TESDA-OP-IAS-01-F02

Rev. No. 02 – 07/05/2022

[DATE]

[Name of Institution Head/Authorized Representative]

[Designation]

[Name of TVI]

[TVI Address]

Dear Mr./Ms. \_\_\_\_\_\_\_\_,

Greetings from TESDA!

Please be informed that a Team from TESDA [AUDITOR REGION] shall conduct a compliance audit to the following TESDA-registered TVET program(s) of your Institution:

|  |  |  |
| --- | --- | --- |
| Qualification Title | CTPR Number | Date Registered |
|  |  |  |
|  |  |  |

This is pursuant to Section XVI of TESDA Circular No. 107, s. 2021 or the Omnibus Guidelines on Technical Vocational Education and Training (TVET) Program Registration which states that *“xxx TESDA shall conduct compliance audit of registered programs offered by TVIs to ensure adherence with updated laws, regulations, policies, and other guidelines relevant to TVET program registration. The conduct of compliance audit shall be done one (1) year after the approval of the program registration and every two (2) years thereafter for succeeding audits.”*

The scope and coverage of the compliance audit shall include all guidelines and requirements pertaining to program registration, such as corporate and administrative documentary requirements, faculty and personnel, curricular requirements, training delivery standards and arrangements, support services, and other relevant matters that are acceptable as evaluation of the strengths and weaknesses of the institution to support improvement.

In this connection, please be reminded of the following responsibilities as the auditee-TVI:

1. Disclosure of all documents that may be required in the performance of the audit;
2. Ensure that all necessary facilities and devices required in the performance of the audit are open and accessible to the Auditors; and
3. Provide soft or hard copies to the Auditors prior or during the conduct of the actual audit.

For further reference of the scheduled compliance audit, attached is the TVI COMPLIANCE AUDIT PLAN (TESDA-OP-IAS-01-F02).

Kindly return the attached TESDA-OP-IAS-01-F02, duly accomplished and signed, within two (2) working days after receipt of this letter. In case there is no confirmation received within the said timeframe, the Compliance Audit Team shall proceed with the conduct of the audit as scheduled.

Should you have inquiries, our Regional Compliance Audit Focal, Mr./Ms. \_\_\_\_\_\_\_\_, can be reached through these numbers: [contact number 1] or [contact number 2].

Thank you for your usual cooperation.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Director

TESDA-OP-IAS-01-F02

Rev. No. 02 – 07/05/2022

**TVI COMPLIANCE AUDIT PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **To determine the continuous compliance of the TVI on program registration requirements and guidelines** | | |
| **Name of TVI** |  | | |
| **Head/Administrator** |  | | |
| **Address** |  | | |
| **Tel./Fax No./Email address** |  | | |
| **Program/s to be Audited** | *Qualification Title* | *Program Registration No.* | *Date Registered* |
|  |  |  |
| **Date of Audit** |  | | |
| **Audit Method** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Audit Activities and Areas to be Audited\*** | **Time** | **Auditee** | **Assigned Auditor** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Audit Activities and Areas to be Audited – which include activities such as Opening Meeting, Report Preparation, Closing Meeting and Program Registration Requirements to be audited**

Note: Completed forms and/or other information submitted by the TVI during the program registration process should be made available for inspection by the audit team; TVI should ensure the availability of concerned trainer on the actual date of audit.

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**Prepared by: Approved by:**

**RO Compliance Audit Focal Regional Director**

**Date: Date:**

**Conformed:**

**TVI Head/Administrator/Representative**

**Date:**

Note: In case of audit re-scheduling the TVI Head/Administrator/Representative shall indicate the preferred date of audit and reason(s) for rescheduling subject to the approval of the Regional Director.

|  |  |  |
| --- | --- | --- |
| Preferred Date of Audit: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature over Printed name of the TVI Head/Administrator/Representative)  Date: \_\_\_\_\_\_\_\_\_ |
| Reason(s) for audit rescheduling: |  |

**Recommending Approval: Approved by:**

**Provincial/District Director Regional Director**

**Date: Date:**

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**TVI COMPLIANCE AUDIT PLAN**

*INSTRUCTIONS*

1. This form shall be accomplished by the RO Compliance Audit Focal and approved by the Regional Director.
2. This form shall be accomplished as follows:
   1. **Name of TVI –** Name of the TVI to be audited
   2. **Head/Administrator** – Name of the TVI Head/Administrator as indicated in the latest Compendium of Registered Programs
   3. **Address –** Address of the AC to be audited
   4. **Tel./Fax No. , Email address –** Contact details of the TVI to be audited
   5. **Program/s to be Audited –** Title of program(s) to be audited together with its corresponding *Program Registration Number* and *Date of Registration*
   6. **Date of Audit –** Date of the scheduled compliance audit
   7. **Audit Method** – audit method to be used during the conduct of compliance audit
   8. **Audit Activities and Areas to be Audited; Time; Auditee; Assigned Auditor –** Indicate information regarding the areas to be audited, time, auditee-TVI personnel and auditor region
   9. **Prepared by –** name and signature of the RO UTPRAS Focal/Compliance Audit Focal who prepares the plan and the date it was signed.
   10. **Approved by –** name and signature of the Regional Director who approves the plan and the date it was signed.
   11. **Conformed** – name and signature of the TVI Head/Administrator/Authorized Representative who conforms to the details on the audit plan and the date it was signed.
3. Entries to this form shall be made based on the duly approved Annual Compliance Audit Plan (TESDA-OP-IAS-01-F01).