



# Quality Assurance Manual

No. & Version	SD1-V3	Review Cycle	3 year's or sooner if required
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## Section 1: Introduction

### 1. Profile

Safetech Consulting & Training was established in 2003 by Maria Sweeney (Managing Director), a Chartered Member of Institution of Occupational Safety and Health (IOSH). It was established to meet the needs of companies for support and training in workplace safety. In the intervening years the company has extended its scope of practice to meet the needs for support and training across a range of sectors.

The company have an experienced and highly skilled and qualified team, with the ability to provide professional safety services to industries such as Retail, Education, Entertainment, Transport, Licensing, Construction, Farming, Forestry, Hotel, Catering, among others. We provide training for State & Semi-State bodies e.g., ESB, ETB, Dept. Social Protection, Udaras na Gaeltachta, Local Authorities and many more.

We are an award-winning company, winning the local Business Excellence awards in 2012, 2013 and 2015, and one of Ireland's leading providers of workplace safety training and consultancy. We work with national and international clients to offer a full range of safety solutions including a large suite of accredited training courses, safety consultancy, construction site safety, risk assessments and compilation of safety compliant documents.

The company became the first and remains the only private training provider in Republic of Ireland to delivery UK CSCS Construction Cards and CPCS Plant Cards for the UK Construction sector. We are also the only provider for EUSR Utility cards.

The Company strives to provide the highest standards in all areas of the business. National and International accreditations include, City & Guilds, QQI, RTITB, CITB, CSCS, CPCS, EUSR, CIEH, IHF, PHECC, NOCN, SQA, SOLAS, RSA, NPORS

The company's headquarters and main training centre is based in Donegal, with a plant training Centre approx. 12Km from the main centre. We have other additional premises in Sligo, Galway, Dublin, Louth and Cork

### 2. Mission

*"Helping everyone, in every possible way".*

### 3. Core Values

1. We commit to providing a quality, friendly & reliable service
2. We care passionately about our team & our customers
3. Our client's needs are our focus
4. We practice open, real communication
5. We develop & empower people
6. We enjoy working hard & having fun among the team

#### 4. The Quality Assurance System

The teaching & learning environment in Safetech is underpinned by a Quality Assurance System (QAS) that is fit for purpose, appropriate to our context and reflective of the day-to-day activities of the organisation. We have developed and approved a QAS that:

- Considers our obligations towards our external stakeholders
- Is aligned to the vision, mission, values, and objectives of the organisation
- Includes the policies, procedures, supporting documents, systems, and processes (manual & electronic) that support operational activities
- Is communicated to personnel and understood at all levels in the organisation
- Is systematically monitored, reviewed, and evaluated (internally and externally) for continued suitability

#### 5. Quality Manual Structure

The Quality Manual is structured to align with the Core Statutory Quality Assurance Guidelines (2016) and Sector Specific QA Guidelines for Independent/Private Providers (2016), developed by Quality & Qualifications Ireland (QQI). It's structured as follows:

QM – Quality Areas		QQI – Core Statutory QA Guidelines	
1	Governance	<b>1. Governance &amp; Management of Quality</b>	
		1.1 Governance	
2	Quality Improvement Framework	1.2 Management of Quality Assurance	1.3 Embedding a Quality Culture
		<b>2. Documented Approach to Quality Assurance</b>	
		2.1 Documented Policies & Procedures	2.2 A Comprehensive System
		<b>11. Self-Evaluation, Monitoring &amp; Review</b>	
		11.1 Provider-owned internal review, self-evaluation & monitoring	11.2 Internal self-monitoring
		11.3 Self-evaluation, improvement & enhancement	11.4 Provider-owned quality assurance engages with external quality assurance
3	Programmes of Education & Training	<b>3. Programmes of Education &amp; Training</b>	
		3.1 Programme Development & Approval	3.2 Learner Admission, Progression & Recognition
		3.2 Learner Admission, Progression & Recognition	
4	Employees Recruitment, Development & Management	<b>4. Employees Recruitment, Management &amp; Development</b>	
		4.1 Employees Recruitment	4.2 Employees Communication
		4.3 Employees Development	
5	Teaching & Learning	<b>5. Teaching &amp; Learning</b>	

		5.1 Teaching & Learning	5.2 A provider ethos that promotes Learning
		5.3 National & International Effective Practice	5.4 Learning Environments
<b>6</b>	<b>Learner Assessment</b>	<b>6. Assessment of Learners</b>	
		6.1 Assessment of Learning Achievement	
<b>7</b>	<b>Learner Support</b>	<b>7. Supports for Learners</b>	
		7.1 Supports for Learners	
<b>8</b>	<b>Information &amp; Data Management</b>	<b>8. Information &amp; Data Management</b>	
		8.1 Information Systems	8.2 Learner Information Systems
		8.3 Management Information System	8.4 Information for further planning
		8.5 Completion Rates	8.6 Records maintenance & retention
		8.7 Data protection & freedom of information	
<b>9</b>	<b>Public Information &amp; Communication</b>	<b>9. Public Information &amp; Communication</b>	
		9.1 Public Information	9.2 Learner Information
		9.3 Publication of quality assurance evaluation reports	
<b>10</b>	<b>Other Parties involved in Education &amp; Training</b>	<b>10. Other Parties involved in Education &amp; Training</b>	
		10.1 Peer relationships with the broader education & training community	10.2 External partnerships & second providers
		10.3 Expert panellists, examiners & authenticators	

## Section 2: Quality Areas

This section outlines the key policies, procedures and guidelines which inform the day-to-day practices associated with Safetech education and training activities.

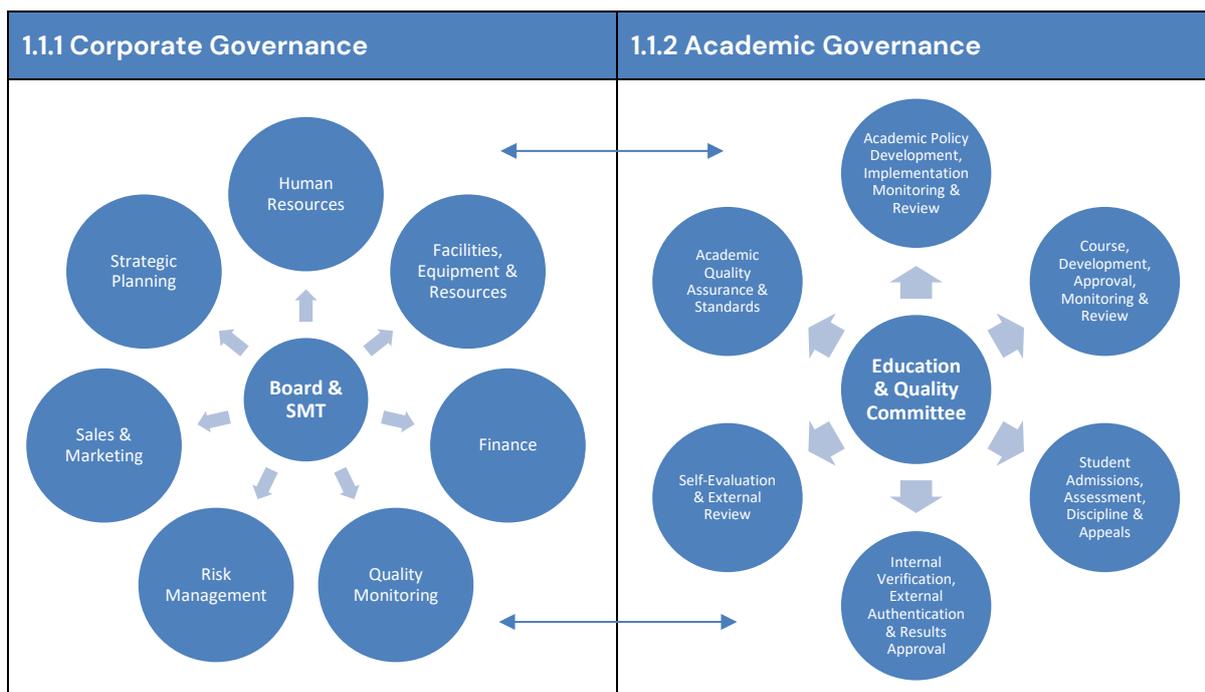
### Quality Area 1: Governance

- This section describes the systems that are in place for governance and management, ensuring the quality of education and training and associated services in Safetech. The systems ensure:
  - A clear separation of powers, which avoids a conflict of interest between management and the Board.
  - We maintain standards and quality and provide learners with a high-quality learning experience
  - Continuous internal and external evaluation processes to ensure we are delivering all programmes as aligned to our approval status

#### 1.1 Governance Framework

Governance in Safetech comprises two separate but mutually dependent elements, corporate and academic governance. Overall responsibility for each element is as follows:

- Corporate Governance – The Board, supported by the SMT Team (SMT) have overall responsibility for corporate governance.
- Academic Governance – The Education & Quality Committee (EQC) has delegated responsibility from the Board for all academic matters. The EQC is supported by several sub-committees to ensure a separation of powers in day-to-day operations. These are the:
  - Course Support Team – includes separate groups for course development and approval
  - Course Review Team
  - Results Approval Panel



## 1.2 Governance Policy & Procedures

<b>No. &amp; Version</b>	SPO1-V1	<b>Review Cycle</b>	3 year's or sooner if required
<b>Last Reviewed</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	TCM & QM

### Purpose

- To provide a framework for effective and efficient oversight and management of education and training and associated activities

### Scope

- Applies to all employees and other stakeholders involved in education and training activities

### Policy Statement

Safetech is committed to developing and maintaining a governance system that is effective, fit for purpose and appropriate to the scale and scope of our education and training activities. To meet this commitment, we will:

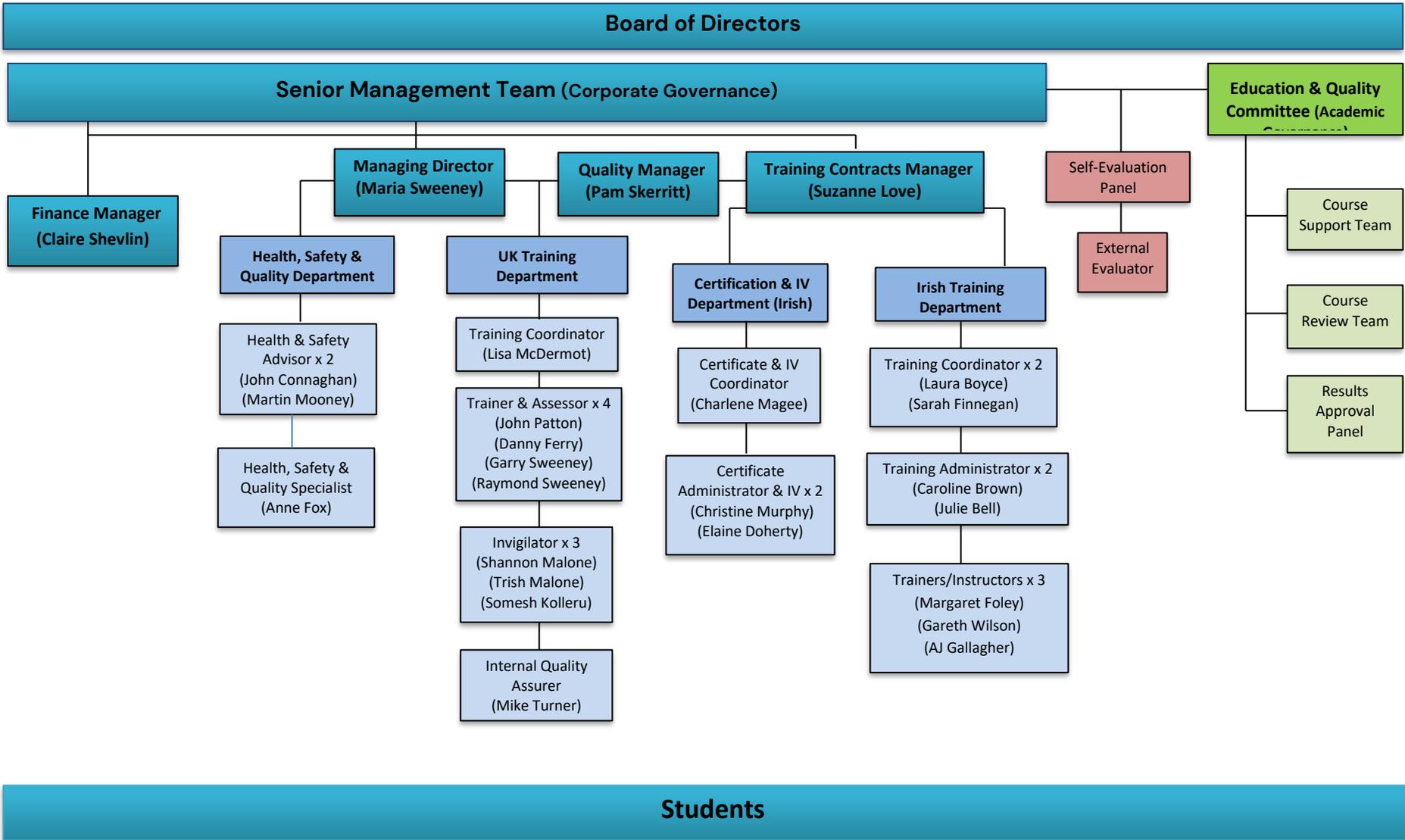
- Ensure a clear delineation of responsibility and decision making between the corporate and academic domains
- Enforce the separation of responsibilities between those who produce/develop material and those who approve it.
- Provide a robust framework outlining collective and individual responsibilities to embed a quality culture across the organisation, i.e., terms of reference and job/role descriptions
- Put systems in place to ensure we are meeting our legal obligations
- Engage appropriately qualified and experienced external subject matter experts to support objective oversight of education and training activities
- Maintain systems that protect the integrity of academic processes and standards

- Develop and maintain an effective and efficient quality assurance system, with a clear description of all processes, appropriate performance measures and designated responsibilities for implementation, monitoring, and review
- Develop and maintain continuous evaluation processes for all areas of our educational practice.

