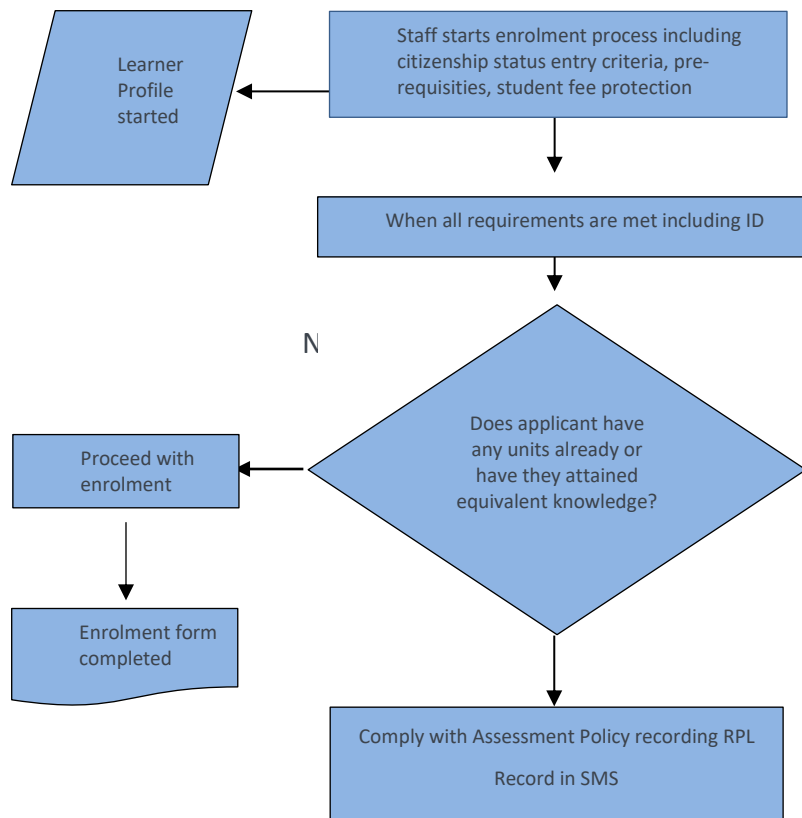
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Enrolment



6. RELATED FORMS AND GUIDANCE DOCUMENTS

As per record management. Administration Handbook. Enrolment Form. Acceptance Letters.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Enrolment form	Managers	Course pack	Four years
Assessment results	Managers	SMS	Indefinitely

8. OPERATIONAL RESPONSIBILITY

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8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

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01	New document.	January 2025

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6.1 COMPLAINTS			
Version 02	Date Effective 1 January 2026	Due for Review 1 January 2029	Page 1 of 4

1. GOAL

- 1.1 To enable a process that is based on the principles of accessibility, independence and fairness (tuia kia orite)
- 1.2 To provide a process where complaints are resolved as quickly as possible, whilst protecting the rights of complainants and PTE staff and students
- 1.3 To provide protection for all parties so that those involved are not subject to harassment, retaliation or victimization.
- 1.4 To develop a holistic approach focusing on people (ngā tangata), and the upholding of mana (of the people and the organization). *Take* being about identifying the wrongdoing, *utu* about settlement, and *ea* – returning t the state of balance that existed before the wrongdoing.

2. APPLICATION

- 2.1 This applies to all staff and students associated with PTE programmes and courses, contractors, and members of the general public.
- 2.2 This should be read in conjunction with the Code of Conduct.

3. DEFINITIONS

Abbreviations and definitions

Complaint	Notification of any issue that requires investigation, action, and a response. Records of all complaints must be maintained. <i>Ngā amuama.</i>
High Risk	Any issues that constitute high risk to the students or other stakeholders including government agencies
Low Risk	Issues that constitute low risk to students or stakeholders – generally system improvements
Issues of concern	Issues that the potential to impair a student’s experience or expose the PTE to risk. <i>Ngā awangawanga.</i>

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Serious risk	Issues involving violence, abuse, cultural safety, unsafe work practice, disclosure of private or confidential information, misrepresentation of the PTE for personal gain, theft, possession of or under the influence of non- prescription drugs or alcohol.
Whistleblowers	Report or disclosure of serious wrongdoing as defined by the Protected Disclosure (Protection of Whistleblowers) Act 2022

