

## **Appendix 1: Good Practice Template**

### **INQAAHE Database on Good Practice in Quality Assurance (GPQA)**

#### **Template to submit Good Practices**

##### **Mandatory Fields to be filled:**

**1. Name of the QA agency**

xxx

**2. Web site address of the QA agency**

xxx

**3. Title of the good practice**

xxx

**4. Purposes achieved by, or objective of, the good practice**

xxx

**5. Context**

xxx

**6. Practice**

xxx

**7. Evidence of success, impact or realization the objectives**

xxx

**8. Resources required**

Xxx

##### **Optional:**

**9. Notes**

xxx

**10. Pictures**

xxx

**11. Captions/titles for pictures**

xxx

**12. Attachments**

xxx

**13. Details of the contact person**

Name, Position, Work Phone, Mobile Phone, Fax, Email, Photo of Contact Person.

*Completed submissions should be sent to the Administrator Mark Frederiks at the INQAAHE Secretariat at [inqahe@nvao.net](mailto:inqahe@nvao.net)*