

# Micro-credentials review report

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| 1. **Review details** |  |
| **Micro-credential title\*** | **Micro-credential** |
| **Micro-credential number** |  |
| **Date due for review** |  |
| **Date review submitted** |  |

*\*Please complete a review report for each micro-credential*

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| 1. **Developer details** |  |
| **Organisation name** |  |
| **Contact name** |  |
| **Contact position** |  |
| **Phone number** |  |
| **Email** |  |

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| 1. **Review summary** |  |
| **How many people have been awarded the micro-credential in the last twelve months?** | |
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| **Explain how the micro-credential has met its intended aim/purpose?** |
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| **What is the feedback from employers, industry and or/community?** |
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| 1. **Review outcome** |  |
| **What is the evidence that the micro-credential will be needed over the next 12 months?** | |
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| **Are any changes required to the micro-credential?** | | |
| **No** |  | The micro-credential will remain current and the review date will be extended by 12 months. |
| **Yes** |  | The existing micro-credential will be retired and an application is required for approval of a new micro-credential |

**Please send this report to** [**nzqfquestions@nzqa.govt.nz**](mailto:nzqfquestions@nzqa.govt.nz) **by the review date**