



Australian Government  
Australian Skills Quality Authority

ASQA

Mr. David Youssf  
Director  
Stirling Institute of Australia Pty Ltd  
david.youssf@sia.edu.au

**Sent by email on 17 July 2023**

**RTO Code:** 21132  
**Audit No.:** AUDREC0012307  
**Application/s:** ADDVET0044239

Dear Mr. Youssf,

### Application to change RTO registration—granted

I am writing to let you know your application to change your Registered Training Organisation (RTO) scope of registration has been granted.

A decision was also made to give you a written direction, under section 35A(1) of the NVR Act to address non-compliance with the [Standards for Registered Training Organisations 2015](#) (the Standards).

These decisions were made on behalf of the National Vocational Education and Training Regulator (the Regulator) on 12 July 2023.

This letter contains further information about our decision.

### What you need to do now

You need to comply with the written direction to rectify your non-compliance within 20 working days.

### Need more information?

If you have any questions or need more information, call 1300 701 8014 or email [enquiries@asqa.gov.au](mailto:enquiries@asqa.gov.au).

If you would like to speak to us in a language other than English, please call the Translating and Interpreting Service on 131 450.

Yours sincerely

Jane Connellan  
**Director, Compliance Management**

**Attachments:**

1. Assessment of evidence of compliance
2. Compliance Management Statement of reasons

## Further information

### New training products

Your RTO can now advertise, enrol and deliver the following training products without additional conditions.

Code:	Title:
<i>CHC33021</i>	<i>Certificate III in Individual Support</i>

Details of your RTO's new scope of registration will shortly appear on the [National Register](#).

### Complying with legislation

Providers cannot claim that a learner is eligible for a licence, accreditation or that they can work in a regulated occupation on completion of a training product unless the relevant regulator confirms this.

Requirements often vary by state and jurisdiction - contact the relevant regulators before you deliver to make sure your marketing materials are accurate.

Read more about [licensing and registration requirements](#).

### Written direction to rectify non-compliance

A written direction is:

- a proportionate regulatory tool we use to help you comply
- issued as an alternative to rejecting your application.

As you are non-compliant with the Standards, this is a breach of your registration conditions under Section 22 of the NVR Act.

The written direction requires your organisation to:

- rectify this breach by addressing each non-compliance outlined in the attached Compliance Management Statement of Reasons within 20 working days of the date of this notice
- retain evidence this written direction has been complied with for examination at a future regulatory activity, by retaining evidence that you have addressed each non-compliance outlined in the attached Compliance Management Statement of Reasons.

You don't need to submit evidence to demonstrate you're compliant now. You need to keep your evidence on file.

### What is the background for our decision?

We sent your organisation a letter on 18 May 2023 to let you know we identified non-compliance during your performance assessment (audit).

This letter invited your organisation to provide us with a written response by 15 June 2023.

The response you provided on 14 June 2023 demonstrates you have addressed part of the non-compliance.

A copy of the Compliance Management Statement of Reasons is attached for your reference.

### **Fees and charges**

You will receive an invoice for your performance assessment.

From 1 July 2022 ASQA moved to full cost recovery and has reintroduced most fees and charges. View our [guide to fees and charges](#) for more information.

### **Who made the decision?**

This decision was made by a delegate of the Regulator. The NVR Act allows the Regulator, who is the Chief Executive Officer of the Australian Skills Quality Authority (ASQA), to delegate their power to make decisions on registrations to another person at ASQA.

### **How can I access documents relating to this decision?**

Your organisation may have the right to access further documents under the *Freedom of Information Act 1982*. Learn more about Freedom of Information (FOI), and [how to make an FOI application](#).



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ASQA

Mr. David Youssf  
Director  
Stirling Institute of Australia Pty Ltd  
[david.youssf@sia.edu.au](mailto:david.youssf@sia.edu.au)

Sent by email on 17 July 2023

RTO Code: 21132  
CRICOS Code: 03797M  
Audit No.: AUDREC0012307  
Application/s: ADDCRI0006741

Dear Mr. Youssf,

## Application to change ESOS registration— granted

I am writing to let you know your application to change your registration under the *Education Services for Overseas Students Act 2000* (ESOS Act) was granted on 12 July 2023.

This decision was made on behalf of the National Vocational Education and Training Regulator (the Regulator) under section 10J of ESOS Act.