4. STATEMENT

- 4.1 A formal complaint must be lodged in writing or face-to-face (*korero kanohi kie te kanohi*) with the Quality Manager or the SLT.
- 4.2 Issues of concern can be either in writing or vocalised to a member of PTE staff or contractor. This should be recorded.
- 4.3 PTE staff or contractor may use their discretion to escalate an issue of concern to a formal complaint. A formal complaint can be made on behalf of others.
- 4.4 When a formal complaint is received, the Quality Manager or SLT will grade according to risk (high or low risk). This will be recorded in writing. They will then assign relevant personnel to investigate and assign an appropriate timeframe (within 5 days for high risk and 10 days for low risk), following the principles of independence.
- 4.5 If a complaint is about a staff member, he or she is entitled to have details of the complaint. Under normal circumstances for reasons of natural justice, the staff member should be aware of their accuser. If there are extenuating circumstances that may place the complainant at risk, then the complaint may remain anonymous.
- 4.6 Staff members reporting serious wrongdoing under the Protected Disclosures Act must remain anonymous. All care must be taken to investigate without revealing the identity of the whistleblower unless exemptions indicated in the Act apply.
- 4.7 PTE may not proceed with investigating a complaint if it is hearsay (no evidence), or anonymous, or if no information is provided or is made more than ninety days after the incident that the complaint is about.
- 4.8 A support person may accompany the complainant or the respondent at any stage of the procedure. This support person will be selected by them.
- 4.9 Any person who feels that the process is unfair may appeal to the SLT within three weeks of being notified of the outcome of the investigation.
- 4.10 Complaints about the SLT will be made to the governor(s).

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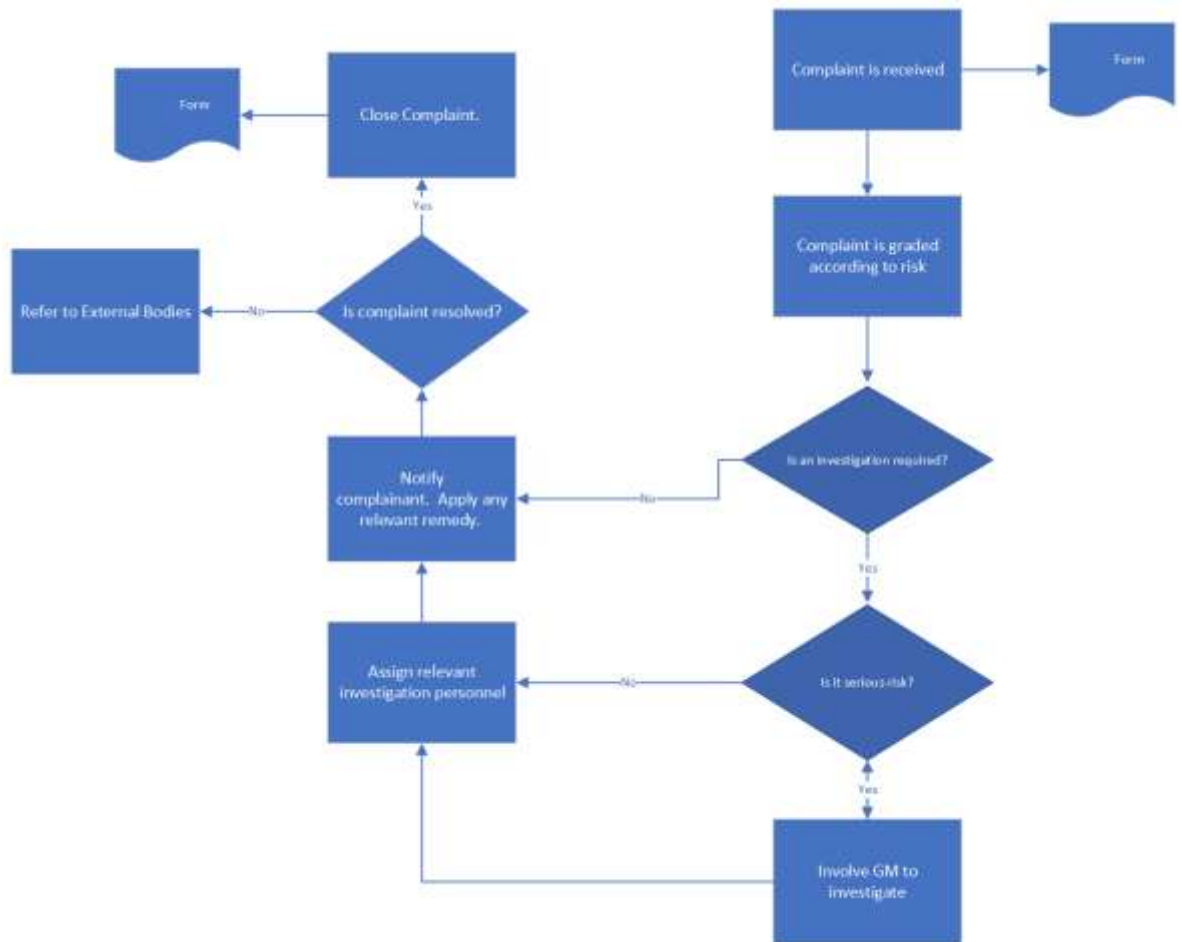


