

# Micro-credentials review report

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

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| 1. **Review summary**
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| **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**
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| **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** **by the review date**