The next page contains further information about our decision.

### Need more information?

If you have any questions or need more information, please call 1300 701 8014 or email [enquiries@asqa.gov.au](mailto:enquiries@asqa.gov.au).

If you would like to speak to us in a language other than English, please call the Translating and Interpreting Service on 131 450.

Yours sincerely

Jane Connellan  
Director, Compliance Management

### Attachments:

1. Assessment of evidence of compliance
2. Compliance Management Statement of Reasons

## Further information

### Changes made to ESOS registration

We have approved the following changes to your ESOS registration.

#### Courses added

Location	Stirling Institute of Australia - 99 Queens Bridge St Level G, SOUTH BANK VIC 3006 Australia	Capacity	160
CRICOS code	National code	Course name	
113475C	CHC33021	Certificate III in Individual Support	

Details of these changes will shortly appear on:

- [Provider Registration and International Student Management System \(PRISMS\)](#)
- [Commonwealth Register of Institutions and Courses for Overseas Students \(CRICOS\) register](#)

### What is the background for our decision?

We sent your organisation a letter on 18 May 2023 to let you know we identified non-compliance during your performance assessment (audit).

This letter invited your organisation to provide us with a written response by 15 June 2023.

The response you provided on 14 June 2023 demonstrates you have addressed part of the non-compliance.

A copy of the Compliance Management Statement of Reasons is attached for your reference.

### Who made the decision?

This decision was made by a delegate of the Regulator.

The *National Vocational Education and Training Regulator Act 2011* (NVR) Act allows the Regulator, who is the Chief Executive Officer of the Australian Skills Quality Authority (ASQA), to delegate their power to make decisions on registrations to another person at ASQA.

### Fees and charges

You will receive an invoice for your performance assessment.

From 1 July 2022 ASQA moved to full cost recovery and has reintroduced most fees and charges. View our [guide to fees and charges](#) for more information.

### How can I access documents relating to this decision?

Your organisation may have the right to access further documents under the *Freedom of Information Act 1982*. Learn more about Freedom of Information (FOI), and [how to make an FOI application](#).



# Assessment of evidence of compliance

## Provider details

Provider's legal name:	Stirling Institute of Australia Pty Ltd
Business/Trading name/s:	Stirling Institute of Counselling Stirling Institute Stirling Institute of Hypnotherapy Stirling Institute of Business
RTO code:	21132
CRICOS code:	03797M

## Compliance case details

Application number/s:	ADDVET0044239, ADDCRI0006741
Audit number:	AUDREC0012307
Compliance case reason/s:	Application - Change
Provider's contact details:	David Youssf Chief Executive Officer David.youssf@sia.edu.au 1300 790 265 / 0412 668 853

## Compliance team

Compliance Officer/s:	Paris Arthur Robyn Grant
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## Assessment summary

The below describes ASQA's assessment (in pale blue) of the provider's description of actions undertaken to return to compliance and supporting evidence submitted on 14 June 2023 (in sky blue) in response to the findings of non-compliance against the *Standards for Registered Training Organisations (RTOs) 2015* (Standards for RTOs).

It should be read in conjunction with the original Performance Assessment (audit) report dated 18 May 2023 which sets out the details of the original non-compliance.



Where the findings remain non-compliant, please refer to the statement of reasons for further information.

## Assessment findings as at 10 July 2023

Practice	Findings	Standards for RTOs (Clauses)
<a href="#">Training and Assessment</a>	Compliant	1.8
	Not compliant	1.1, 1.2
<a href="#">Regulatory Compliance and Governance</a>	Compliant	2.2
	Not compliant	-

