



SSP Delegate Record Sample

Course Details

- Course Name: _____
- Dates: _____
- Trainer: _____
- CITB Reference: _____

Delegate List (Minimum 10 Delegates)

Ensure all fields are completed and special adjustments are noted (Equality Act 2010 compliance).

No.	Delegate Name	ID Number	Special Adjustments (<input type="checkbox"/> Yes / <input type="checkbox"/> No)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Yes <input type="checkbox"/> No
9			<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification Table (All Delegates)

Verify ID and signatures for compliance.

Course	Date	Delegate Name	ID Type/Number	Signature Match (<input type="checkbox"/> Yes / <input type="checkbox"/> No)	Verified by (Staff)
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Passport: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(Repeat rows for all 10 delegates.)

Compliance Checks

Audit all items below for alignment with CITB standards.

Check	Compliant (<input type="checkbox"/> Yes / <input type="checkbox"/> No)	Non-Compliant (<input type="checkbox"/> Yes / <input type="checkbox"/> No)	Corrective Action (if applicable)
CRFs include protected characteristics for all delegates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CNFs submitted to CITB within deadlines	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Signatures verified for all 10 delegates	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sign-Off

Required for audit completion.

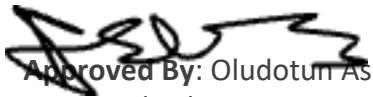
- Auditor: _____
- Committee Rep: _____
- Date: _____

Instructions for Use

1. **Retention:** Store this audit checklist securely with Appendices A-G for **3 years**.
2. **Compliance:** Ensure alignment with CITB SSP standards and the Equality Act 2010 (e.g., special adjustments, protected characteristics).
3. **Corrective Actions:** Document non-compliances and remediation steps in detail.

Notes for Auditors

- Use this checklist for **simultaneous verification of 10 delegates**.
- Cross-reference delegate IDs, signatures, and CRFs for accuracy.
- Flag discrepancies in the "Corrective Action" column and escalate to the committee if unresolved



Approved By: Oludotun Ashaye, Centre Administrator
Date: 06/04/2025