- 4.11 Any complaints that may have financial implications (insurance liability) must be notified to the SLT.
- 4.12 Final outcomes of any investigation will be communicated back to the relevant parties in writing or through a face-to-face meeting (*korero kanohi kie te kanohi*) within a reasonable time frame (within 2 days of outcome see 4.4 unless extenuating circumstances). Follow flow chart Section 5.
- 4.13 General outcomes should become part of self-assessment activities (without breaching confidentiality) for continuous improvement purposes. This will be an agenda item at SLT meetings.
- 4.14 Employees and students are to be made aware of this document; and other avenues for complaints. If a complaint remains unresolved, they are to be provided with details of external bodies. Contact details for NZQA are to be made available in the Student Handbook along with tips for resolving complaints.
- 4.15 Outcomes of complaints or dispute resolutions will be made available to students as per Code on our website (no individuals or companies will be identified).
- 4.16 If a learner follows this process but is not satisfied with the outcome, they can inform NZQA or other external bodies that are relevant. Details of these will be in Student Handbook. If a learner has an issue with NZQA they must follow their process as per website.

5. FLOW DIAGRAM

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6. RELATED FORMS AND GUIDANCE DOCUMENTS

Record management. Oops form. Feedback form.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Improvements Register	Quality	Quality	Two years past close off
Issues of concern	Quality	Quality	Add to improvement register
Serious complaints	SLT	Quality	Indefinitely

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8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025
02	Revision after cultural review – addition of 1.4 and inclusion of te reo and update due to NZQA changes regarding complaints	January 2026

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6.2 DISCIPLINE AND APPEALS			
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01	1 January 2025	1 January 2030	

1. GOAL

- 1.1 To provide students with an appropriate independent procedure to appeal against a decision that relates to either an academic or an operational matter.
- 1.2 To provide students with a transparent discipline process as a response to breaches in the Code of Conduct.

2. APPLICATION

- 2.1 This policy and procedure applies to all activities within the PTE.
- 2.2 Appeals against disciplinary decisions will be forwarded to the Quality Manager who may refer it to the SLT.

3. DEFINITIONS

Abbreviations and definitions

Independent	Not involved with the academic decision being appealed
Code of Conduct	Staff and Student behaviour guidelines
Discipline	Responses to Rule or Code of Conduct breaches
Duty of Care	Prioritising the welfare of all parties in the decision-making
Serious Breach	Assault, theft, vandalism, bullying, racism, harassment, illegal drug-use or distribution, threats to safety of others.
Academic Breaches	Refer 7.2 Assessment

4. STATEMENT

Appeals Process

- 4.1 Ensure that systems are in place to enable students to appeal against decisions.
- 4.2 Students are to be provided information on the appeals process.

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- 4.3 Staff and students must make a genuine effort to resolve issues internally first. Students must raise their concerns with their tutor/trainer or Quality Manager within seven days of receiving a decision (academic result or disciplinary process outcome).
- 4.4 An appeal based solely on the student's lack of appreciation of the assessment requirements, regulations, or policy is not grounds for an appeal.
- 4.5 An appeal based solely on disagreement over the exercise of academic judgement is not in itself, grounds for appeal.
- 4.6 Students may appeal against decisions made in regard to the disciplinary process as it relates to the Code of Conduct.
- 4.7 Appeals against alleged unfair treatment by staff must be raised through QMS document 6.1 Student Complaints.
- 4.8 Appeals relating to academic issues will be taken to the SLT. The SLTs decision is final.
- 4.9 Appeals relating to discipline decisions will be taken to the SLT.
- 4.10 Students may appeal against SLT decisions through the NZQA complaints process, and/or the Tertiary Ombudsman. A dispute resolution scheme to resolve financial and contractual disputes is available from Tertiary Education Dispute Resolution website at <https://www.studycomplaints.org.nz/>

Breach of Code of Conduct

- 4.11 Students and staff are to be provided information on the Code of Conduct and disciplinary process. Any class rules or examination processes must be explained during orientation.
- 4.12 **Disciplinary Process**
The disciplinary process must be enacted in the spirit of Duty of Care to all parties. This includes having the right to support and independent advice. Confidentiality must be maintained.
- 4.13 If, after investigation, a minor breach against Code of Conduct, Rules, or Policy has been identified, students and staff will receive a verbal warning.
- 4.14 If the person commits a second breach, a written warning is issued that will outline the consequences of a further breach (which may include withdrawal from PTE, removal from class for a stated period). For staff, this may involve a HR process.
- 4.15 For issues that involve a threat to the safety of others, or a serious breach of legislation, students may be removed from class immediately while an investigation occurs.