## Non-compliances reviewed

<b>Clause 1.1 of the Standards for RTOs</b>	<b>Action required by performance assessment (audit) report</b> Provide evidence that demonstrates it has: <ul style="list-style-type: none"> <li>rectified training and assessment strategies and/or practices for students to ensure they meet the requirements of the training product.</li> <li>understood the causes of the issues</li> <li>established and implemented appropriate systems to ensure training and assessment strategies and/or practices for students meet the requirements of the training product.</li> </ul>
	<b>Actions taken by provider to return to compliance</b> The Quality and Compliance team reviewed all Training and Assessment Strategies (TAS) to ensure that the amount of training is correctly described, and new versions have been created. Page 11 of the audit report states the traineeship mode training and assessment strategy was not provided during the audit for CHC50121. We can confirm that this was provided as requested during the audit. This has subsequently been updated to reflect our review and has been provided as part of our rectification actions. The Rationale for the amount of training and assessment is now clearly addressed. In addition to this, the hours and tasks allocated for the formative and summative activities have been reviewed and clear mention on how these are conducted and monitored has been included in TAS. TAS structures have been reviewed and Appendix 3 of the TAS now includes a break down description of each component of the Volume of learning including the tasks required and the hours expected for each area.
	<b>Evidence provided to ASQA of compliance</b> <ul style="list-style-type: none"> <li>TAS CHC33021 (Public Program) 2023 V1.1</li> <li>TAS CHC33021 (International) 2023 V1.1</li> </ul>

	<ul style="list-style-type: none"> <li>• TAS CHC43015 (Public Program) 2023 V6.1</li> <li>• TAS CHC43015 (International) 2023 V2.1</li> <li>• TAS CHC50121 (Public Program) 2023 V1.1</li> <li>• TAS CHC50121 (International) 2023 V1.1</li> <li>• TAS CHC50121 (Domestic) (On the job) 2023 V1.1</li> </ul>
<b>Additional information or evidence reviewed</b>	<p>2023-07-10 Provider meeting, attendees:</p> <ul style="list-style-type: none"> <li>• Mr. David Youssf, Managing Director</li> <li>• Mr. Giorgio De Sisto, Quality and Compliance Manager.</li> </ul>
	<p><b>Analysis of actions taken and evidence of compliance</b></p> <p>Details of Clause 1.1 is included in the Compliance Management Statement of Reasons.</p> <p><b>Finding: Not compliant</b></p>
<b>Clause 1.2 of the Standards for RTOs</b>	<p><b>Action required by performance assessment (audit) report</b></p> <p>Provide evidence that demonstrates it has:</p> <ul style="list-style-type: none"> <li>• rectified training and assessment strategies and/or practices for students to ensure it determines and provides an appropriate amount of training to students.</li> <li>• understood the causes of the issues</li> <li>• established and implemented appropriate systems to ensure training and assessment strategies and/or practices provide an appropriate amount of training to students.</li> </ul> <p><b>Actions taken by provider to return to compliance</b></p> <ul style="list-style-type: none"> <li>• The Quality and Compliance team have undertaken a thorough review of the training and assessment (TAS) strategies. In the reviewed TAS, there is clear description of students' characteristics and the associated amount of training and delivery mode taking into consideration their existing skills (or no experience), knowledge and experience. The amount of training is explained in Appendix 3 of the TAS highlighting the requirements for each individual unit of competency to determine the length of time it will usually take the students to complete the training and assessment. Assessment tasks are listed in Appendix 2 of the TAS for each individual unit of competency.</li> </ul> <p><b>Evidence provided to ASQA of compliance</b></p> <ul style="list-style-type: none"> <li>• TAS CHC33021 (Public Program) 2023 V1.1</li> <li>• TAS CHC33021 (International) 2023 V1.1</li> <li>• TAS CHC43015 (Public Program) 2023 V6.1</li> </ul>