### Implementation

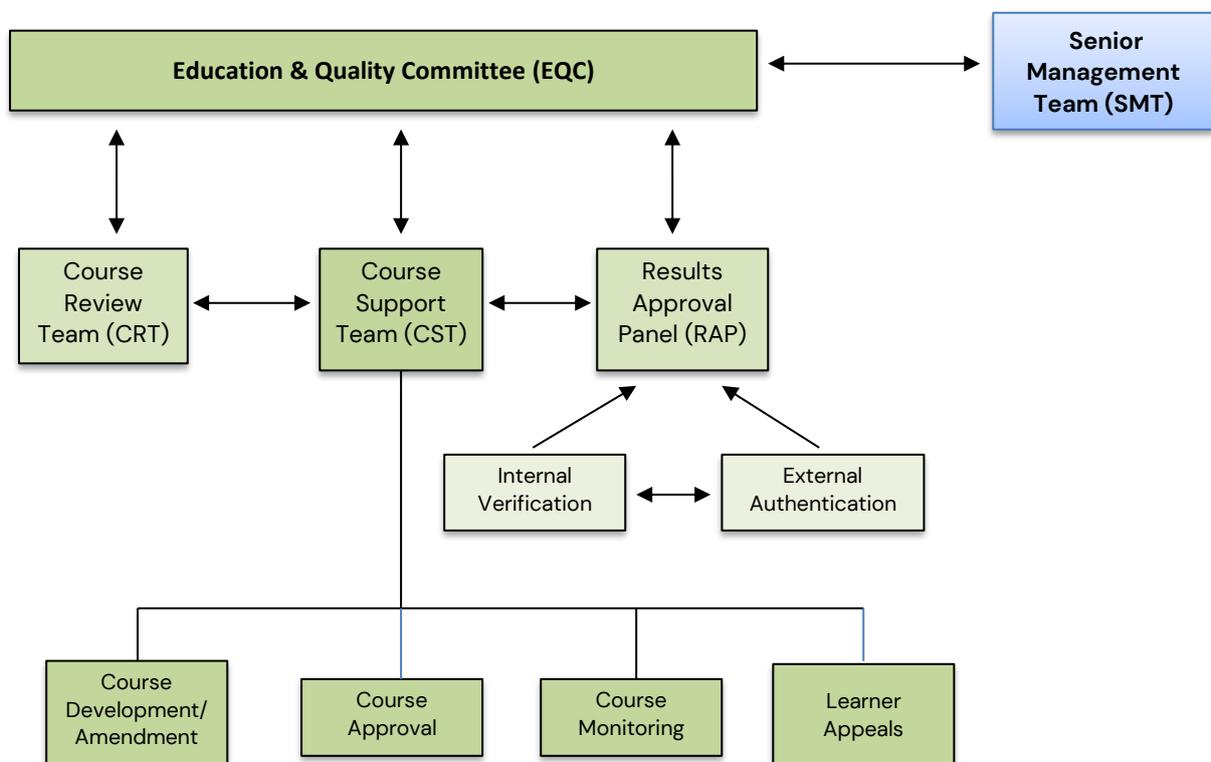
- The Managing Director (MD) & EQC have overall responsibility for policy approval & implementation oversight
- The MD & SMT have responsibility for day-to-day implementation & monitoring
- Sub-groups/individuals are responsible for implementing delegated activities associated with the policy.
- All employees and associated stakeholders are expected to facilitate and support policy implementation

### 1.3 Organisational Chart



### 1.3.1 Academic Governance Chart

- The following chart provides an illustration of the academic governance support structures and the feedback and feedforward mechanisms that are in place.
- When deciding on this structure, the following were considered:
  - The size of our organisation
  - The scale of our operations
  - Scope of our practice
  - Our capacity (premises, technology, resources including personnel (internal & external))
  - The capability of our employees to deliver education & training
  - The skills available (internally & externally) to provide objective oversight



## 1.4 Terms of Reference

- The following section provides details of the structure and remit of the groups and sub-groups that support our governance and management systems

### 1.4.1 Board of Directors

- The Board governs and is the ultimate legal authority for the organisation
- Managers and employees serve at the pleasure of the Board and implement policies

#### Membership

Managing Director (ex-officio)

Non-Executive Director

#### Meetings

Frequency	Method	Quorum
Bi-annually or sooner if required	In-person	Minimum of 2

#### Responsibilities

- Establishes the culture, mission, and values of the organisation
- Setting performance objectives & monitoring implementation
- Devising, guiding, and reviewing:
  - the strategy and any major plans of the organisation
  - Risk management policies & procedures, risk register
  - Annual budgets and business plans
  - Major capital expenditure and investment decisions
- Financial decision making and oversight
- Delegation of responsibilities to the appropriate individual and/or group. i.e., the EQC
  - Agree the terms of reference of the EQC
  - Facilitate and support the appointment of an external chairperson and any other external members of the EQC, if required
- Ensures that the organisation:
  - Has the resources/capacity to deliver its' objectives
  - Is meeting all its legal and statutory obligations
  - Complies with its quality assurance requirements and obligations
  - Is implementing best practice in corporate and academic governance
  - Ensure best practice in corporate and academic governance

#### Reporting

- The Board will provide reports of its activities to external corporate and academic regulators and awarding bodies, as required (Financial, Operational, Quality etc.)
- Records of meetings will be maintained for future reference

### 1.4.2 Senior Management Team

- The Senior Management Team (SMT) has overall responsibility for the implementation and monitoring of the operational and administrative activities of the organisation

#### Membership

Managing Director (MD)

Training Contracts Manager (TCM)

Quality Manager (QM)

Finance Manager (FM)

#### Meetings

Frequency

Method

Quorum

Monthly

In-person and/or virtually

3

#### Responsibilities

- Recommend strategic plans and associated activities to the Board for approval
- Lead on and monitor the implementation of the strategic plan and progress against organisational objectives
- Manage the day-to-day administrative, operational, and academic activities of the organisation associated with the learner journey from initial contact to final certification
- Ensure adequate resources are available across the organisation to maintain high quality education and training activities
- Systematically monitor the operational objectives of the organisation against performance measures
- In conjunction with the EQC, monitor the effectiveness of the QAS
- Manage the implementation, monitoring, review & updating of the risk policy and procedures and the risk register
  - Review the risk register at monthly meetings
- Work with and support the EQC to ensure that groups/sub-groups are supported and resourced to carry out their activities, i.e.,
  - Membership
  - Employees time to participate in activities
- Ensure the organisation is financially secure and maintaining a quality service
- Address any issues that may arise during the operational activities or that have been
- Review and approve information to be published to the website
- highlighted by internal or external monitoring or review

#### Reporting

- The SMT is accountable to the Board and will provide updates and reports of their activities at regular scheduled meetings
- The SMT will also provide management reports to the EQC at regularly scheduled meetings
- Records of meetings will be maintained for future reference

### 1.4.3 Education & Quality Committee

- The EQC has delegated authority from the Board and is responsible for the governance and management of all academic matters, including:
  - Learner admissions, assessment & discipline
  - Course content (curriculum)
  - Academic standards & quality assurance
  - Programme Evaluation and reviews (selection of subgroups as needed)
- The EQC serves to protect, maintain, and develop the academic standards of courses and associated activities and plays a key role in supporting high-quality learning, teaching, and the teaching & learning environment

#### Membership

Independent Chair	Training Contracts Manager (Secretary/notetaker)
Senior Trainer/Assessor	Quality Manager
External Member(s) x 2/3 – sector specific and/or subject matter expert	Learner Representative (Past)

Others may be invited/co-opted to provide information, support, or guidance

#### Meetings

Frequency	Method	Quorum
4 per year, (additional meetings, if required)	In-person or virtually	50% + 1 (must include the Chair and/or Secretary)

#### Responsibilities

- Advise the Board on academic strategic plans, considering the possible implications for resourcing and the impact on standards and current education & training activities
- Monitor & review the activities of the CST, CRT & RAP
  - Review summary reports from the relevant sub-group (e.g., internal verification, external authentication, course approval and make recommendations based on the information provided
  - Monitor course development/amendment and validation through the relevant sub-group(s)
  - When beneficial and appropriate form additional sub-groups
- Review and approve proposals for new course development, considering the mission and strategy of the organisation and the budgetary constraints set by the Board
- Propose to the Board strategies (including assessment) for, and resources required to deliver blended learning, e-learning, and distance learning and with the approval of the Board seek approval for these methodologies from the awarding body
- Propose to the Board the regulations for the collaborative provision of courses (subject to awarding body and/or other stakeholder requirements),

- Approves academic policies & procedures that meet the standards and requirements of relevant awarding bodies, including QQI
  - Review and approve any updates/amendments to any academic aspect of the QAS that has been highlighted through internal & external monitoring and review
- Monitor the implementation of quality improvement activities
- Review cases of academic misconduct and discipline, if required
- Review management reports and make recommendations based on:
  - Learner enrolment, support & achievement (Grades, Progression etc.)
  - The quality of teaching – summary feedback reports, i.e., learner, student, other stakeholders, (satisfaction with content, delivery etc).
  - The quality of the learning environment (equipment, resources, facilities etc.)
  - Process, Performance & Outcome Reports
- Approve the teaching & learning strategy and monitor its implementation
- Review reports from awarding bodies and approve any proposed academic quality improvement actions/plans (operational issues are reported to the SMT)
- Review and approve the appointment of external authenticators/examiners
- Support the organisation to embed a culture of academic integrity and continuous quality improvement at all levels in the organisation
- Reviews and approves academic policies, procedures, supporting documents, internal & external review reports for publication
- Support the Board & SMT in the identification, assessment, and management of risk
- Undertake any other tasks, associated with academic matters, as may be delegated to it by the Board

## Reporting

- Receives summary reports from the SMT, CST, CRT & RAP on academic matters at regularly scheduled meetings
- Arising from its monitoring and review activities reports are provided to the SMT on:
  - Any operational issues
  - Areas of good practice & improvement in the quality of education & training
- Provides reports to the Board at regularly scheduled meetings on its decisions and activities and any other information associated with academic matters
- Prepares and presents an annual report of activities for the Board and relevant external stakeholders
- Records of meetings, reports and documents are maintained for future reference

#### 1.4.4 Course Support Team

- The Course Support Team (CST) is an integral part of our quality assurance processes and provides vital support in the implementation of our quality assurance activities.
- It provides a forum to discuss, monitor and review all aspects of course design/development, approval, and delivery

#### Membership

Training Contracts Manager	Quality Manager	Certificate & IV Coordinator
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Training Coordinator x 2 (Rotate as notetaker)	Trainer/Assessor x 2
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Others may be invited/co-opted to provide information, support, or guidance. These may include but are not limited to:

- External subject matter experts
- Learner representative(s)
- Employers/Clients

#### Meetings

Frequency	Method	Quorum
Monthly	In-Person and/or Virtual	50% + 1 (must include the Chair and/or Notetaker)

#### Responsibilities

- The CST has responsibility for, and appropriately qualified and experienced members may be assigned to provide support in the following areas:
  - Learner recruitment and admissions
  - New course development
  - Amendments/updates to existing courses
  - Internal course approval
  - Systematic course monitoring
  - Learner appeals
- Develop new course material and make recommendations for changes to existing courses
  - Ensure the course meets key objectives and meets the needs of the learners
  - Ensure the course content covers all learning outcomes
  - Determine if the course is sustainable over time
  - Course content and material meets qualification descriptors, if applicable
  - Ensure that the teaching and learning methods are appropriate to the course content and learning outcomes.
  - Ensure the assessments are appropriate to the learning outcomes
- Considers if the proposed course meets national and international best practice in design and delivery

- Carries out any suggested amendments arising from changes in awarding body guidelines, internal monitoring, and external review
- Ensuring that quality standards are maintained and enhanced as required
- Monitor and consider feedback from learners, employees, and other stakeholders, including satisfaction ratings gathered from course evaluation
- Monitor performance measures related to learner retention, progression, pass rates, etc.
- Review data collected from course delivery, including, evaluations of trainer performance, course content, facilities, and resources
- Ensure that appropriate information is provided to learners and all other personnel involved in the delivery and support of courses
- Monitor compliance with all policies and procedures that impact the quality of the learner experience and the learning environment
- Manage any learner appeals
- Support the upskilling of trainers in course delivery, including the virtual learning systems, i.e., Zoom, Microsoft Teams and Webex
- Consider and use the information from external authentication and evaluation, internal verification and external reviews from awarding bodies and regulators
- Monitor and review information provided to the public to ensure it is up to date, relevant and compliant with awarding body guidelines and requirements

## Reporting

- Information reported to and discussed at each monthly meeting may include some or all the following topics:
  - Learner numbers
  - Learner, employees and other stakeholder feedback and any emerging themes
  - Learner and trainer performance
  - New course development
  - Amendments/updates to existing courses
  - Any learner disciplinary issues or appeals
  - Internal verification and external authentication reports
  - Any new policies, procedures or supporting documents or amendments/updates to existing documents
  - Analysis of effectiveness of policies and procedures based on the relevant performance measures
  - Consideration of feedback and any recommendations from the EQC
- Arising from its monitoring and review activities reports are provided to the SMT on:
  - Any operational issues
  - Areas of good practice & improvement in the quality of education & training
- Provides reports to the EQC at regularly scheduled meetings on its decisions and activities and any other information associated with academic matters
- Prepares and presents an annual report of activities for the Board, EQC, and relevant external stakeholders
- Records of meetings, reports and documents are maintained for future reference

### 1.4.5 Course Review Team

- A Course Review Team (CRT) will be convened to periodically review courses to ensure they remain fit for purpose and are meeting stakeholder needs.
- All courses are reviewed every 3 years or sooner if required, e.g., for revalidation or renewal by the relevant awarding body

### Membership

Quality Manager (Chair)	Trainer/Assessor	Training Coordinator (notetaker)
Learner Representative	Training Contracts Manager	Managing Director

Others may be invited/co-opted to provide information, support, or guidance. These may include but are not limited to, external subject matter experts, employers/clients etc.