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- 4.16 For issues that are a serious the investigation must include the SLT. If the breach involves threats to personal safety, or involves the breach of the law, the Police must be informed. An outcome for a serious breach may include immediate removal from the PTE.
- 4.17 Students are notified in writing of any decision relating to discipline relating to breach of the Student Code of Conduct within 2 days of decision being made by SLT (after investigation) including their right to appeal.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

As per record management. Administration Handbook.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Application for appeal	Quality Manager	SMS	Indefinitely
SLT decision letter	General Manager	SMS	Indefinitely

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025

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7.1 PROGRAMME DESIGN AND DEVELOPMENT

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03	1 January 2026	1 January 2031	

1. GOAL

- 1.1 To ensure that all requirements and documentation for new and revised courses are approved through internal quality processes.
- 1.2 To ensure that courses meet the requirements of internal and external stakeholders and approval and accreditation agencies.

2. APPLICATION

- 2.1 This applies to all courses offered by PTE and includes procedures to develop learning programmes/courses/packages.

3. DEFINITIONS

Abbreviations and definitions

Accreditation (NZQF)	New Zealand Qualifications Framework (NZQF) accreditation certifies education organisations to assess unit or achievement standards and award credits for them from the New Zealand Qualifications Framework.
Consent to assess	Consent to assess certifies education organisations to assess unit or achievement standards and award credit for them.
CMR	Consent and Moderation Requirements outline the expectations and rules associated with standards.
Education Act	This includes all subordinate regulations, rules, policies, guidelines and procedures made under or with the authority of that Act and subsequent amendments.
ISB	Industry Skill Boards replaced Workforce Development Councils (WDC) which replaced Training Organisations (ITO). They are established by particular industries and are responsible for setting national skill standards for their industry among other responsibilities.

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NZQA	New Zealand Qualifications Authority established under Education Act.
Programmes	A programme is a coherent arrangement of learning or training that is based on clearly linked aims, outcomes, content, and assessment practices leading to qualification(s) listed on the NZQF.
Course	A cohesive, achievable package of learning that progresses the learner in a particular subject (i.e. a module of learning). Many courses make up a programme of study.
Micro-credential	Certifies achievement of a coherent set of skills and knowledge supported by strong evidence from industry/community. Needs NZQA approval and must meet NZQA Rules.
Programme Change	NZQA states that there are three types of programme change. Minor changes are often referred to as type 1 changes one or more changes to components of an approved programme which do not impact on the programme as a whole.. A component means the courses, papers, modules or assessment standards that make up the programme leading to the qualification. Major changes on the other hand, are often referred to as type 2 changes, and are one or more changes to components of an approved programme which do have an impact on the programme as a whole. Finally, technical changes relate to editorial and formatting alterations.
Standard Setting Bodies	Standard-setting bodies are responsible for the quality and credibility of standards submitted to NZQA for registration on the NZQCF. They work with industry partners, professional groups and other clients to develop useful and relevant standards and qualifications that are nationally recognised. SSBs include WDCs, the Ministry of Education and NZQA.

4. STATEMENT

- 4.1 All new course requests must include the support of the SLT using the PTE template for a business case (or tender document) or through strategic planning.
- 4.2 Changes to current courses is subject to the approval of the Quality Manager. This includes technical changes. Before carrying out any changes

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to an approve programme, NZQA must first be notified and may involve the ISB.