	<ul style="list-style-type: none"> <li>• TAS CHC43015 (International) 2023 V2.1</li> <li>• TAS CHC50121 (Public Program) 2023 V1.1</li> <li>• TAS CHC50121 (International) 2023 V1.1</li> <li>• TAS CHC50121 (Domestic) (On the job) 2023 V1.1</li> </ul>
<b>Additional information or evidence reviewed</b>	<p>2023-07-10 Provider meeting, attendees:</p> <ul style="list-style-type: none"> <li>• Mr. David Youssf, Managing Director</li> <li>• Mr. Giorgio De Sisto, Quality and Compliance Manager.</li> </ul>
	<p><b>Analysis of actions taken and evidence of compliance</b></p> <p>Details of Clause 1.2 is included in the Compliance Management Statement of Reasons.</p> <p><b>Finding: Not compliant</b></p>
<b>Clause 1.8 of the Standards for RTOs</b>	<p><b>Action required by performance assessment (audit) report</b></p> <p>Provide evidence that demonstrates it has:</p> <ul style="list-style-type: none"> <li>• understood the causes of the issues</li> <li>• rectified assessment practices (to comply with Clause 1.8) and has established appropriate systems that are followed. The evidence to be provided must: <ul style="list-style-type: none"> <li>- demonstrate the provider will implement an assessment system that ensures assessment: <ul style="list-style-type: none"> <li>▪ complies with the requirements of the relevant training product(s)</li> <li>▪ will be conducted in accordance with the Principles of Assessment and Rules of evidence.</li> </ul> </li> <li>- include the full suite of assessment tools (including RPL) for each unit of competency identified as non-compliant.</li> </ul> </li> </ul> <p><b>Actions taken by provider to return to compliance</b></p> <ul style="list-style-type: none"> <li>• Validation has been conducted on the two identified non-compliant units of competency (CHCAGE001 Facilitate the empowerment of older people; CHCCCS011 Meet personal support needs) to rectify the identified issues and to ensure the learning resources will be in line with the rules of evidence and principles of assessment.</li> <li>• To ensure a systematic approach in ensuring all assessments comply with the requirements of the relevant training product and will be conducted in line with the Principles of Assessments and Rules of Evidence, SIA PP23 Validation and Moderation Policy and Procedure has been reviewed and focus has been given to the section "Moderation Process".</li> </ul>

### Evidence provided to ASQA of compliance

- PP23 Validation and Moderation Policy and Procedure V4.3
- Validation CHCAGE001
- Validation CHCCCS011
- ASS CHCAGE001 V 4.1
- ASS CHCCCS011 V 4.1
- BMA CHCAGE001 V 4.1
- BMA CHCCCS011 V 4.1
- CHC43015 Student workplace logbook Stream 1 - V4.0
- CHC43015 Student workplace logbook Stream 1 - BMA V4.0
- RPL Assessor Kit CHC43015 Ageing - core units
- RPL Candidate Kit CHC43015 Ageing - core units

### Analysis of actions taken and evidence of compliance

The provider has completed sufficient actions to rectify the non-compliance identified in:

- *CHCCCS011 Meet personal support needs*
- *CHCAGE001 Facilitate the empowerment of older people*

The provider has demonstrated it has implemented an assessment system that ensures assessment complies with the assessment requirements of the relevant training package and is conducted in accordance with the Rules of Evidence.

This is corroborated by the evidence submitted.

**Finding: Compliant**

### Clause 2.2 of the Standards for RTOs

#### Action required by performance assessment (audit) report

Provide evidence that demonstrates it has:

- established appropriate systems to monitor training and assessment strategies and practices to ensure ongoing compliance with Standard 1.
- understood the causes of the issues
- established appropriate systems that are followed to evaluate and use the outcomes of the evaluations to continually improve the provider's training and assessment strategies and practices.

#### Actions taken by provider to return to compliance

	<p>To ensure compliance in its practice regarding monitoring training and assessment strategies and practices the below policies have been reviewed:</p> <ul style="list-style-type: none"> <li>• PP23 Validation and Moderation Policy and Procedure</li> <li>• PP30 Quality management and continuous improvement policy and procedure.</li> </ul> <p>PP23 has been updated to reinforce the necessity of moderating completed assessments on an ongoing basis to ensure these are in line with the unit requirements and the rules of evidence and principles of assessments are satisfied.</p> <p>PP30 has been updated to ensure that the entries required to be added on the Continuous improvement register are relevant and these will be used to inform quality on continuous improvement strategies to be implemented to demonstrate continuous improvement.</p> <p>The register will continue to be used in line with the reviewed PP30 Quality management and continuous improvement policy and procedure however a more systematic approach will be introduced to monitor the entries in the register and ensure actions taken have been correctly reflected in the CIR. There is a total of five sources of continuous improvement in PP30: the outcomes of internal audits; complaints and appeals; data from quality indicator surveys; outcomes of assessment validation and moderation; outcomes from team meetings.</p> <p><b>Evidence provided to ASQA of compliance</b></p> <ul style="list-style-type: none"> <li>• PP23 Validation and Moderation Policy and Procedure</li> <li>• PP30 Quality management and continuous improvement policy and procedure</li> </ul>
<p><b>Additional information or evidence reviewed</b></p>	<p>2023-07-10 Provider meeting, attendees:</p> <ul style="list-style-type: none"> <li>• Mr. David Youssf, Managing Director</li> <li>• Mr. Giorgio De Sisto, Quality and Compliance Manager.</li> </ul>
	<p><b>Analysis of actions taken and evidence of compliance</b></p> <p>The provider's evidence includes a revised system it has commenced implementing to ensure compliance against Standard 1.</p> <p>If followed accordingly, this system should ensure the provider undertakes a systematic approach to the evaluation and monitoring of its training and assessment strategies and practices and that the outcomes of these activities are both recorded and acted upon.</p> <p><b>Finding: Compliant</b></p>