### Meetings

Frequency	Method	Quorum
As per course review schedule	In-person or virtually	Majority including the chair

### Responsibilities

- To provide support and guidance to the SMT, EQC and all other relevant employees and stakeholders on the status of current courses.
- To carry out course review, taking into consideration the following:
  - Fit for purpose, still relevant and meeting stakeholder needs
  - Aligned with Safetechs strategic priorities
  - Meeting relevant awarding body requirements and guidelines
  - The quality of the learner experience, teaching and the teaching and learning environment, e.g., facilities resources etc.
  - The learning and teaching methods
  - Learner achievement
  - Feedback from learners, employees & other stakeholders
  - Internal verification, external authentication reports, external reviews/evaluations
  - Analysis of data gathered against all relevant performance measures
  - Benchmarking against relevant national data, e.g., QQI analytics
- Make recommendations to the Board and EQC for the future delivery or not of the relevant course, i.e., modifications, updates or discontinue

### Reporting

- The CRT will provide a full report, including recommendations, to the Board and EQC for consideration
- Records of meetings will be maintained for future reference

### 1.4.6 Results Approval Panel

- The results approval process is the final step in the quality assurance process to ensure the fair and consistent assessment of learners.
- The Results Approval Panel (RAP) is convened following the completion of internal verification and external authentication and when the appeals period has passed

#### Membership

Quality Manager (Chair)	Training & Contracts Manager	Certificate & IV Coordinator
Training Coordinator	External Authenticator (if required)	

Others may be invited/co-opted to provide information, support, or guidance

#### Meetings

Frequency	Method	Quorum
Every 2 months	In-person	At least 2

#### Responsibilities

- To ensure that:
  - Results are fully quality assured before submission to the awarding body for certification
  - Appropriate decisions are taken regarding the outcome of assessment, internal verification, and external authentication
  - Assessment policies and procedures have been followed
  - internal verification and external authentication reports are reviewed
  - Any issues arising in relation to the results are considered and make recommendations for corrective action
  - Any irregularities have been investigated and dealt with in an appropriate manner
  - Approved results are agreed, submitted and a request for certification from awarding body is made

#### Reporting

- The results approval form is completed and maintained for future reference
- Records of meetings are maintained for future reference

### 1.4.7 Self-Evaluation Panel

- The Self-Evaluation Panel (SEP) plays a key role in continuous quality improvement and organisational development

#### Membership

Quality Manager (Chair)	Managing Director	Training & Contracts Manager
Finance Manager	External Evaluator	Education & Quality Committee Members

Others may be invited/co-opted to provide information, support, or guidance. These may include but are not limited to

- External subject matter experts,
- Employers/Clients etc.
- Additional Employees Members

#### Meetings

Frequency	Method	Quorum
Every 2 years or sooner if required (e.g., prior to external review)	In-person or virtually	Majority – Must include the Chair or MD

#### Responsibilities

- Support embedding a quality culture across the organisation
- Support the self-evaluation coordinator through the self-evaluation process
- Identify and engage an external evaluator to assist in the process
- Plan, develop and support the implementation of the self-evaluation
  - Identify all key stakeholders for inclusion in the process
- Ensure learner involvement in the process, this may include:
  - A review of learner feedback/evaluation forms
  - Learner interviews/focus groups (if required)
- Consider the quality and impact of activities on the learner journey from initial contact to certification
- Consider the contributions and findings from engagement with other stakeholders, e.g., employers/clients, external authenticators, awarding bodies etc.
- Monitor progress of the SE process and review reports from the SE coordinator
- Complete the self-evaluation report
- Identify areas for improvement for inclusion in the quality improvement plan

#### Reporting

- The self-evaluation form is completed and maintained for future reference
- Update the quality improvement plan
- Records of meetings are maintained for future reference

## 1.5 Internal Roles and Responsibilities

### 1.5.1 Managing Director

- The MD is the chairperson of the Board and has full responsibility for the day-to-day operations of the organisation

Reports to	Direct Reports
Board	<ul style="list-style-type: none"><li>• Training Contracts Manager</li><li>• Finance Manager</li><li>• Quality Manager</li></ul>



### Responsibilities

- Day to day running of business
- The strategy, the objectives that have been set, and the plans of action to achieve them
- Addressing and monitoring risk, including the risk register
- Execution of capital plans and acquisitions
- Controlling annual budgets
- Selection and recruitment
- Remuneration and compensation policy decided by the Board
- Finance & Budgeting, including:
  - the establishment and implementation of internal controls
  - ensuring the integrity of the accounting and financial reporting systems, including independent audit.
- Ensure all legal and financial obligations of the company are met
- Engage with all stakeholders
- Contribute expertise and support to the committees, panels, and sub-groups, if required
- Aid with training coordination
- Liaise with accrediting bodies
- Engage high levels of professional standards and practice
- Approving & Implementing company policy
- Operational planning
- Representing the company to large clients
- Marketing
- Troubleshoot all departments

## 1.5.2 Training Contracts Manager

The TCM is a member of the SMT

### Reports to

Managing Director

### Direct Reports

- Training Coordinator x 2
- Certification & IV Coordinator

### Responsibilities

- Procurement of Training Contracts
- Tender preparation and submissions
- Training coordination and scheduling – communicate with trainers
- Educate internal and external stakeholders on course content and delivery, including the virtual learning systems
- Involved in operational decision-making process
- Liaise with clients, awarding bodies, external website developer
- Monitor the website and ensure it contains up to date, accurate and relevant information, for potential learners, clients and other stakeholders and meets awarding body requirements
- Management of Learning Management System (LMS)
- Provide support for the IV process
- Liaise with stakeholders in relation to course development & quality assurance
- Overseeing invoicing on contracts
- Compiling reports relative to contracts
- Involvement in HR practices such as shortlisting, interviewing and selection of employees and trainers.
- Trainer onboarding – including organising and/or carrying out induction and training in the use of the virtual learning systems, Zoom, Webex, Microsoft Teams
- Coordinate standardisation activities with trainers
- Develop user guides and share with employees
- Conduct market research and identify any gaps in market
- Chairperson of the Course Support Team
  - Convenes sub-groups when required
- Monitoring, review & analysis of learner, employee, and stakeholder feedback
- Member of the Results Approval Panel
- Member of the Education & Quality Committee
- Troubleshoot all departments

### 1.5.3 Quality Manager

The Quality Manager (QM) is a member of the SMT and has full responsibility for the quality assurance and enhancement of courses and associated services

#### Reports to

Managing Director

#### Direct Reports

- Training & Quality Coordinator

#### Responsibilities

- Managing and monitoring the implementation of the academic development strategy
- Ensuring that appropriate, up to date, fit for purpose quality assurance policies and procedures are in place and implemented
- Ensure that all employees are made aware of their quality assurance responsibilities
- Ensuring that all quality assurance activities are being effectively and efficiently implemented
- Managing effective and efficient communications about quality assurance activities to all learners, teaching and support employees
- Managing all subcommittees of the EQC and ensuring that appropriate actions are implemented.
- Manage the monitoring and review of the quality of the learner journey from initial contact to certification
- Providing reports on the achievement against relevant performance measures to the SMT & EQC
- Managing external reviews carried out by awarding bodies and ongoing monitoring activities, as appropriate.
- Managing course validation/revalidation, monitoring, and review processes
- Working with the SMT to develop and implement quality improvement plans and monitor their implementation
- Oversight of all assessment processes
- Keeping abreast of all communication and relevant activities of awarding bodies
- Ensuring that accurate, reliable, and up to date information is made available to the public
- Oversight of the organisations teaching and learning strategy

### 1.5.4 Finance Manager

The Finance Manager (FM) is a member of the SMT

Reports to	Direct Reports
Managing Director	N/A

#### Responsibilities

- Payroll
- Time Keeping Software
- Supplier Invoicing
- Supplier Payments
- Creditor Invoices
- Supplier Statements
- Bank Reconciliation
- Budgeting & Forecasting
- Monitors costs and negotiating rates with Suppliers
- Ensure accuracy of P&L and balance sheet
- Prepare monthly reporting
- Prepare VAT and other statutory returns
- Manage cash & banking, to maximise cashflow.
- HR Functions such as contracts of employment/parental leave etc.

### 1.5.5 Training Coordinator

- There are 3 TCs supporting education & training activities:
  - One supports UK operations
  - Two support Irish operations

#### Reports to

MD – (UK TC)  
TCM – (Ireland TCs x 2)

#### Direct Reports

Training Administrator x 2

#### Responsibilities

- Schedule courses
- Ensuring course logistics are in place, including booking training rooms and venues.
- Ensure venue selection checklist is complete prior to booking venue.
- Ensure venue risk assessments are completed prior to training
- Liaise with clients regarding their training needs & upcoming courses
- Educate clients about training provided by the company, including the virtual training systems
- Liaise with trainers
- Schedule courses on the LMS
- Update website to promote scheduled courses
- Liaise with stakeholders such as Skillnet funding bodies and Department of Social Protection regarding funding for the unemployed.
- Takes bookings for courses via telephone & email
- Update trainer calendars
- Update LMS
- Register/Notify courses with accrediting bodies
- Trainer onboarding – including organising and/or carrying out induction and training in the use of the virtual learning systems, Zoom, Webex, Microsoft Teams
- Monitoring, review and analysis of learner, trainer, and other stakeholder feedback
- Invigilate tests
- Additional learner supports & accommodations, e.g., act as scribe or reader if required
- Learner IT support for accessing and using the virtual learning environment, e.g., logging in, interacting etc.
  - Support via email, active demonstration, phone call, in-person face-to-face and/or online support in accessing and using the relevant system

### 1.5.6 Certification & IV Coordinator

- The Certification & IV Coordinator (CIVC) provides support to a range education & training activity

#### Reports to

TCM

#### Direct Reports

Certificate Administrator

#### Responsibilities

- Ensure security and integrity of assessment materials
- Prepare folders for training courses
- Liaise with courier companies for sending folders to trainers
- Internal Verification of folders returned from trainers
- Ensure all assessment procedures are adhered to
- Ensure assessment meets national standards
- Ensure evidence is generated for all learners presented for awards
- Ensure evidence is generated in line with the techniques specified in the award specifications
- Ensure that marks are tallied and calculated correctly.
- Uploading to accrediting body portals in timely manner, including QBS online
- Liaise with participants regarding correct details for certification
- Coordinate external authentication visits
- Maintain secure records in line with data protection policies and procedures
- Delegate to certification administrator
- Distributing certificates to clients and learners
- Provide feedback to management and trainers
- Scan, file and store training documentation and certification
- Data Protection Lead – Maintain compliance with data protection policies and procedures
- Order certificate paper, stationery & books for training courses
- Maintain a stock control of training materials
- Liaise with printing companies, book suppliers and first aid supplies companies
- Ensure paperwork is up to date and in line with accrediting body guidelines
- Member of the RAP and CST
- Monitoring, review and analysis of learner, trainer feedback
- Prepare reports relating to quality assurance and learner numbers for management and quality meetings

### 1.5.7 Training Administrator

There are 2 training coordinators supporting education & training activities

Reports to	Direct Reports
Training Coordinator	N/A

#### Responsibilities

- Takes bookings for courses
- General coordination for training courses, checking in learners etc.
- Generate quotations, letters, confirmations
- Respond promptly to email enquiries
- Answer telephone enquiries
- Process incoming and outgoing mail
- Providing administrative support for training coordinator
- Manage pubble and other online messaging enquiries
- Organise catering for courses when required
- Take payments online or over the phone
- Ensure LMS system is up to date
- Ensure required pre-requisites are obtained prior to training course commencing where required
- Maintain contact tracing register

### 1.5.8 Trainers

- The organisation employs full time tutors/trainers/instructors and engage external contracted personnel to carry out training

#### Reports to

#### Direct Reports

TC & CIVC

N/A

### Responsibilities

#### General

- Welcome learners and reassure them that they are in an adult learning environment where no question is a stupid question and where mutual respect is required.
- Inform learners of the course outline and how it will be delivered.
- Advise learners what they can expect as well as what is expected from them.
- Encourage learners to reflect on their learning from each session and to identify what worked well for them, what they learned etc.
- Maintain records of attendance.
- Ensure contact details are correct, so that in the event of the cancellation of a session learners can be contacted.
- Ensure the application/registration forms are completed for all learners, if required
- Provide learners with assessment briefs and marking schemes
- Provide learners with feedback on their draft assessment, if applicable
- Mark assessments in accordance with marking schemes.
- Ensure that assessments are adapted where necessary and reasonable so that learners with support needs are accommodated without compromising the assessment.

#### Administration

- Ensure all portfolios or assignments are checked and complete before submitting them to the administrator.
- Complete and return the trainer report form(s) to the administrator highlighting any issues, problems, or challenges and to make recommendations that will enhance the delivery of quality training.
- Advise the administrator of any accidents or incidents and complete any paperwork allocated for that purpose.
- Advise the administrator of any learner who appears to be having difficulties reaching the required standard for assessment so that remedial action can be taken, or relevant supports put in place.
- Advise the administrator of any early leavers so that the administrator can follow up with the learner to ascertain reasons why or to facilitate the learner in returning.
- To acknowledge receipt of documents and relevant information.

#### Additional Responsibilities

- Adhere to the Safetech policies and procedures.

- Maintain records of any additional supports given to a learner and return these records with the learner portfolio.
- Store all learner details and portfolios confidentially and securely until such time as they are ready for submission.

**Note:** This list is not exhaustive and may be updated or amended by management when the need arises, e.g., to comply with legislation or further requirements associated with quality assurance guidelines.