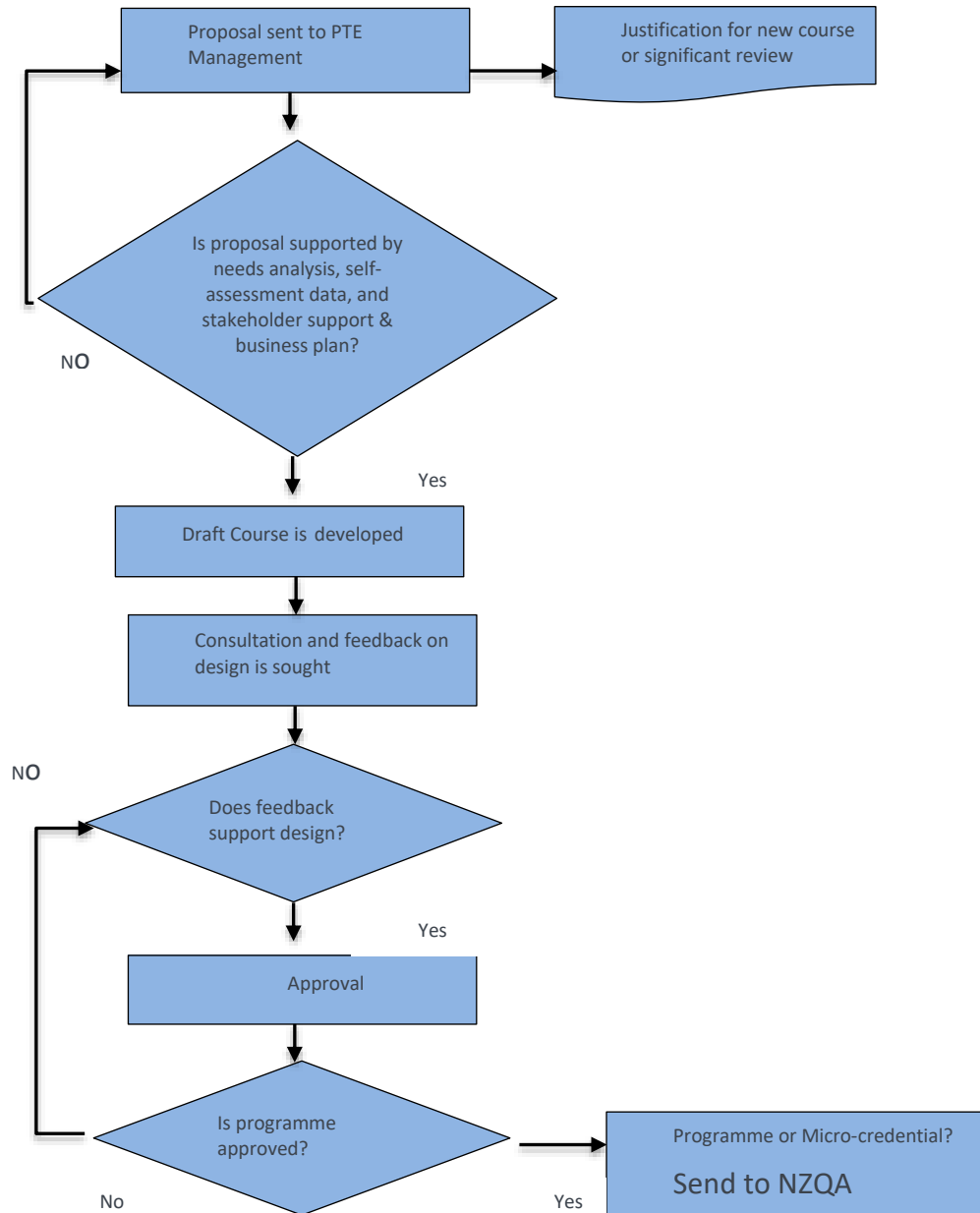
- 4.3 As part of the development process, all courses/programmes/microcredentials prior to being submitted to NZQA for approval, must provide evidence of being able to meet the relevant standard-setting body and consent and moderation requirements.
- 4.4 All courses must meet the standards set by NZQA (including mapping to GPOs) and other relevant external body prior to delivery (i.e. ISB).
- 4.5 The deadline for programmes/micro-credentials to be submitted to NZQA for approval and accreditation is the first Monday in October of every year. This should already have relevant ISB.
- 4.6 Programmes will be designed and developed by the Quality Manager or delegate with consultation with external and internal stakeholders.
- 4.7 All new courses and changes to existing courses must be approved by the Quality Manager prior to submission to NZQA.
- 4.8 Technical changes can be approved by Quality Manager or delegate.
- 4.9 The PTE must demonstrate adequate staffing, resources and facilities and equipment to deliver courses.
- 4.10 The PTE will provide the necessary assessment and moderation capability capacity associated with the delivery of courses. The Quality Manager or person responsible for preparing external moderation material for submission must be competent in moderation practice as demonstrated through holding Unit Standard 11551 Moderate Assessment or able to demonstrate equivalent knowledge and skill.
- 4.11 All courses will comply with funding conditions and requirements.
- 4.12 Courses will attempt to incorporate opportunities for bicultural focus.
- 4.13 Courses will be aligned with PTE Academic Strategy or framework and organisational values and any graduate profile. Course design will ensure learning opportunities enable students to achieve the outcomes of the course (refer 4.2 of Operating Document 7.2).
- 4.14 Courses will be supported by sound stakeholder consultation.
- 4.15 All courses will be subject to regular review to ensure that they align with the outcomes and versions, updated versions of units, and stakeholder feedback.
- 4.16 All aspects of course design and delivery must prioritise the needs of the learners above other criteria e.g. facilities, human resources etc.

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5. FLOW DIAGRAM

New Course Development



6. RELATED FORMS AND GUIDANCE DOCUMENTS

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Programme Documents will follow template to ensure all requirements are met.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
Proposal to develop	SLT	QA office	For life of course
Programme/MC Document	Quality	QA office	For life of course
Alteration record	Quality Advisor	QA office	For life of course
Approval form	Quality Advisor	QA office	For life of course

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document	January 2025
02	Updated definitions of Type 1 and 2 changes and process with NZQA	January 2026
03	Added in requirement for moderation expertise 4.10	January 2026

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7.2 ASSESSMENT			
Version 02	Date Effective 1 January 2026	Due for Review 1 January 2030	Page 1 of 5

1. GOAL

- 1.1 To provide a framework for student learning that is based on reliable and valid assessment methods that evaluate students' performance against specified learning outcomes that reflect the level of difficulty and course content.
- 1.2 To ensure that assessment is consistent with level, credits, content, and achievement criteria of the learning outcomes.
- 1.3 To manage recognition and assessment of prior learning.
- 1.4 To maintain registration with NZQA as per requirements of the Education Act and comply with NZQA Assessment Rules 2025 and Consent to Assess Rules.

