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**Continuous Assurance of Quality Enhancement Action Plan**

**Use one form for each programme under review and indicate whether the intervention is designed to address an attrition, progression, cohort size issue.**

**FACULTY:**

**Programme:**

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| --- | --- | --- | --- |
| **Intervention** | **Deadline** | **Responsibility for undertaking intervention** | **Responsibility for confirming intervention complete** |
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| Inhibitors identified by programme team | | | |

Head of Department comments/actions:

HE Coordinator comments/actions:

Assistant Director of Curriculum (Approval of action plan and confirmation of

resource required)