## 1.6 External Personnel – Roles & Responsibilities

- As part of our commitment to good governance and objective external oversight Safetech engages the following personnel

### 1.6.1 Education & Quality Committee Chairperson

The Education & Quality Committee Chairperson (EQCC) is engaged to provide independent external oversight of all academic activities. The following criterion for engagement applies:

- Willing to undertake the position for a 3-year term with the option of a second term
- 10+ years' experience in the education and training sector
- Knowledge and experience of quality management/assurance in education and training, including one or more of the following areas:
  - Course, design, delivery, evaluation
  - Internal verification and/or external authentication
  - Awarding body accreditation
- External to the organisation

#### Reports to

Board

#### Direct Reports

Committee Members

#### Responsibilities

- Provides leadership on all academic matters, including but not limited to:
  - Academic standards & quality assurance
  - Learner admissions, assessment, discipline & appeals
  - Course approval and amendment
  - Course development and design of new courses
  - Course review
- Chair EQC meetings
- Approve the agenda and minutes of meetings prior to dissemination
- Ensures the EQC carries out the activities outlined in the terms of reference
- Ensures that the Board is fully informed of any academic matters and EQC activities
- Participates in any sub-group activities, if required
- Participates in the self-evaluation process
- Acts as a point of contact for the SMT and liaises with them on matters that may have implications for non-academic operations
- Has oversight of all sub-group activities
- Highlights any areas of good practice and areas for improvement in all academic activities
- Highlights and brings any areas of concern to the attention of the Board

## 1.6.2 External EQC & Sub-Group Members

External EQC & sub-group members are engaged to provide independent external oversight of academic activities. The following criterion for engagement applies:

- For the EQC – Willing to undertake the position for a minimum 3-year term, with the option of a second term
- For specific sub-groups – Willing to participate in a specific task for a specified period, e.g., course development, course approval
- 5+ years' experience in the education and training sector and/or subject matter expertise
- Knowledge and experience of quality management/assurance in education and training, including one or more of the following areas:
  - Course, design, delivery, evaluation
  - Internal verification and/or external authentication
  - Awarding body accreditation
- External to the organisation

### Reports to

### Direct Reports

Relevant Chairperson – i.e., EQC, Sub-Group

N/A

## Responsibilities

### Education & Quality Committee

- Provides support on all academic matters, including but not limited to:
  - Academic standards & quality assurance
  - Learner admissions, assessment, discipline & appeals
  - Course approval and amendment
  - Course development and design of new courses
  - Course review
- Attendance at EQC meetings
- Approve the agenda and minutes of meetings prior to dissemination
- Support the activities outlined in the terms of reference
- Participate in sub-group activities, if required
- Participate in the self-evaluation process, if required
- Highlight any areas of good practice and areas for improvement in all academic activities
- Highlight and bring any areas of concern to the attention of the EQC

### Sub-Groups

- Carry out any activities as per the specified tasks delegated to the group, e.g., course design/development, course approval, course monitoring or learner appeals

### 1.6.3 External Evaluator

The External Evaluator (EV) is engaged to carry out a full review of the QAS or specific areas within the QAS. The following criterion for engagement applies:

- Knowledge and experience of quality management/assurance in education and training, including one or more of the following areas:
  - At least 5 years' experience carrying out reviews/audits of quality management/assurance systems
  - Course, design, delivery, evaluation
  - Internal verification and/or external authentication
  - Awarding body accreditation
- External to the organisation

#### Reports to

Board, SMT & EQC

#### Direct Reports

N/A

#### Responsibilities

- Agree the terms of the engagement and the scope of the evaluation
- Declare any potential conflict of interest
- Design an evaluation process based on the scope provided
- Advise the organisation on the documentation, resources, and facilities to be reviewed
- Advise the organisation on the groups and individuals to be consulted during the process
- Carry out an analysis of the evidence provided, e.g., desk top review and prepare an initial report of the findings
- Share their experience and expertise in quality management/assurance
- Highlight areas of good practice and any areas for improvement
- Carry out the evaluation objectively, based on evidence and avoid subjectivity
- Provide support to the self-evaluation panel.
- Provide technical assistance as needed
- Prepare and submit final evaluation report
- Present the findings to the relevant bodies and/or individuals

#### 1.6.4 External Authenticator

The External Authenticator (EA) is engaged to provide independent confirmation of the fair and consistent assessment of learners. The following criterion for engagement applies:

- Broad subject matter experience related to the area
- At least 5 years' industry expertise
- Knowledge and experience of quality management/ assurance in education and training, including one or more of the following areas:
  - Course, design, delivery, evaluation
  - Internal verification and/or external authentication
  - Awarding body accreditation
- External to the organisation

#### Reports to

MD, TCM

#### Direct Reports

N/A

#### Responsibilities

- Agree the terms of the engagement and the scope of the authentication activity
- Agree the process based on the scope provided
- Agree with the organisation on the evidence to be provided
- Declare any potential conflict of interest
- Review internal verification report(s) and authenticate the findings/outcomes.
- Apply a sampling strategy to moderate assessment results.
- Moderate assessment results in accordance with the standards outlined in awarding body guidelines for the specific courses(s)
- Meet with relevant employees members.
- Identify any issues/irregularities in relation to the assessment process.
- Recommend results for approval.
- Provide verbal feedback to relevant groups or individuals
- Produce an external authentication report which:
  - Indicates the awards authenticated
  - States the learner sample selected
  - Includes comments on and confirms the fair & consistent assessment of learners and the extent to which assessment decisions are consistent with national standards
  - Identifies areas of good practice and areas for improvement
- Participate in the results approval process, if requested

## 1.7 Risk Management Policy & Procedures

<b>No. &amp; Version</b>	SPO2-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT & EQC

### Purpose

To provide a framework to support the formal identification, assessment, mitigation, monitoring, review, and reporting of risk

The EQ shall, via the Safetech Programme Risk Log, pay close attention to current programme risk, and the likelihood of future programme risk, and decide on the appropriate level of response to mitigate against identified risk, and risk impact.

Where critical risk has been identified through the feedback process, or the formal programme monitoring process, the SMT/EQ shall decide to allocate appropriate resources at field level to deal with the immediate causes of the risk.

In relation to all programmes delivered, the SMT/ EQ shall decide on which team member (s) shall be tasked with communicating with the key stakeholders on proposed remedial quality assurance action planning.

### Scope

- Applies to all functions academic and operational
- Applies to all employees and other stakeholders acting for or on behalf of Safetech

### Policy Statement

Safetech recognises that the nature of our activities and the environment in which we operate expose us to risks which have the potential to impact the achievement of our mission and objectives. It is our policy to adopt best practice in the identification, assessment, mitigation, monitoring, and review of risk to ensure that they are avoided, reduced, shared, or accepted.

To ensure this, we will:

1. Take into consideration the internal and external environment in which we operate when considering and mitigating risk
2. Embed full and effective consideration of risk within the planning and management of new and existing activities
3. Have defined associated risks to all our educational activities and ensured that mitigating actions are in place, and effectively captured in our risk register
4. Ensure that all relevant stakeholders recognise that risk management is a part of decision-making so that they can make well-informed decisions
5. Consider feedback and information from our stakeholders and use our knowledge and understanding to identify our risks.
6. Ensure that risk management is systematic, structured, timely effective and efficient to achieve consistent, comparable, and reliable results
7. Take all internal and external stakeholders into consideration

8. Respond to the changing needs of the sector and associated stakeholders through the systematically monitoring, reviewing, and identifying new and emerging risks
9. Ensure that risk management activity contributes to the continuous quality improvement of organisational activities
10. Consider the health, safety, and welfare of all stakeholders when considering and mitigating risk

### Implementation

- The Managing Director (MD) & EQC have overall responsibility for policy approval & implementation oversight
- The MD & SMT and sub-groups have responsibility for day-to-day implementation & monitoring
- All employees and associated stakeholders are expected to facilitate and support policy implementation

### 1.7.1 Risk Management Framework



### 1.7.2 Roles & Responsibility – Risk Governance

#### Board

- Determine the level of risk that the organisation is willing to accept
- Ensuring that the organisation has effective risk management in place
- Delegating authorities and responsibilities
- Approving the risk management policy and procedures and risk register
- Review the ongoing effectiveness of the risk management process in achieving our objectives

#### SMT & EQC

- Ensuring the development and implementation of the risk management policy and procedures and the risk register
- Ensuring the development of reporting mechanisms for all 'critical' and emerging risks
- Ensuring that the risk management policy and procedures are understood and effectively communicated to employees
- Ensuring employees are consulted in respect of risk management issues

- Ensuring all activities under their supervision are performed in accordance with the risk management policy and procedures
- Ensuring risk management procedures are effectively applied

### Employees

- Being aware of those aspects of the risk management system that are immediately relevant to their jobs and the health and safety associated with the working environment
- Complying with all policies and procedures and communicate any breaches promptly and accurately to management
- Reporting any real or perceived risks to the teaching and learning environment and to the quality of teaching and learning
- Reporting any real or perceived risks that may significantly affect the performance or reputation of the organisation or that may leave it exposed to legal or regulatory action
- Looking for opportunities to improve operational efficiencies and minimise risk
- Undertaking their part in the actions and requirements of risk action and mitigation plans

### 1.7.3 Identification

#### Purpose

- To determine the risks that may have a negative impact on the organisations ability to achieve its objectives

#### Responsibility

Board, SMT, EQC

#### Activities

- Consider risk under the following categories:
  - Governance – G
  - Strategic – S
  - Compliance – C
  - Operational – O
  - Finance – F
  - Environmental or External – E
  - Reputation – R
- Identify all the internal and external people, organisations and other factors that are involved in, influence, or contribute to the organisation’s operation and achievement of objectives. Consider the following:
  - What stakeholders do we have a relationship with that are necessary for us to operate successfully?
  - What relationship do we have with those stakeholders?
  - What do they contribute and how important are they?
  - How do they effect or influence the achievement of our objectives?
  - What changes or trends may affect our stakeholders or operations?
  - What perceptions do they have about our organisation and our activities?
  - What contractual relationships and obligations do we have with stakeholders?

- What legislation, regulations, rules, or standards apply to the organisation?
- c) Identify the risk factors associated with stakeholders and activities. For each risk factor, consider the following questions:
- What could go wrong in relation to this risk factor?
  - Has it happened before, and what did we learn?
  - What is already in place to mitigate against this risk?
  - What could change in relation to each risk factor?
  - What could harm people?
  - What legal obligations could we be at risk of breaching?
  - What might affect our assets or systems?
- d) Include any newly identified risks on the risk register under the appropriate category

### Records

Record of Meetings, Risk register

## 1.7.4 Assessment

### Purpose

- To establish the probable Impact of risks on organisational objectives

### Responsibility

Board, SMT, EQC

### Activities

#### 1. Analyse the risks in terms of likelihood and impact

- Score the Likelihood – Consider the likelihood that each risk identified may occur, using the criteria below to support consistency of the score.

Likelihood		
Rating	Potential for Risk to occur	Probability
Remote	The event may only occur in exceptional Circumstances	1
Unlikely	The event will probably not occur	2
Possible	The event might or could occur at some time	3
Likely	The event will probably occur in most circumstances	4
Highly Likely	The event is expected to occur in most circumstances	5

- Score the Possible Impact – Consider the possible impact that each risk identified may have, using the criteria below to support consistency of the score.

Impact		
Rating	Potential for Risk to occur	Probability
Insignificant	Impact not visible	1

Minor	Some impact that is easily remedied	2
Moderate	Noticeable impact, some objectives not achieved	3
Major	Material impact, key objectives not achieved	4
Catastrophic	Could shut down the organisation, objectives not achieved	5

Calculate the Risk Level – Use the risk matrix to determine the overall risk level for each risk. To determine the overall score, multiply the likelihood score by the impact score.

Risk Matrix						
Impact Rating	Likelihood	Remote	Unlikely	Possible	Likely	Highly Likely
	Score	1	2	3	4	5
Catastrophic	5					
Major	4					
Moderate	3					
Minor	2					
Insignificant	1					
Acceptable net risk (i.e., the risk level after mitigation measures have been put in place) threshold for risks is described as follows:						
	<b>Acceptable</b>					
	<b>Marginal</b> – Activities considered marginal can only be undertaken after detailed scrutiny and with the approval of the Board. Marginal activities include: <ul style="list-style-type: none"> <li>- Catastrophic, considered unlikely</li> <li>- Major, considered possible or likely</li> <li>- Moderate, highly likely</li> </ul>					
	<b>Unacceptable</b>					

- Record the likelihood and impact scores in the relevant columns in the risk register
  - To determine the overall “**Gross Risk**” score, multiply the likelihood score by the impact score and record in the relevant column in the risk register
2. Identify and Evaluate Controls
    - For each risk identified
      - Identify the existing control
      - Assess the effectiveness of the control
  3. Following the rating of all risks, prioritise the highest rated risks and sort them in order of importance to the organisation
  4. Identify and implement mitigating actions
  5. Determine the overall “**Net Risk**” score and record in the relevant columns in the risk register

**Records**

### 1.7.5 Mitigation/Control

#### Purpose

- To identify the appropriate response to mitigate/control the risk

#### Responsibility

Board, SMT, EQC

#### Activities

1. Consider each risk and discuss the options to mitigate/control it. Questions to assess risk mitigation/control options:

- Is more than one option necessary to reduce the risk to an acceptable level?
- Does the option reduce the risk but also reduce our opportunities?
- How do the costs of an option weigh up against its benefits?
- Does the option fit with the expectations of stakeholders?
- Will the risk be reduced to an acceptable level with appropriate control measures?

2. Consider one of the following options:

- a) Avoid the risk
- b) Reduce the risk
- c) Share the risk

#### a) Avoid the Risk

Avoiding a risk is considered when the consequence of a risk is too much to accept, and it cannot easily be reduced or shared. Avoiding might involve:

- a) Not undertaking the activity that would create the risk
- b) Engaging in an alternative activity
- c) Removing the source of the risk

**Note:** If a decision is to avoid the risk, consider what the potential consequences of that decision are for the organisation

#### b) Reduce the Risk

Exposure to risk may be limited by reducing or controlling the likelihood of an event occurring. The following may reduce or control the likelihood of an event occurring:

- Policies and Procedures, Internal and External Audits
- Contractual Conditions, Project Management
- Preventive Maintenance, Continuous Quality Improvement Activities
- Adherence to Quality Standards, Technological Development
- Structured Training, Support and Supervision
- Contingency Planning, Financial Control Planning
- Reserving Resources, Public Relations.

**Note:** This list is not exhaustive or exclusive – there may be other options

#### c) Share the Risk

The following should be considered for sharing risk:

- Using a third party to complete a specialist or difficult activity. (Any third party needs to be competent and suitably qualified)
- Insurance (Check that the insurer and insurance policies are suitable and will cover specific risks)
- Limiting liability by using waivers and disclaimers
- Partnerships or Joint Ventures

**Note:** Legal or regulatory risks cannot be shared. Waivers and disclaimers cannot be used to avoid statutory obligations. Seek legal advice when intending to rely on waivers or disclaimers.

3. Assign responsibility for carrying out mitigating actions and set timelines for completion (Document these on the risk register)
4. Reassess the risk to get the net risk rating i.e., the risk level after mitigation measures/controls have been put in place
5. Consider each risk against the thresholds outlined
6. Record the net risk rating for each risk on the risk register, prioritise the highest rated risks and sort them in order of importance.
7. Present to the MD and/or EQC for review and final approval

#### Records

Record of Meetings, Risk register

### 1.7.6 Monitoring, Review & Reporting

#### Purpose

- To ensure that the risk management plan remains fit for purpose and relevant

#### Responsibility

Board, SMT, EQC, All Employees

#### Activities

- All personnel are responsible for managing risk associated with their area
- Employees have an opportunity to highlight any risk issues at the next scheduled meeting or sooner if required and/or report any issues to their department manager/supervisor
- Risk is included as a standing item for all SMT meetings. The SMT will have overall responsibility for monitoring risk at the monthly meetings
- The SMT will monitor risk on a day-to-day basis and report any issues at the next schedule meeting, or sooner if required
- The MD and the TCM will review the risk register monthly and monitor the effectiveness of the mitigation and update if required.
- The Board and the EQC will monitor and review the risk register every 6 months or sooner if required, to ensure that existing and new risks are adequately addressed and that the mitigating actions are effective
- SMT/EQC will report to the Board at the next scheduled meeting or sooner if required

#### Records

1.8 Monitoring & Review				
Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Clearly defined roles & responsibilities & and a clear separation between commercial & academic responsibilities, decision making and approval	90% of groups/subgroups have up to date TOR	Doc. Review - TOR	SMT & EQC	3 years or sooner if required
	90% of employees have up to date job descriptions	Doc. Review – Job Descriptions	SMT	Annually – sooner if required
	90% of specific positions have up to date role descriptions, e.g., EQC Chairperson, External Authenticator	Doc. Review – Role Descriptions	SMT & EQC	Annually – sooner if required
Engage external expertise to provide objective oversight of education & training activities	At least 2 education & training professionals engaged – one to act as the EQC Chair	Review EQC & sub-group membership	SMT & EQC	Annually
Risks identified, assessed, and managed	90% of identified risks have mitigating actions in place	Review risk register	SMT	Monthly
			Board & EQC	Bi-Annually

## Quality Area 2: Quality Improvement Framework

- Our Quality Improvement Framework (QIF) is a comprehensive documented approach to the management of quality assurance. It supports embedding a culture of continuous quality improvement across the organisation.