2. APPLICATION

- 2.1 This applies to all assessment activities.

3. DEFINITIONS

Abbreviations and definitions

Achievement based Assessment	As assessment activity that measures the student's performance against a pre-determined set of grade-related criteria.
AI	Artificial intelligence
Assessment	Measurement, analysis and recording of a students' attainment of a specified set of knowledge, skills, attitudes and outcomes integral to the subject or skill being taught.
Competency based Assessment	An assessment activity that measures the learner's performance against specified competent/non-competent criterion.
Directory of Standards (DAS)	The DAS lists all quality assured unit and achievement standards.

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Local assessment	Assessment tasks that are not from the Directory of Standards.
Summative	As assessment activity that tests the students' learning and leads to an academic result. It is usually a structured activity that takes place at the end of the block of learning.
Formative	An assessment activity that guides the student in relation to their progress in their learning. Principally used to provide the learner with feedback and assist the teaching staff with forming a view of the student's progress.
Reassessment	A further assessment granted to a student that has failed to pass a controlled assessment (that is, completed under supervision and in a set time, i.e. test or examination).
Resubmission	A further submission of an assessment task by a student who has failed an uncontrolled assessment task (that is, an assignment, project or written task). A resubmission can be offered when the student could achieve a grade if they correct errors or omissions in their work in a short period of time.
Extension	A further period of time provided to a student who had not completed their assessment work by the due date. This has to be agreed to in advance of the original due date.
Recognition of Prior Learning	The practice of recognising credit towards certification or qualification and determining the suitability of the evidence.
Minor clarification	Where a student is provided an opportunity to clarify their assessment response.

4. STATEMENT

- 4.1 Any exceptions to this policy have to be defined in specific regulations and documentation.
- 4.2 Course design is undertaken to ensure learning opportunities enable students to achieve the outcomes of the course using constructive alignment this includes taking into account level, duration, pre requisites, entry criteria and external body standards.
- 4.3 It is expected that teaching/delivery will follow all approved course curriculum documents including session or teaching plans.

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- 4.4 Assessment material must undergo moderation prior to students undertaking the assessment. Moderation will be undertaken as per operational task instruction.
- 4.5 Students will be informed of assessment requirements including deadlines for assessed work, activities, the range of grades available, at the commencement of their course. Students are required to declare a declaration that written assessment tasks are their own work.
- 4.6 Under normal circumstances, assessment results will be returned within 10 days after the due date providing it was submitted on time.
- 4.7 All assessment materials will be kept for a minimum of 12 months.
- 4.8 Where a student has justifiable reasons (such as a medical condition) and cannot undertake an assessment under the prescribed conditions, the Quality Manager may approve comparable but alternative conditions if relevant.
- 4.9 Assessors are required to bring to the attention of the Quality Manager any possible academic honesty breaches, which include:
- Any student trying to pass themselves off as being another student.
 - Submitting an assignment written entirely or in part by another person (e.g. collusion).
 - Any assistance given by a current student to be dishonest/fraudulent with an assessment.
 - Any misrepresentation in relation to academic achievement or records.
 - Cheating in any examination/test.
 - Use of AI-generated content without proper disclosure or is contrary to the assessment instructions specified
 - Any student offering inducements to a trainer to pass the student/provide answers.
 - Student presenting the work of others as their own without providing appropriate attribution/reference (i.e. plagiarism).

4.10 **Reassessment**

Students will be granted reassessment of an assessed item to change the result from a fail to a minimum pass, unless otherwise stated in the programme documentation.

For Achievement Standards, this is limited to one further assessment opportunity within an academic year, only if manageable, after further learning has taken place, using a different assessment.

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- 4.11 If reassessments are permissible, they will be an equivalent tool (level, difficulty, structure) but substantially different task, and will have to be moderated before use.
- 4.12 **Resubmissions**
 Students will be granted resubmission of an assessed item to change the result from a fail to a minimum pass, unless otherwise stated in the programme documentation. Resubmission can include oral clarification of an answer and the assessor must document the students answer indicating that it was given orally. The assessor will initialise or sign the response.
 For Achievement Standards learners may have one resubmission per assessment opportunity if the assessor judges the errors are minor or are limited to specific aspects of the assessment that the learner can correct on their own. Resubmission is limited to an achieved grade only.
- 4.13 In exceptional circumstances, the Quality Manager may enable further reassessment or resubmission if it enables a student to complete the course, programme of study and gain the certification.
- 4.14 All additional assessment tasks will be recorded separately.
- 4.15 **Extensions**
 An application for extension must be submitted to the PTE staff prior to due date of the assessment. Normal extension dates should be five days, unless there are exceptional circumstances.
- 4.16 **Recognition of Prior Learning**
 RPL is accessible to any student who has the skills, knowledge and attitudes that can be validated.
- 4.17 RPL should be recognised early in a student’s enrolment process so that the pathway of learning can be planned. This is ideally undertaken before enrolment is secured. Formal evidence and documentation is required; the final outcome of which is made by the Quality Manager. Evidence is retained for all applications in the students’ profile.
- 4.18 Where the evidence received from the student does not align directly with learning outcomes (that is, the student has passed an older version of the unit standard, or where the evidence provided has gaps) these RPL applications will either be assessed by PTE staff, or will validate any assessments made.
- 4.19 The PTE may require the student to engage in assessment methods to validate skills and knowledge as part of the evidence used for credit. Any challenge assessment must be moderated as per policy.