# Statement of Reasons

## Organisation details

Legal name	Stirling Institute of Australia Pty Ltd
Business/Trading name(s)	Stirling Institute of Counselling Stirling Institute Stirling Institute of Hypnotherapy Stirling Institute of Business
RTO code	21132
CRICOS code	03797M
Delegate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Decision

Decision made by	Jane Connellan, Director Compliance
Decision	1. Give, under s 35A of the NVR Act, a written direction to the provider requiring the provider to rectify the non-compliance within 20 working days.  This decision will come into effect immediately upon notification to the provider.
Clauses not met	1.1 and 1.2.

## Reasons for decision

1. This statement of reasons sets out the reasons for the decision I have made as detailed above.
2. ASQA is satisfied that the provider is not complying with its responsibilities under the *Standards for Registered Training Organisations (RTOs) 2015* and the *National Code of Practice for Providers of Education and Training to Overseas Students 2018*.

3. The decision reflects the risks posed by the provider's non-compliance, as well as its demonstrated capability and commitment to deliver quality vocational education and training.

#### **Summary of decision**

4. The decision is:
- a. To give the written direction to rectify the non-compliance within 20 working days with effect immediately from the date of notification.

#### **Material relied upon**

5. In making its decision, ASQA has considered:
- a. Performance assessment (audit) report dated 18 May 2023
  - b. ASQA's review of the provider's response(s) received on 14 June 2023 as detailed in the Assessment of evidence of compliance and this Compliance Management Statement of Reasons.
  - c. Meeting held with the provider on 10 July 2023.
  - d. Information about the provider held by ASQA.

#### **Summary of non-compliance relevant to the decision**

6. Stirling Institute of Australia Pty Ltd's (the provider) evidence submitted demonstrated that the provider is non-compliant with the Standards for RTOs Clauses: 1.1 and 1.2 as detailed in paragraph 7 below.

7. *Finding 1. Clauses 1.1 and 1.2 of the Standards for RTOs (non-compliant)*

Clause 1.1: a provider must have training and assessment strategies that describe the approach of, and the methods adopted by the provider, with respect to the training and assessment design to enable learners to meet the requirements of the training package.

Clause 1.2: a provider must determine the amount of training it provides to each student with regards to the students existing skills, knowledge and the experience, the mode of delivery, and where a full qualification is not being delivered, the number of units being delivered as a proportion of the full qualification.

The provider's evidence of compliance and supporting documents submitted on 14 June 2023 included revised training and assessment strategies for the following:

- *CHC43015 Certificate IV in Ageing Support (domestic and international)*
- *CHC33021 Certificate III in Individual Support (domestic and international)*
- *CHC50121 Diploma of Early Childhood Education and Care (domestic, domestic on the job and international).*

A review of each of the strategies for all training products sampled does not demonstrate that the provider has an accurate nor sufficiently detailed framework for delivery and assessment to ensure that students will gain all the knowledge and skills relevant to their qualification. Specifically:

- The training and assessment strategies do not clearly describe the amount of training that is consistent throughout the strategy document; therefore, the amount of training cannot be determined. In particular, the "Amount of Training Rationale" section of the strategy includes the course structure including the allocated hours for

various activities. The hours allocated for each category do not align to the hours in Appendix 3 Volume of Learning/Amount of training. For example, but not limited to:

- *CHC33021 Certificate III in Individual Support (Ageing, Disability) (International)*
  - The course structure on page 19 refers to Summative Assessment tasks totalling 6 hours per week and Formative learning activities totalling 7 hours per week, however, Appendix 3 refers to the 2 days of Class (workshops) totalling 16 hours and 4 hours of Structured Support Class. It is not clear when the formative learning and summative assessments will be undertaken or the duration of those activities that align to the course structure.
  - The strategy document does not provide information on when assessments will be occurring and does not provide information on when summative assessments are being conducted. The definitions provided for the Structured Support Class and Summative Assessment Tasks both refer to assessment activities, however it is not clear how and when this will complete as 6 hours has been allocated for summative assessments and the Structured Support Class is only 4 hours.
  - The strategy document does not provide information on what activities are being undertaken on Day 5 - the Self Study component.
  - The strategy document does not provide the exact amount of training hours. The "Amount of Training Rationale" refers to Volume of Learning Hours and provides a course structure, however it is not clear if face to face training is only provided in the workshops (class sessions) as the summative and formative hours have not been broken down or reflected in the Appendix 3 and it is not clear how what activities are included in the 16 hours of workshops.
  - Additionally, the TAS document provides a list of units and nominal hours for each unit of competency. These nominal hours do not align to the Appendix 3. For example, but not limited to: CHCCCS038 Facilitate the empowerment of people receiving support nominal hours listed are 130 hours and Appendix 3 has allocated the unit to be delivered over 3 weeks totalling 60 hours (both training and assessment). The strategy document does not include sufficient rationale as to how the rigour and depth of training can be achieved in less time than the recommended volume of learning for learners coming in with little to no experience.

Similar issues were identified for all qualifications (both domestic and international cohorts) albeit the specific examples vary.

In the meeting on 10 July 2023, the provider was asked to explain its Volume of Learning Rationale in comparison to the information in Appendix 3 and the inconsistencies across the two. The provider indicated that it recognised that the information did appear to be inconsistent due to how it was presented i.e., self-study and assessment conducted in the student's own time was not clear. The provider clarified that all class sessions (16 hours per week) are for training and the structured support classes (4 hours per week) are for practical/simulated tasks. The provider went on to explain that all written assessment is to be completed in the student's own time. The provider acknowledged,



that it would need to review its strategies to ensure consistency and clarity in its Volume of Learning.

The three sampled strategies for international students (CRICOS) include a final week of study attributed to assessment marking, re-assessment, and feedback. In the meeting on 10 July 2023 the provider was asked if this was a mandatory attendance week and if so, what would be undertaken specific to the 20 scheduled hours. The provider described this was an opportunity to discuss placement, industry expectations and an opportunity for re-assessment if or as required. The provider was then asked, if a student was competent in all assessment requirements, would attendance at this week be required. The provider confirmed this was mandatory regardless of performance outcomes and was structured to include industry related training.

Therefore, the provider did not demonstrate that its strategies and practices, including the defined amount of training, are consistent with the requirements of the training package and will enable students to meet the training package requirements.

#### **Considerations relevant to the decision**

8. In consideration of the available evidence, ASQA has decided that this regulatory response is appropriate based on the nature, scale and potential impact of the non-compliance, and the characteristics, behaviour and demonstrated capability of the provider.
9. **The impact and seriousness of the non-compliance extends to different aspects of the development, monitoring and evaluation of its training and assessment strategies and practices.**
  - a. **The provider remains non-compliant with 2 Clauses covering:**
    - i. training and assessment strategies and practices
    - b. The provider has not demonstrated it has determined and defined a sufficient and consistent Volume of Learning and Amount of Training for each of the sampled products. Further, the strategies do not define or provide a clear rationale as to how the Amount of Training proposed is sufficient to ensure the identified learner cohorts are provided an appropriate amount of rigour and depth of training prior to undertaking assessment. If not addressed, this will impact the student learning journey and may impact vocational outcomes.
10. **In making the decision the following other relevant factors were considered:**
  - a. In the response provided on 14 June 2023 the provider accepted that non-compliance had occurred and indicated a willingness to remedy the issues. The provider's evidence of compliance received on this date demonstrates that the provider has not returned to compliance in all Clauses. However, this evidence, as well as information provided during the meeting on 10 July 2023 does demonstrate that the provider has an understanding of its responsibilities and obligations and can effectively implement systems for its return to sustained compliance.

11. Please see the attached schedules for further analysis of Stirling Institute of Australia Pty Ltd's response to ASQA's Notice of non-compliance.

12. Set out in:

- a. Attachment 1 is the Assessment of evidence of compliance.