### 2.1 Quality Policy

<b>No. &amp; Version</b>	SPO3-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM

#### Purpose

- To ensure we have systems in place to plan, manage, assess, and continually improve our activities, supporting the highest quality of service

#### Scope

- Applies to all activities & employees and stakeholders associated with those activities

#### Policy Statement

We are committed to providing consistently high standards of education and training that meets and exceeds the expectations of all our internal and external stakeholders. To meet this commitment and ensure a quality culture is embedded throughout the organisation, we will:

- Comply with all legal, statutory, and quality assurance requirements and obligations
- Develop, implement, and follow a coherent, robust, and comprehensive QAS which spans both corporate and academic domains and includes the consideration of risk
- Systematically monitor and review the QAS to ensure its relevance and effectiveness
- Ensure systematic self-evaluation, monitoring and review against performance measures and targets to measure effectiveness and identify areas for improvement
- Communicate the QAS throughout the organisation and to external stakeholders
- Facilitate open communication and systematically collect, analyse, and use feedback and other information from employees, learners, and other stakeholders to measure performance and identify areas for improvement
- Empower and facilitate employees, learners, and other stakeholders to engage in quality improvement activities (planning & implementation)
- Systematically monitor and review facilities, resources, and employee performance, including analysis of feedback forms, observation, and annual appraisal
- Provide sufficient resources to ensure the organisation can effectively and efficiently meet our objectives
- Learn from the outcomes (positive & negative) of internal and external evaluation/review and respond in an appropriate manner to continuously improve

#### Implementation

- The Board have overall responsibility for the quality of service, ensuring the relevance, resourcing, implementation, and compliance with the quality policy
- The SMT & EQC and relevant sub-groups have responsibility for implementation oversight

- The SMT have responsibility for day-to-day implementation of the policy and associated procedures and activities
- All employees, learners and other stakeholders have responsibility for facilitating implementation of the policy and associated procedures and activities

### 2.1.1 Quality Improvement Principles

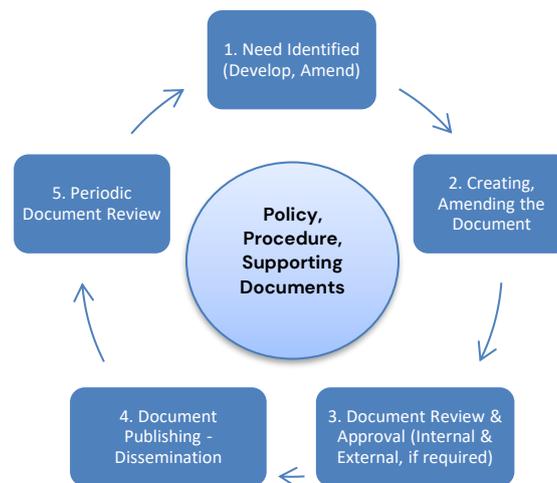
- User-Centred – Learner, employee and other stakeholder, expectations, rights, and views are taken into consideration when planning, delivering, and evaluating services
- Leadership – Fit for purpose governance, management, and organisational processes are in place and understood.
- Empowering – All employees are empowered to take ownership of specific quality improvement activities and actions and make decisions, as appropriate
- Proactive & Systematic – Quality improvement activities are planned, implemented, and analysed to enhance services and the learner experience
- Measurable & Incremental – Performance measures support the identification of areas for improvement. Small incremental changes speed up overall quality improvement

### 2.1.2 Quality Improvement Activities



### 2.1.3 Document Control

- Document Control in Safetech is the systematic monitoring and review of the policies, procedures and supporting documents that make up our QAS
- The policies, procedures and supporting documents that make up the QAS are integral to the effective and efficient running of the organisation.
- They provide information/guidance on how we do things and are a vital resource for all employees, learners, and associated stakeholders.
- They are controlled documents, that may be part of a larger document, such as our quality manual or they can be stand-alone documents, i.e., employees and learner handbooks
- The graphic below provides an illustration of document control in Safetech



#### Purpose

- To ensure that when required correct, up to date, fit for purpose policies, procedures and supporting documents are available

#### Scope

- Applies to all documentation related to the QAS

#### Responsibility

Board, MD, SMT, EQC, QM, Document Owner, Process Owner

#### Activities

##### 1. Need Identified

- The need for a new and/or updated document may come from the following:
  - New regulations or a change to existing regulations
  - New or updated awarding body guidelines
  - Organisational developments & process updates
  - Internal and/or external review, e.g., ineffective policy and/or procedure
  - Issues raised by employees, trainer, learners, or other stakeholders

## 2. Creating/Amending a Document

- Once the need has been established the MD and/or QM will designate a document owner (in most cases the document owner will be the QM)
- The document owner will lead the process and may co-opt others to participate in the development/updating, i.e., the process owner(s) (e.g., the course administrator or any other member of employees and/or a sub-group)
- The document owner and/or process owner(s) will prepare a draft document (using the approved template, if required) and circulate for feedback
  - This process continues until an agreed draft is complete and ready for submission for final internal review and approval
- The following headings are mandatory for policies & procedures, (additional headings can be added if required)

Policies	Procedures
<ul style="list-style-type: none"> <li>• Policy Name</li> <li>• Version Control</li> <li>• Purpose</li> <li>• Scope</li> <li>• Policy Statement</li> <li>• Implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Procedure Name</li> <li>• Purpose</li> <li>• Scope</li> <li>• Responsibilities</li> <li>• Activities</li> <li>• Records</li> </ul>

### Naming Convention

- The following applies:
  - Quality Policy, is Safetech Policy 3 = SPO3: V3
  - Quality Manual, is Safetech Supporting Document 1 = SD1: V3

### Version Control

- The document owner applies the appropriate version control. The following version control applies to policy documents:

<b>No. &amp; Version</b>	SPO3-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM & EQC

- Appropriate version control should be added to all controlled documents

## 3. Document Review & Approval

- The document owner submits the document to the relevant body/individual for review and internal approval
  - This process is to be carried out by those not involved in the development/amendment
  - This process continues until the final draft is agreed, approved & ratified
- The MD has the responsibility and delegated authority from the Board for the approval and ratification of all operational policies, procedures and supporting documents

- The EQC have the responsibility and delegated authority from the Board for the approval of all academic policies, procedures and supporting documents
- The EQC can recommend the overall quality manual to Board/MD for approval.
- The Board/MD has the responsibility for final approval of the quality manual
- The MD has delegated authority from the Board to submit the quality manual and any supporting documents to the relevant awarding body for external approval
- The QM has responsibility and delegated authority from the MD and EQC to approve specified supporting documents and minor changes to procedures

### The Document Control Register

- The document control register contains details of policies and supporting documents
- Once a policy, procedure or supporting document has been updated the QM is responsible for updating the document control register with the relevant details
- The document control register is to be completed under the following headings:

Doc. No.	Doc Name	Version	Doc. Owner	Date Issued	Review Frequency	Last Review	Next Review	Responsibility	Approved By	Revision History
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- All internally controlled QAS documentation is stored and maintained electronically and are considered the master documents.
- Access to specific documentation is limited to authorised users only

### 4. Document Publishing & Dissemination

- The QM circulates the new/updated document to all relevant stakeholders
- If required, the QM and/or member of the SMT organises and carries out an information session with all relevant stakeholders to raise awareness of and enhance understanding of the policy and associated procedures
- The QM is responsible for ensuring that QA documentation is published in an easily accessible format and on the Safetech website, this includes, but is not limited to:
  - QA policies & procedures
  - QA evaluation reports
- Public facing documents need to be approved by the Board/MD and/or EQC before being published on the website
- The Board/MD and QM are responsible for ensuring that the publication of documents meets awarding body and regulatory requirements

### 5. Periodic Document Review

- Policies, procedures and supporting documents are reviewed on a 3-year cycle or sooner if required, unless specifically stated otherwise in the document control register
- The QM is responsible for ensuring that all documents are reviewed as per the schedule in the document control register

### Records

Record of Meetings, Document Control Register, Website

## 2.1.4 Performance Measurement

- Setting objectives & performance measures is an integral part of our QAS.
- They enable us to gather evidence of achievement and identify areas for improvement.
- Important objectives are identified and prioritised at different levels of the organisation.

### Purpose

- To provide guidance for the implementation of appropriate mechanisms for the systematic monitoring and review of operational activities

### Responsibility

Board, SMT & EQC

### Activities

1. Clearly state what we want to achieve:
  - a) Objective(s)
2. Clearly state what we will measure:
  - b) Performance Measure(s)
3. Clearly state the analysis
  - e) Method – Describe the Activity
  - f) Who – Identify the individual and or group who will carry out the activity
  - g) When – State the frequency of the activity

The following template is to be used to capture this information

Operational Objective	Performance Measure	Analysis		
		Method	Who	When

### Records

Records of Meetings, Management Reports

### 2.1.4.1 Performance Measures

Quality Area		Quality Indicators
1	Governance	% of Groups/subgroups that have up to date terms of reference
		% of employees who have up to date job descriptions
		% of individual positions that have up to date job & role descriptions in place, & reflect current practice
		% of specific positions that have up to date role descriptions, e.g., EQC Chairperson, External Authenticator
2	Quality Improvement Framework	% of policies, procedures & supporting documents that are up to date fit for purpose & meet awarding body guidelines
		% of employees that report that the QAS supports their day-to-day work
		% of quality improvement actions identified during internal/external review & self-evaluation that are classified as high priority
		% of quality improvement actions that are closed within the specified time
		% of quality improvement activities carried out within the specified time
		% of learners that are satisfied with our performance & the quality of services
		% of activities that have appropriately focused operational objectives, outcomes & performance measures
3	Programmes of Education & Training	% of learners reporting that they are satisfied with the course content
		% of learners reporting that the course met their needs
		% of clients reporting that the course met their needs
		% increase in learner enrolment
		% of learners completing their course
		% of learners achieving certification
4	Employees Recruitment, Management & Development	% of learners satisfied with their learning experience
		% of employees satisfied with the performance management activities
		% of employees are satisfied with the support they receive
		% of employees that have up to date and appropriate qualifications
5	Teaching & Learning	% of learner & faculty satisfied with course resources
		% of learners satisfied with their learning experience
		# of complaints received from employees & learners
		% of learners satisfied with the modes of delivery

		% of employees and learners satisfied with the premises, equipment, and facilities for their course
<b>6</b>	Learner Assessment	% of learner portfolios found to be incomplete during IV & EA
		Consistency of marking across courses
		% of learners satisfied with the support
		% of learners presenting for assessment
		% of learner's graduating and achieving certification
		% of learner achievement in line with or surpassing the national average
<b>7</b>	Learner Support	% of learners aware of the supports available
		% of learners satisfied with the support from employees
		% of learners satisfied with the resources
<b>8</b>	Information & Data Management	% data missing from course records
		% of learners and employees satisfied with the IT support systems
		% compliance with data protection regulations
<b>9</b>	Public Information & Communication	% increase in learner enrolment
		# of internal evaluation reports published
<b>10</b>	Other Parties Involved in Education & Training	% non-compliance with awarding body requirements and guidelines
		% of relevant activities supported by appropriately qualified and experienced external, independent personnel

## 2.1.5 Learner, Employee & Other Stakeholder Feedback

- Learner, employee & other stakeholder feedback is an integral part of our quality assurance system and will be systematically collected, analysed, and used to enhance the learner experience, teaching quality and the teaching and learning environment

### 2.1.5.1 Learner Feedback

- Learner feedback will be obtained at various times during the learner journey

#### Purpose

- To ensure that learner feedback collected, analysed, and used for course improvement

#### Responsibility

QM, TCM, CIVC, TA, Trainer

#### Activities

- Feedback should be gathered from learners at identified points during their time on course. It is important that feedback is gathered at key stages in learner journey process, not just on completion. The following methods will be considered:
  - Course representatives
  - Structured feedback sessions (group)
  - Informal Conversations (Individual and Group)
  - Questionnaires, Surveys
  - Feedback Forms (hard copy in classroom and emailed after training through the LMS)
- The trainer will carry out an initial review of the learner feedback and note any issues or trends in their course report
- The CIVC & TA will carry out an analysis of the feedback from learners and Tutors/Trainers and provide a summary report to the QM & TCM
- The QM and/or the TCM will designate an employee to ensure that any actions arising from the feedback are dealt with
- Findings from the feedback will be shared with management and employees and the next scheduled meeting.
- Summary quality reports will be provided by the QM for the EQC and relevant sub-groups at their next scheduled meeting
- Findings & actions from the feedback will be communicated to learners
- A summary of learner feedback will be included in the annual report

#### Records

Emails, Course Feedback Forms, Record of Meetings, Trainer Course Reports, Summary Feedback Reports, Annual Report

### 2.1.5.2 Employee Feedback

- Employee feedback will be obtained at various times during education & training activities

#### Purpose

- To outline how employees will be encouraged and facilitated to reflect constructively on their experience of courses and to use such reflection to make improvements when required.

#### Responsibility

MD, QM, TCM

#### Activities

- Individual employee objectives will be aligned to organisational objectives
- Regular scheduled employee meetings.
- Informal communication – phone, email, meetings.
- Course report form distributed and completed.
- Learner feedback forms which will include trainer evaluation.
- Trainer reports.
- Course review meetings (in-person or virtual) will take place between the TCM and each trainer member following the completion of each course
- Annual employee performance reviews.

#### Records

Role Descriptions, Record of Meetings, Record of Correspondence, Learner Evaluation Forms, Trainer Course Reports, Employees Performance Review Form.

### 2.1.5.3 Other Stakeholder Feedback

- Feedback from other stakeholders will be obtained at appropriate times

#### Purpose

- To ensure the views of other stakeholders will be collected and outline how we will communicate the information gathered from learners, employees, and others.