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- 4.20 A successful application for RPL will result in:
- The award of credits for specified courses or units
 - Admission to a course or programme
 - A reduction in the credits that the student must achieve to complete the qualification (if whole courses are recognised)
- 4.21 The PTE will receive no funding for a standard or course that has had credits recognised.
- 4.22 The standards or courses that have been credited through RPL will receive a “RPL” grade which is reflected in the student’ record.
- 4.23 A schedule of fees for RPL applications is maintained.

4.24 **Grades**

Grades that can reported as outcomes to courses are:

Grade Awarded	Explanation
RPL	Recognition of Prior Learning grade can be applied: where the student has successfully completed the same course/unit or equivalent in another course where the PTE has assessed the evidence provided by the student as being equivalent to a course/unit where the student has gained the same standard with another provider as evidenced by Record of Learning
DNC	Did not complete (fail grade). Student did not attempt all of the assessment tasks
WD	Student was withdrawn.
EXT	Result is pending – student has been granted extra time.
A	Achieved (pass grade)
N	Not Achieved (fail grade) – student has attempted all assessment tasks but does not meet the standard
P	Pass grade for courses that are is not standard based. May be merit, excellence subject to assessment criteria.
NP	Fail grades for courses that are not competency based
A+. A, A-.B+. B. B-. C+. C, C- D, E	Achievement based grading will be noted in programme documentation. A pass grade is C- minimum. D is a failed grade.

Any exceptions to this policy have to be defined in specific programme or course regulations and documentation or the standard being assessed.

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4.25 **Processing of outcomes**

The lead assessor has responsibility to ensure all required paperwork and evidence is completed and collated at the conclusion of the course and an outcome for each student recorded.

4.26 The Quality Department checks course packs to ensure it is complete to enable it to be processed. Any issues identified will be communicated in a timely manner to the relevant manager/s.

4.27 Accurate credits reporting occurs within three months of completion of all assessment requirements.

4.28 The Quality Manager is the nominated staff member responsible for ensuring that the Assessment Rules and Consent to Assess Rules are met.

5. **FLOW DIAGRAM**

Not applicable

6 **RELATED FORMS AND GUIDANCE DOCUMENTS**

As per records management section. Moderation Reports. Academic Framework. NZQA approved Programme Document.

7. **RECORD MANAGEMENT**

Record	Responsibility	Filed	Retention Time
Assessment result	Tutors/managers	SMS	Minimum of 12 months
RPL application and evidence	Tutors/managers	SMS	Minimum of 12 months
Recognition of Prior Learning tasks	Quality Manager	SMS	Minimum of 12 months
Moderation reports	Quality Manager	File	Length of programme

8. **OPERATIONAL RESPONSIBILITY**

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8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document.	January 2025
02	Addition of rules to 1.4 and 4.28 noting responsibility for compliance against rules. Making explicit requirements for achievement standards 4.10 and 4.12	January 2026

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7.3 MODERATION OF ASSESSMENT

Version	Date Effective	Due for Review	Page 1 of 3
02	1 January 2026	January 2030	

1. GOAL

- 1.1 To ensure that assessment of learning outcomes is fair, valid, sufficient and reliable.
- 1.2 To provide data that informs the PTE's Education's self-assessment and continuous improvement of assessment practices.
- 1.3 To maintain registration with NZQA as per requirements of the Education Act and comply with NZQA Assessment Rules 2025 and Consent to Assess Rules.

2. APPLICATION

- 2.1 This applies to summative assessment activities done by the PTE and sub-contracted educators.

3. DEFINITIONS

Abbreviations and definitions

Consent and Moderation Requirements (CMR)

Refers to a plan devised by an Industry Training Organisation (ITO) or Workforce Development Council (WDC) and registered with NZQA. This plan specifies how the particular SSB will implement external moderation to ensure that local, regional and/or national consistency is achieved in respect of unit standards governed by that particular CMR.

Directory of Standards (DAS)

The DAS lists all quality assured unit and achievement standards.

External Moderation

A process where assessment material is reviewed by external organisations/advisors to ascertain the quality of internal processes.

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Internal Moderation	Moderation performed by staff or internal personnel.
Local assessment	Assessment tasks that are not from the Directory of Standards.
Pre-assessment moderation	Moderation carried out on the assessment task prior to that assessment being applied, to ensure assessment tasks are relevant, valid, fair and contextualised and/or integrated as appropriate to a course or programme.
Post-assessment moderation	A review of assessment material and assessor judgements (once assessments have been completed and marked) to ensure marking is fair and consistent with the marking scheme/judgement statements and that the pre-moderated assessment tool achieved validity, reliability and sufficiency.
Reliability	The assessment scores are consistent, stable, dependable and relatively free from random errors of measurement.
Standards Setting Body (SSB)	An organisation approved by NZQA as responsible for formulating standards of competence for an area of the New Zealand Certification and Qualifications Framework.
Sufficiency	The assessment task and evidence will establish with confidence that all learning outcomes/criteria have been met and that performance to the required standard could be repeated with consistency.
Validity	The assessment task is fit for purpose; the assessment focuses on the requirements specified in the learning outcomes.
Revision	If a course has had changes made to the content that affects learning outcomes and assessment tasks OR if a Standard has had a new version released.

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4. STATEMENT

4.1 All assessment tasks will undergo pre-assessment moderation before any student attempts an assessment task.

4.2 The PTE will publish annual Moderation Plans (internal and external) approved by the Quality Manager that aligns with external requirements and feedback on assessment performance. This plan will include course assessment tasks, making it clear which are tasks that are the Directory of Standards, and local assessment. This will be available within first three months of the year.

Where there is no Standard-Setting Body, the services of an experienced and qualified external moderator will be secured. This may be an individual or through arrangement with another provider offering similar programmes.

The timing for moderation activities are outlined in relevant approved Programme Documents (or micro-credential documents). After initial moderation (as per clause 4.1), at least a third of courses in a programme/micro-credential will be planned for moderation annually.

The following may trigger course selection for moderation planning:

- significant rewrite of an assessment.
- concern raised over consistency or quality (maybe indicated by student evaluation or results).
- poor external moderation outcomes.
- New tutors/assessors

For short courses not in a programme or microcredential (less than 5 weeks in duration) post moderation will focus on 10% of iterations sampling different assessors. If it has not been assessed within 12 months it would be pre-moderated before use.

The Quality Manager has the discretion to change moderation frequency (irrespective of plan) or conduct moderation outside of the plan.

For external moderation – pre-and post- may be done at the same time. In terms of planning, courses planned for external moderation should be internally moderated prior to external moderation.

4.3 All completed assessments (courses) will be subject to internal and external post-assessment moderation as per plan following published process and using approved forms. Three samples chosen at random

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- 4.4 All new and revised assessment material will be subject to internal pre-assessment moderation, following the process outlined in this document and using approved forms.
- 4.5 All assessment evidence will be submitted to the PTE and published on common drives for PTE-wide distribution.
- 4.6 All contractors will participate in moderation sample-exchanges across common delivery sites, as directed by PTE.
- 4.7 All DAS assessment will adhere to SSB consent and moderation requirements before commencing delivery of assessment material. This may include gaining approval via pre-assessment moderation by an SSB prior to delivery commencing.
- 4.8 If performance data or feedback indicates a revision or an assessment review is required, then this can be required by the PTE regardless of if it is was on the Annual Moderation Plan or not.
- 4.9 Purchased or supplied (from a SSB) assessment is not exempt from internal moderation procedures.
- 4.10 Student names should be removed from any assessment items submitted for moderation to ensure confidentiality.
- 4.11 Outcomes from moderation will be collated and monitored by Quality Advisor and reported to management annually.
- 4.12 Moderation will be conducted by competent staff. Competence is outlined as per Programme Design and Development policy. The Quality Manager is the nominated staff member responsible for ensuring that the Assessment Rules and Consent to Assess Rules are met.
- 4.13 Verification of assessment will be conducted under the guidance of the Quality Manager.

5. FLOW DIAGRAM

Not applicable

6. RELATED FORMS AND GUIDANCE DOCUMENTS

Moderation forms. Moderation plans.

7. RECORD MANAGEMENT

Record	Responsibility	Filed	Retention Time
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Annual Moderation Plan	Quality	Quality office	2 years
Completed internal pre-moderation samples	Quality	Quality office	2 years
Completed internal post-moderation samples	Quality	Quality office	2 years
Completed external pre-moderation samples	Quality	Quality office	2 years
Completed external post-moderation samples	Quality	Quality office	2 years
External moderation report, response and action plan	Quality	Quality office	2 years
Moderation summary report	Quality	Quality office	2 years

8. OPERATIONAL RESPONSIBILITY

- 8.1 The SLT holds responsibility for approval of this document and any subsequent amendments to it.

9. REVISION HISTORY

Ver.	Description of Change	Effective Date
01	New document	January 2025
02	Additional information about moderation capability added to 4.12	January 2026

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