#### Responsibility

MD, TCM, TA

#### Activities

##### Collecting Feedback:

- Meetings with relevant organisations, statutory organisations and awarding bodies
- Scheduled emails to and from associated stakeholders.
- Attendance at local and national events (Networking Opportunities)
- Booking feedback gathered from the LMS

##### Communication Methods

- Website
- Marketing and Promotional Activities (leaflets, brochures, local media etc.)
- Social media platforms
- Annual Reports

#### Records

Annual Survey, Diary Entries, Record of Meetings, Promotional Materials

## 2.1.6 Internal Monitoring, Periodic Review & Self-Evaluation

### Self-Evaluation of all Practice

Safetech carries out a comprehensive and systematic range of monitoring and review activities of its organisational activities resulting in the continuous quality improvement of its programmes of education and training.

The quality improvement plan is a live working document that is continuously updated and monitored by the MD, EQC and Contracts Manager

Self-evaluation of all activities and services will take place annually or as our practice requires.

The frequency of evaluation may also consider any changes in legislation or awarding body requirements.

An evaluation may be carried out on an individual task or a group of related tasks/roles.

There may be a combined evaluation of all organisational activities across several licensing bodies (if applicable).

### Internal Monitoring

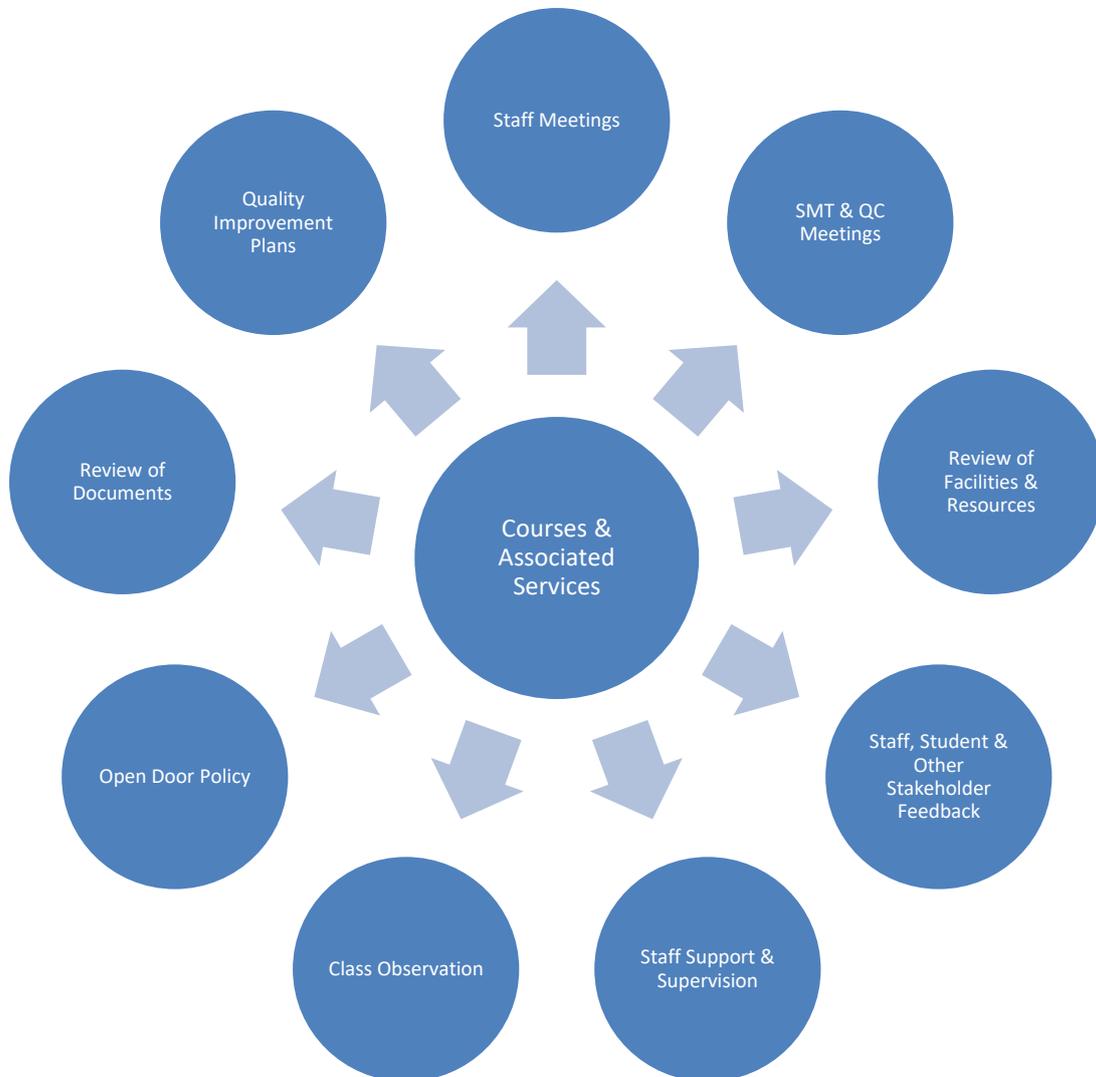
Internal monitoring plays a key role in making meaningful and beneficial improvements to our education and training provision.

Summarised below are the main on-going internal monitoring activities – formal and informal – that inform the work of the self-evaluation panel and ongoing education and training practices. (Internal monitoring and review are further detailed throughout each area)

- Ongoing Reviews – Ongoing reviews of Programme content, teaching practices and assessment of learning achievements.
- Regular Meetings – Staff will meet formally and informally within their functional areas and cross functionally when required.
- Staff Appraisal – Staff participate in an annual cycle of appraisal activities which enable them to identify their own development goals and allow management to become aware of any needs for improvement in performance.
- Training Observation – Training standards are evaluated, and any necessary remedial steps taken.
- Programme Evaluation – Key Programme parameters are measured to assess performance and identify areas for development.
- Learner Feedback – Learner opinion and feedback is surveyed at the start, mid-point, and end of their Programme through informal conversation, formal meetings, and evaluation forms etc.
- Staff Feedback – Staff are encouraged to provide feedback on policies and practices, and any other area of concern or where it is felt beneficial changes could be made.
- Other Stakeholder Feedback – Stakeholders are encouraged to provide feedback and are surveyed regularly.
- Review of Documentation – Learner evaluation forms and training reports are viewed mid and at the end of programmes.
- Programme Reviews – Following each Programme the MD and/or TC will meet with the relevant trainer to review activities.
- Internal Audits – The MD and/or CM will schedule and carry out a range of internal audits on different aspects of activities throughout the year.
- Internal monitoring, periodic internal & external review and self-evaluation provides opportunities to identify good practice and areas for improvement.

### 2.1.6.1 Internal Monitoring

- Internal monitoring provides employees and learners with regular opportunities to participate in activities to enhance the quality of our courses and associated services



#### Purpose

- To ensure we are meeting our objectives at various levels across the organisation

#### Responsibility

SMT, EQC, All Employees

#### Activities

1. Collection, Analysis & Reporting Methods:
  - Open-Door Policy – It is communicated to all employees (academic & non-academic), learners and other stakeholders that Safetech operates an open-door

policy to encourage communication, feedback, and discussion to support quality improvement

- Learner Feedback – ref. 2.1.5.1
- Employee Feedback – Employees are encouraged to provide feedback on all aspects related to their area of work (ref. 2.1.5.2)
  - Employee meetings – Employees will meet formally and informally within their department and with other departments, as required
  - Course Reports – Trainers will provide reports
  - Annual Survey – A survey will be circulated to all employees annually. It will be anonymous and encourage forward thinking and innovation
- Employee Support & Supervision – All employees participate in formalised support & supervision activities, including annual performance appraisal. This provides an opportunity for employees to identify their own development goals and to identify areas of good practice and for improvement.
- Class Observation – Teaching standards are evaluated, and any necessary remedial steps taken
- Other Stakeholder Feedback – Stakeholders are encouraged and facilitated to provide feedback formally and informally during meetings, through feedback forms (if appropriate) and formal reports, if required (ref. 2.1.5.3)
- Review of Facilities & Resources – Feedback will be obtained from relevant stakeholders on the suitability of facilities and resources for their course
- Review of Documentation – Learner feedback forms and trainer reports are viewed mid and at the end of programmes by the academic director
- SMT & EQC Meetings – The SMT & EQC will monitor reports submitted by department heads and relevant sub-groups at regularly scheduled meetings. They will provide summary reports to the MD and Board
- Quality improvement plans are regularly reviewed by the SMT & EQC

## 2. Responsibility:

- The SMT has overall responsibility for monitoring and reporting on operational and commercial matters. This ensures compliance with statutory and legal matters
- The EQC has overall responsibility for monitoring and reporting on academic matters. This ensures compliance with internal and external quality assurance guidelines, requirements, and obligations.
- Sub-groups carry out relevant monitoring and reporting activities delegated from the SMT & EQC

## Records

Records of Meetings, Feedback Forms, Surveys, Course Reports, Review Reports, Annual Appraisal Forms, Trainer Observation Forms

## 2.1.6.2 Periodic Internal & External Review

- Internal & external periodic QAS review is carried over a 3-year cycle
- Each section of the QAS will be internally reviewed at least once during the 3-year cycle

- The full QAS will be externally reviewed every 3 years or sooner if required, e.g., when preparing for self-evaluation and/or external quality review



#### Purpose

- To provide information about the whether the QAS is relevant, fit for purpose, reflective of current practice and compliant with any statutory, legal, and awarding body requirements

#### Responsibility

SMT, EQC, QM

#### Activities

1. The SMT & EQC agree the section(s) to be internally reviewed each year
2. Preparing for the Review
  - The SMT and EQC are responsible for agreeing and approving the review schedule and the scope of each review at least 3 months before the scheduled date
  - The following may trigger a review and/or a change in the area to be reviewed:
    - Updated regulations and/or guidelines
    - Organisational changes
    - Internal and/or external review or identified issues
  - The QM with support from the SMT and/or EQC is responsible for ensuring the review is facilitated and carried out within the specified timeframe
  - The QM will liaise with the relevant individual and/or sub-group to prepare all the relevant documentation and personnel that may be needed for the review

### 3. Carrying out the Review

- The QM is responsible for gathering any evidence requested and for maintaining the interview schedule
- The review includes and considers the following:
  - A review of all relevant documentation
  - Consultation with all relevant personnel
  - Does the QAS section reflect current practice, is it fit for purpose, relevant and useful?
  - Does it reflect current legal and regulatory requirements?

### 4. Closing the Review

- The QM is responsible for ensuring that all relevant personnel attend the closing meeting
- The reviewer(s) will provide a brief verbal report at this meeting and complete a full written report with 4 weeks of the review date

### 5. Reporting & Approval

- The QM is responsible for ensuring the final report is circulated to the Board, SMT and EQC
- The SMT and/or EQC are responsible for providing recommendations to the Board on improvement action implementation
  - The Board has final approval on any corporate actions
  - The EQC has final approval on all academic actions
- After final approval the QM is responsible for updating the QIP to reflect the improvement actions identified and approved

### 6. Implementation

- The QM is responsible for informing all relevant bodies and individuals about the updated QIP
- All bodies and/or individuals identified in the QIP are expected to carry out the improvement action(s) within the stated time
- The QM
- The Board, SMT and EQC will monitor implementation at regularly scheduled meetings

## Records

Evaluation Report, Records of Meetings, Document Control Register, External & Internal Review Reports, Quality Improvement Plan

### 2.1.6.3 Self-Evaluation

- The self-evaluation will be carried out every 3-years or sooner if required.
- It will focus the quality and impact of our activities on the learner experience and achievements. It will also consider the impact of our activities on other stakeholders.
- The self-evaluation may apply to a specific course or group of courses across several awarding bodies (if applicable).



#### Purpose

- To identify areas of effective practice and highlight any areas for improvement

#### Responsibility

SMT, EQC, Self-Evaluation Panel (SEP), Self-Evaluation Coordinator

#### Activities

1. Planning & Preparation
  - The SMT will be responsible for appointing a Self-Evaluation coordinator.
  - The SE Coordinators responsibilities include the following:
    - Getting agreement from the SMT & EQC on the scope of the self-evaluation
    - Setting an appropriate schedule and timeline
    - Informing the SEP members of the activity details
    - Drawing up the self-evaluation checklist based on the scope

- Ensuring the self-evaluation checklist is completed in line with the schedule and timelines

2. Gather Evidence – Evidence can be drawn from the following:

- Internal Verification Reports
- External Authentication Reports
- External Evaluator Reports
- Awarding Body Guidelines & Requirements
- Results Summary Sheets
- Certification Details
- Employees, Learner & Other Stakeholder Feedback
- Course Reports
- Management Reports
- Performance Measure Reports
- Interviews
- Surveys

**Note:** This list is not exhaustive, other sources of evidence may arise

3. Analyse & Make Judgements

- Attend meetings as required
- Analyse the evidence, make judgements, and agree action, if any required

4. Complete the SE Report & Update the QIP

- The chairperson is responsible for completing the SE Report
- The SE Coordinator is responsible for updating the QIP

5. Circulate SE Report & QIP

- The SE Coordinator will circulate the QIP and discuss any concerns with the relevant improvement action owners

6. Implement Improvement Actions

- The improvement action owner identified in the QIP is responsible for effective & efficient implementation of the action

7. Monitor Actions & Evaluate Impact

- The QIP will be added as an agenda item to relevant employees, sub-group, SMT & EQC meetings to ensure effective & efficient implementation
- Following a specified period of implementation, improvement actions will be evaluated for their impact

## Records

Records of Meetings, Self-Evaluation Checklist, Self-Evaluation Report, Quality Improvement Plan, Revised/Updated QAS

## 2.2 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
The QAS is fit for purpose, reflects current practice & meets awarding body guidelines	80% of policies, procedures & supporting documents are fit for purpose, reflect current practice & meet awarding body guidelines	Review of documentation	As per the document control register	As per the document control register
	90 % of employees report that the QAS supports their day-to-day work	Employees Meetings	SMT	Monthly
Embed a culture of quality improvement	10% or less of quality improvement actions identified during internal/external review & self-evaluation classified as high priority	Quality Improvement Plan Review	QM	Monthly
	90% of quality improvement actions closed within the specified time		EQC	Bi-Annually
	90% of quality improvement activities carried out within the specified time	Employees Meetings	SMT	Monthly
To improve performance levels and the quality of services	85% of learners reporting satisfaction with our performance & the quality of services	Learner feedback forms	Trainer, CIVC, CA	After every programme
		Summary reports	QM, TCM	Monthly
			EQC	Bi-Annually
Survey	SMT & EQC	Annually		
Objectives are aligned with the vision, mission, & values and obligations to external stakeholders	90% of activities have appropriately focused operational objectives, outcomes & performance measures	Operational Plans	SMT	Annually or sooner if required

### Quality Area 3: Programmes of Education and Training

To maintain the highest standards and quality in our course offerings, Safetech has put in place a systematic process for course development and review.

To ensure that we are providing the most holistic approach to learning, Safetech are actively monitoring the implementation and delivery of programmes of training

- Safetech continuously defines and improves its processes to review, improve, and develop programmes, which are already validated, being proposed for revalidation, or are being proposed for new validation by QQI.
- These procedures are continuously improved in policy and practice to reflect QQI's policies and criteria for validating programmes.
- Validation is a regulatory process that determines if a QQI award can be offered in respect of an individual programme.

All programmes will undergo continuous evaluation through feedback and any identified actions brought to EQ for review and consideration. Where a major change is identified to programme delivery, resources, assessments and learner engagement, the EQ will require a programme review team to evaluate and propose any alterations to EQ for consideration and approval stages

To ensure this compliance with QQI standards of teaching, learning and assessment, along with our internal quality policies and procedures (as detailed in the Quality Manual), we are committed to review annually the structure, content, entry requirements, curriculum and assessment strategies of the programme to ensure:

- Maintenance of academic and professional standards for the programmes/disciplines concerned, ensuring they conform to benchmarks and standards determined by QQI and the criteria contained in the National Framework of Qualifications.
- Ensuring that all proposed major changes to programmes are submitted to and approved by senior management and the EQ and - submitted to QQI for formalised approval.
- All that minor changes are recorded in the minutes of the Programme meetings at which they were agreed, and sent to the EQ for approval, prior to being incorporated into the Programme Schedule.
- We will ensure that the approved programme schedule is reviewed annually, and a record maintained of the evolution of the programme since its approval by QQI.

The Programme teams will review the Approved Programme Schedule at the first programme meeting of the year.

Programme Management meetings are held to ensure the quality, viability and success of all our programmes of education.

These will include but are not limited to:

- Defined Agenda

- Minutes of the previous meeting and reports
- Identified actions
- Communications from all stakeholders (tutors/ learners/ assessors)
- Feedback from stakeholders, to include learners and all relevant stakeholders
- Quality Policy developments and updates to procedures.
- Course evaluation reports and suggestions for improvement.
- Proposed future developments of the course.
- Learner performance – including bench markings
- Assessment matters e.g., planning of assessment, effectiveness of assessments, cross moderation, feedback from internal verifiers external authenticators
- Monitoring reports
- Any other business.

### 3.1 Course Development, Approval & Review Policy

<b>No. &amp; Version</b>	SPO4-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	CST

#### Purpose

- To ensure that courses are developed that meet awarding body requirements and afford learners the opportunity to maximise their learning experience

#### Scope

- Applies to all those who are involved in any element of course development
- Applies to the development of all accredited and non-accredited courses

#### Policy Statement

Safetech is committed to following best practice in course design, approval & review to meet the needs of our learners and awarding body requirements and guidelines. To meet this commitment, we will ensure that:

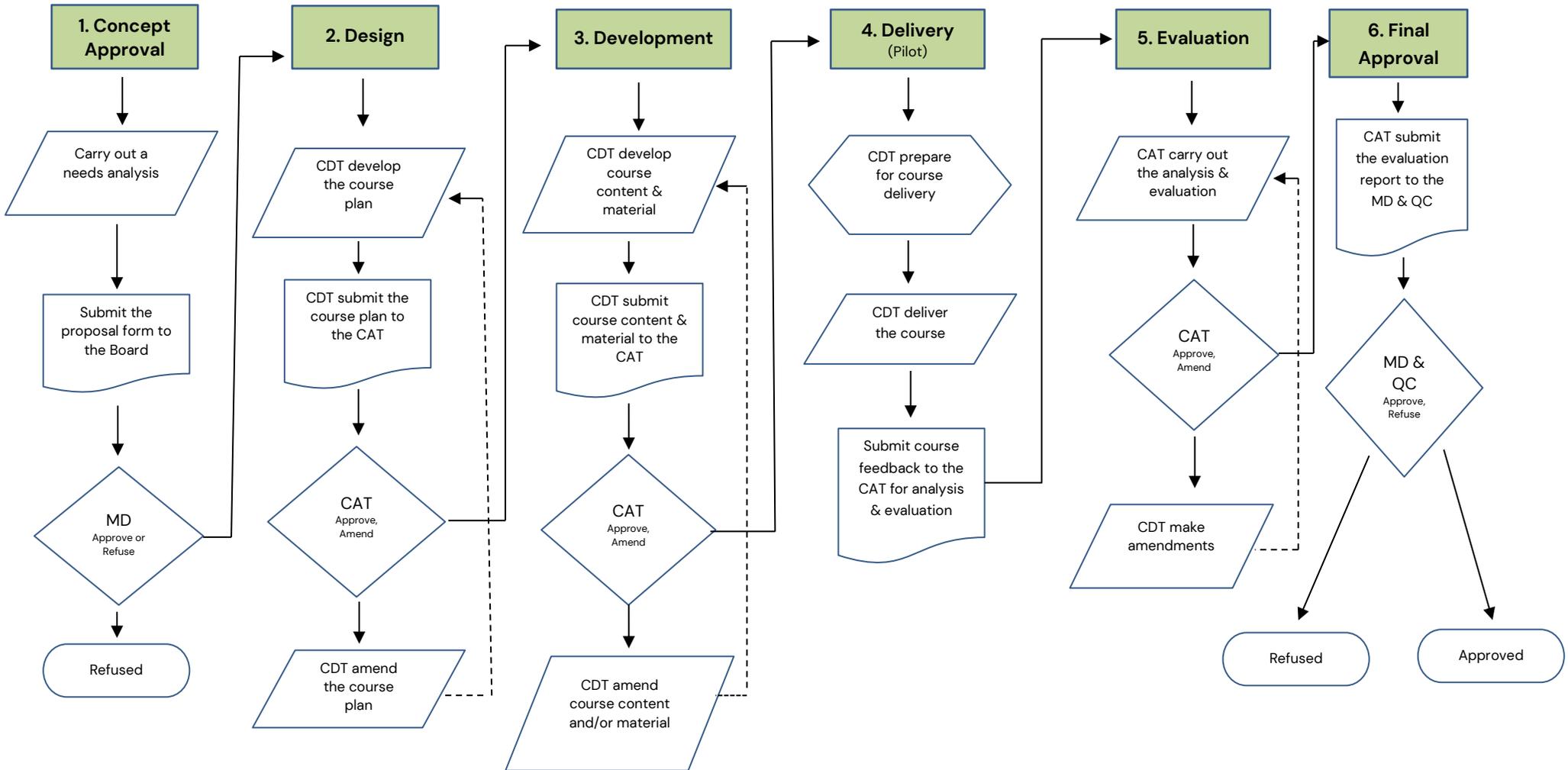
- Development considers the input from internal & external stakeholders and if the proposed course fulfils an identified need
- Courses have clearly defined learning outcomes, up to date content, robust assessment strategies, (formative & summative) and detail the expected learner workload
- There is clear separation between those who design and develop a course and those who have the responsibility for the various stages of internal approval.
- Course development complies with awarding body guidelines and requirements.
- Learners are provided with the opportunity for a smooth progression within and between courses, if applicable

- Where one course is a pathway to another, both courses are designed to ensure that learners can make a successful transition between them
- Where applicable, courses provide learners with a work integrated learning experience
- Development considers the mode of delivery and the learning environment
- Courses are subject to internal monitoring and periodic internal & external review

### Implementation

- The EQC has delegated responsibility from the Board and has overall responsibility for all aspects of course development.
- The EQC is responsible for ensuring a clear separation between those who design/develop course material and those who approve it.
- The CST has responsibility for implementing specific tasks associated with this policy
- The QM has responsibility for the day-to-day implementation

### 3.1.1 Course Development & Approval Flowchart



### 3.1.2 Concept Approval

- Concept approval involves the presentation of an idea for a new course supported by a robust needs assessment.
- The idea for a new course can come from any group or individual internally or external to the organisation

This will include:

Oversight of all aspects of training programme resourcing at operational level, from programme planning and allocation of programme resources, recruitment of new tutors, reporting of the suitability of proposed facilities, equipment, and material.

#### Purpose

- To ascertain if the development of a new course is feasible or not

#### Responsibility

MD, QM, TCM

#### Activities

- The idea for a new course may come from a variety of sources, including, but not limited to the following:
  - A review of market trends and needs
  - Internal monitoring i.e., review of learner and employee feedback
  - Consultation with other stakeholders etc.
- 1. The following criteria applies for a new course idea to be advanced to needs analysis:
  - a) Align with the organisations current and/or proposed scope of practice
  - b) Align with the strategic priorities and objectives
- 2. If advanced to a full needs assessment the following must be considered:
  - Relevance to the vision, mission, and strategic priorities & objectives
  - Evidence of market demand & learner need
  - Capacity of the organisation to develop and deliver the course
  - The rationale for providing the course
  - Accrediting body requirements & quality assurance implications
  - Expected course fees and ability of target group(s) to pay
- 3. The QM will lead the needs assessment and will liaise with the SMT and other relevant personnel to gather the required information
  - The QM will have the authority to delegate responsibility as required, e.g., to carry out market research etc.
- 4. The QM and/or TCM with support from the relevant departments and individuals will complete the course proposal form for submission to the Board for concept approval and movement to full development

5. The QM will all relevant stakeholders of the decision, i.e., approved or refused
6. If approved, the MD will convene a meeting of the CST and assign individuals (internal and external, if required) to course design/development and a separate group for approval

#### Records

Records of Meetings, Course Proposal Form, Emails

### 3.1.3 Design

- The design phase is focused on the components of the course from beginning to end
- Applies to all courses

#### Purpose

- To create a quality learning environment and experience for learners, trainer, and associated stakeholders

#### Responsibility

CST, Course Design Team (CDT), Course Approval Team (CAT)

#### Activities

1. The CST will assign individuals (internal & external, if required) to design/develop the course plan and separate individuals to approve at various steps in the process. These groups will be known as the CDT and the CAT
2. During the design phase the CDT will consider the following:
  - Learning outcomes, awarding body guidelines can be used to provide direction
  - Course details, e.g., award level, duration, minimum and maximum number of learners, learner profile, delivery location(s),
  - Delivery modes (including virtual) & teaching and learning methods
  - Learner learning styles & workload
  - Human resources – consideration should be given to trainer and administrative requirements
  - Financial resources – Consider the budget requirements for each phase from development to implementation and sustainability
  - Physical resources – equipment, facilities etc.
  - Learner access, transfer, and progression – transfer within a course or to another course should be considered
  - Admission & entry requirements
  - Curriculum structure – module sequence and duration
  - Learner support – including IT for virtual learning environments
  - Assessment strategy – consideration should be given to formative & summative assessment

- Quality assurance – Consideration should be given to internal monitoring, periodic review (internal & external) and evaluation

**Note:** There may be additional information required by the relevant awarding body

3. Record all the relevant information in the course plan and submit to the CAT for approval
4. The CAT will approve or recommend amendments – this process will continue until approval at which time the CDT will start the next phase

## Records

Records of Meetings, Course Plan

## 3.1.4 Development

- The development phase focuses on creating and/or obtaining course content and material
- Applies to all courses

## Purpose

- To ensure that course content and material meets learner needs and supports a quality teaching & learning environment

## Responsibility

CDT, CAT

## Activities

1. Course Development – During the development phase the CDT will:
  - Develop the course curriculum – Include the course aim, purpose, and objectives
  - Align the course curriculum with awarding body requirements, if applicable
  - Provide course details for marketing & promotion – ensure that all the information is provided so potential learners can make an informed choice about course participation
  - Create presentations and handouts
  - Create learner & trainer handbooks
  - Create detailed lesson plans & timetables
  - Develop the assessment strategy & tools, including formative & summative
  - Develop the evaluation/feedback tools – Ensure they are designed to capture information to inform continuous quality improvement and to show if we are meeting our objectives
2. Submit the course content and material to the CAT for approval
3. If required, make amendments are resubmit, this continues until approved at which point the CDT move to the next phase
4. Maintain records of activities for future reference

### 3.1.4.1 Formative Assessment

- To be utilised throughout teaching and learning, to monitor learner learning, identify gaps and provide feedback to learners of how they can improve their learning
- Use methods appropriate to the course and learner needs

### 3.1.4.2 Summative Assessment

- To judge learner learning achievement against the relevant standards and provide a grade
- Use methods appropriate to the course and awarding body guidelines and requirements

### Records

Records of Meetings, Course Material

### 3.1.5 Delivery, Evaluation & Final Approval

- The development phase focuses on creating and/or obtaining course content and material
- Applies to all courses

### Purpose

- To ensure that the course will meet learner needs in an effective and efficient manner

### Responsibility

SMT, CDT, CAT, MD, EQC

### Activities

#### Delivery

- The CDT with support from the SMT will pilot the new course
- The pilot will be delivered to a mix of learners and other trainers
- The attendees will be asked to evaluate the course and consider the following:
  - Course content
  - Support material
  - Delivery methods – including in-person face-to-face and in-person virtual, i.e., Zoom, Microsoft Teams and Webex
  - Assessment tools
  - The application of formative and summative assessment
  - Learner support
- Attendees will be asked to complete a feedback form and take part in a formal discussion to highlight any areas for improvement
- The CDT will collate all the feedback and present it to the CAT for analysis and evaluation
- The CAT will complete the analysis and evaluation and provide a report to the CDT which may include recommendations for amendments to one or more elements of the course

- The CAT present the evaluation report to the MD and EQC for final approval and a decision on implementation and rollout of the new course

### Records

Records of Meetings, Course Material & Content, CPD Records, Evaluation Report

## 3.2 Admissions Policy

<b>No. &amp; Version</b>	SPO5-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM & TCM

### Purpose

- To facilitate the enrolment of prospective learners onto their chosen course

### Scope

- Applies to all courses
- Applies to all learners who wish to enrol on a course

### Policy Statement

Safetech is committed to fair and transparent admissions onto all courses. To meet this commitment, the following applies:

- Provide accurate and up to date information so prospective learners can make an informed choice about course participation
- When contacted we will provide prospective learners with timely, factual, honest, and up to date information
- Develop and publish clear entry criteria for each course on offer
- Ensure procedures are fair and are only based on the course entry criteria
- Ensure that all applicants have an opportunity to demonstrate their suitability to enrol on the course of their choice
- Ensure applicants are only assessed on their attainment of the entry criteria and that we do not discriminate on any grounds
- Offer applicants a place on a course where there is a reasonable expectation that they can complete the learning journey, including any assessment requirements
- Support learners with opportunities for fair and consistent access, transfer, and progression
- Support recognition of prior learning, where appropriate and if applicable
- Ensure that prospective learners are made aware of their responsibility to inform themselves of the following before enrolling on a course:
  - Being a learner on a Safetech course
  - The course details
  - The workload and commitment required to complete the course
  - The entry criteria, costs, and any terms & conditions

## Implementation

- Training administrators are responsible for the registration of learners on the appropriate course
- The TCM is responsible for the day-to-day implementation of the policy
- The MD will monitor activities and provide reports to the Board and EQC at the next meeting

## 3.3 Access, Transfer & Progression Policy

<b>No. &amp; Version</b>	SPO6-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM & TCM

### Purpose

- To ensure that learners (potential & current) can access courses and have opportunities for transfer and progression

### Scope

- Applies to all learners and courses

### Policy Statement

At Safetech we are committed to ensuring that learners can avail of fair and transparent access, transfer, and progression to courses, which will include recognition of prior learning, where appropriate. To meet our commitment, we will:

- Provide potential learners with sufficient information to make an informed choice about course participation
- Provide access to courses that are delivered in a variety of methods that support learner needs, e.g., in-person face-to-face or in-person virtual learning environment, i.e., Zoom, Microsoft Teams, Webex
- Develop and publish clear entry criteria for each course.
- Provide learners with accurate, reliable, and timely information.
- Identify transfer and progression opportunities, where applicable.
- Ensure learners are aware of the transfer and progression options available to them, if applicable.
- Ensure that progression procedures are transparent, fair, and consistent.
- Ensure learners are made aware of the process involved in progression route.
- Provide learners with support to facilitate this move.

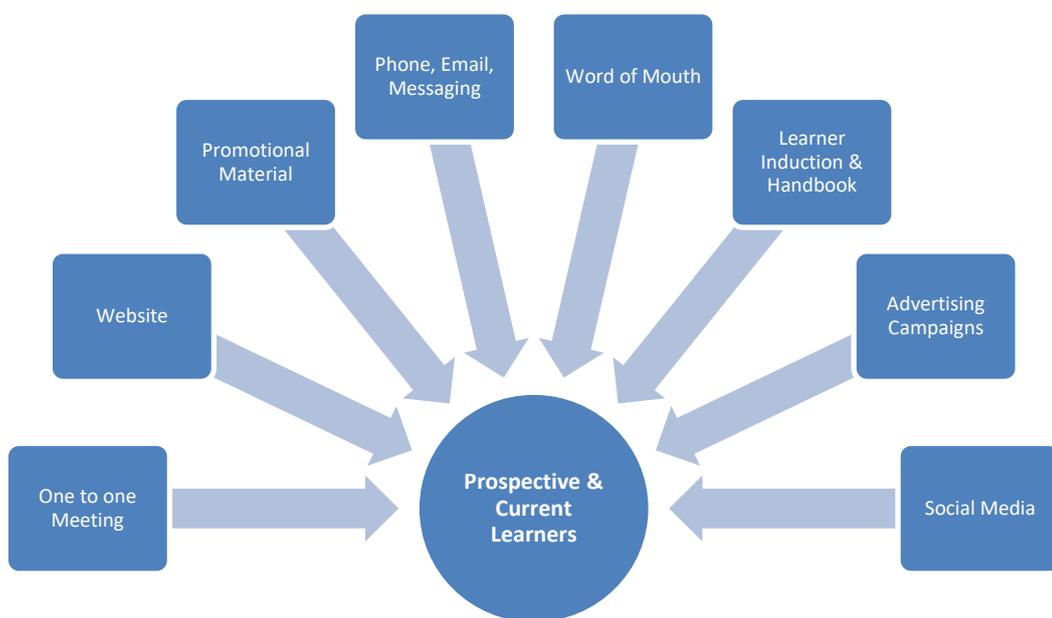
### Implementation

- The MD & EQC have overall responsibility for the implementation and monitoring of this policy and delegate appropriate responsibility, as required
- The CST has responsibility for ensuring clear information is available for learners on access, transfer, and progression

- Training administrators and trainers are responsible for ensuring that learners receive information about access, transfer, and progression
- The SMT have responsibility for day-to-day monitoring and implementation

### 3.3.1 Information for Learners (prospective & current)

- We promote our courses through a range of activities, through which prospective and current learners can access accurate and up-to-date information
- We are aware that accurate and timely course information is important to support learners to make an informed choice about their learning journey



#### Purpose

- To ensure that prospective and current learners have appropriate and sufficient information to make an informed choice about their learning journey

#### Responsibility

TCM, TA, Trainer

#### Activities

- Administration is responsible for obtaining and publishing information about all courses (Information can be obtained internally or externally). The following information must be made available to employees and learners:
  - The name of the awarding body and the title, award type and level on the applicable framework

- Clear eligibility criteria – including reference to the knowledge, skill and competency needed by the learner for successful participation on the course
- Arrangements to assess learner eligibility to enter and any further selection arrangements, if applicable
- Statements on Recognition of Prior Learning (RPL) for each course, if applicable
- Opportunities for transfer and/or progression associated with the course, including any relevant specific progression linkages
- Details of the learner supports that are available
- Details on the delivery method – in-person face-to-face or in-person in a virtual learning environment, e.g., Zoom, Microsoft Teams, Webex
- All communications and marketing documentation referring to a course leading to an award must include a statement of the entry requirements and a description of the transfer/progression possibilities into and out of the course
- Each department is responsible for providing any additional information that may be required for each course – e.g., duration, cost, assessment details, timetables etc.
- Training administrators will provide all relevant personnel with the information for each course in an easily accessible format
- Requests for information by learners should be directed to the most relevant source depending on the nature of the query

## Records

Promotional Material, Calendar of Events, Record of Meetings, Learner Induction, Course Outline & Action Plan, Learner Handbook, Learning Management System

### 3.3.2 Course Entry

- Course entry is through initial access or by transfer or progression

#### Purpose

- To ensure that learner entry is carried out effectively and efficiently in a fair and transparent manner

#### Responsibility

Administration, TCM

#### Activities

1. **Initial access** onto a course can be gained through:
  - a) Meeting the eligibility criteria for the relevant course
  - b) Recognition of Prior Learning (RPL), if applicable
- a) Meeting the Eligibility Criteria
  - Entry requirements are specified for each course and are appropriate to the type and level, including language requirements (see below)
  - They are published on the website, in promotional material and in handbooks
  - They are clearly stated for each course, and places are allocated in a fair and transparent manner
- b) Recognition of Prior Learning (RPL)
  - Learners can apply for RPL to gain admission to a course or
  - To gain exemptions/credit for specific parts of a course
  - RPL can be prior formal/accredited or non-formal/informal/experiential learning
2. **Transfer** is a process within Safetech where:
  - Learners can transfer internally from one course to another while gaining credit for their prior learning
  - Learners can transfer from another organisation to continue a course while gaining credit for their prior learning
3. **Progression** is a process within Safetech where:
  - Learners are provided with the opportunity to advance to the next level within an individual course to advance to a higher level on the relevant framework, e.g., progress from a level 5 to level 6 on the national framework of qualifications
  - Learners are informed of the progression opportunities following completion of their current course, e.g., their course might be a minor award but could lead to a major award in a specific discipline

**Note:** These guidelines should be read in conjunction with the RPL and Admissions Policies

#### 3.3.2.1 Language Requirements

- Please note that all courses will be delivered in English

- To access courses leading to QQI level 5 and 6 awards (or equivalent) learners will require a good level of English, both oral and written.
- The minimum standard required for learners whose English may not be their first language, or for those who have not completed primary or secondary education in English, is set at Level B2 on the Common European Framework of Reference for Language (CEFR) for those attending our level 3 programmes or B2 plus for those attending our level 5 or 6 programmes
- Evidence of competence and certification to this standard can also be demonstrated by means of the following assessments:

The following statements will expand the needs for language proficiency:

### **B2 Independent User**

Can understand the main ideas of complex text on both concrete and abstract topics, including technical discussions in their field of specialisation. Can interact with a degree of fluency and spontaneously that makes regular interaction with native speakers quite possible without strain for either party. Can produce clear, detailed text on a wide range of subjects and explain a viewpoint on a topical issue giving the advantages and disadvantages of various options.

### **Records**

Record of Meetings, Learner Handbook, Promotional Material, Website

### **3.4 Recognition of Prior Learning Policy**

<b>No. &amp; Version</b>	SPO7-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM & TCM

### **Purpose**

- To provide learners, with prior learning experience, the opportunity to get recognition for that learning and gain entry to a course

### **Scope**

- Applies to all applicable courses
- Applies to potential and existing learners

### **Policy Statement**

Safetech is committed to ensuring that our courses are accessible to a wide range of learners. We recognise that learning can come in many forms, such as, formal, non-formal and informal and that individuals may have extensive experiential learning. We are committed to recognising and promoting lifelong learning and will demonstrate this through offering RPL. Where possible and if applicable, The following applies:

- Learners can apply for RPL to gain admission to a course or exemptions/credit from some parts of a course, gain exemptions from elements of a course after admission, gain transfer from one course to another
- Learners can apply for RPL based on prior formal, non-formal and informal learning.
- Ensure that all RPL requests are dealt with by appropriately qualified and experienced academic employees
- Ensure that all RPL assessments are based on academic judgements and the learning outcomes associated with the relevant Course
- RPL assessments will be consistent, fair, and transparent and communicated to the applicant in a timely manner
- We will provide, assistance, support, and guidance on the RPL process to all applicants who can demonstrate that they meet the criteria
- We will provide accurate, up to date and detailed information about the application of RPL for all applicable courses

### Implementation

- Administration, QM, TCM and trainers are responsible for the day-to-day implementation of the policy
- The MD and QM will monitor activities and provide reports to the EQC at the next relevant meeting

### 3.4.1 Processing RPL Requests

- This applies to all applicable courses (refer to individual course details for more information)

### Purpose

- To ensure that an application for RPL is dealt with in an effective and efficient manner

### Responsibility

QM, TCM, Trainer

### Activities

1. When an application is requested, inform the applicant that they must:
  - Submit the application to the TCM in writing
  - What learning they are seeking recognition for and whether it is formal, non-formal or informal
  - The purpose of the recognition:
    - To gain admission to a course
    - Exemptions/credit from some parts of a course
    - Exemption from elements of a course after admission
    - Transfer from one course to another
2. Formal Prior Learning

- The QM and/or TCM with support from trainer carries out an assessment to determine if it aligns with the learning outcomes of the relevant course and what exemptions, if any, can be applied
  - Notify the applicant if exemptions have been granted or not and provide details and the rationale for the decision
3. Prior Informal or Non-Formal Learning
- The QM and/or TCM with support from trainer carries a review to determine if any of the evidence provided can be assessed for RPL
  - Notify the applicant if it is possible or not to assess the evidence provided and provide details and the rationale for the decision

### Records

Records of Meetings, Email, RPL Application Form, Learner Portfolio

### 3.5 Course Delivery

- For all in-person face-to-face or in-person in a virtual learning environment the following applies
- Training in all environments is 100% trainer led
- Trainers introduce and employ a variety of teaching and learning methods and resources, both inside and outside of the classroom, to enthuse, motivate, challenge, and involve learners, including:
  - Intelligent Questioning Techniques
  - Practical Activities
  - Interactive seminar- and tutorial-style sessions
  - Use of other interactive methods/resources
  - Trainer-led lessons
  - Case study-based group work
  - Research-based assignments – Self Study

### Purpose

- To ensure courses are effectively and efficiently delivered to meet learner needs

### Responsibility

TCM, TA, Trainer

### Activities

The following applies:

- At the beginning of each course trainer deliver a comprehensive learner induction to include an introduction to the organisation and the course
  - Induction content will be structured for relevance to each course

- Learners are provided with course material, which includes, a learner handbook, feedback forms, support material, suggested reading material, if applicable
- Learners are made aware of the learning objectives for each lesson to enable them to evaluate their own understanding and progress and to identify when they need help or clarification.
  - Learning objectives clearly distinguish the acquisition of subject knowledge from the development of learning and other skills.
- Success criteria are clearly defined for learners, so that they know what they must do to meet learning objectives and to achieve assessment outcomes.
- Lesson content is reinforced through formative assessment, key tests, and provision of learning resources available to learners
- In addition to subject teaching, every lesson shares a focus to reinforce and strengthen knowledge, skills, independent learning, communication, and reasoning skills.
- The delivery mode is as per the course plan and lesson plans
  - Trainer utilise a variety of delivery styles, a blend of power point teaching, video, demonstration, role play etc.
- Learners with identified support needs will be accommodated within the available resources
- Trainers are responsible for ensuring:
  - Learners have all course documentation e.g., handbooks, feedback forms etc.
  - All relevant documentation is completed and returned to the TA
  - All assessment activities are carried out according to the assessment strategy and plan detailed in the course plan
  - Returning assessment evidence to the TA
- Course delivery is systematically monitored, using a variety of methods including:
  - Peer Observation/Review
  - Course Reports
  - Attendance Records
  - Learner Assessment Results
  - Learner Feedback – Satisfaction Ratings, Delivery Ratings etc.
  - Employee Meetings
  - Learner Induction

## Records

Trainer Report, Learner Feedback Forms, Attendance Records, Records of Meetings, Timetables & Registers, Reasonable Accommodation Form, Observation Forms, Learner Induction Checklist

### 3.5.1 Learner Induction

- The induction will be carried out by trainer and include:
  - Instruction and guidance on how to access and login for virtual learning
  - Instruction and guidance on accessing and using the LMS

- Be provided with the contact details for the TA who will provide one-to-one support on the virtual learning environment
- Attendance, punctuality & absence
- Equality & Diversity
- Expectations & Code of Conduct
- The supports available, including key employees, e.g., dedicated TA
- Safety Health & Welfare
- Policies & Procedures, including Complaints & Appeals etc.
- The opportunities to give & receive feedback and any other information
- Learner Handbook – Hard and/or soft copy
- Course details, including assessment and timetable
- Links to on-line resources, if applicable

### Records

Induction Checklist and Attendance Sheet

### 3.6 Course Monitoring & Review

- Course monitoring and review is iterative and takes place at points throughout a 3-year cycle culminating in institutional self-evaluation.
- It applies to all Safetech courses

### Purpose

- To ensure the course remains relevant, fit for purpose, up to date and is delivered in an effective and supportive learning environment

### Responsibility

MD, QM Trainer, TCM, CIVC, CA, EQC, CST, Course Review Team (CRT)

### Activities

#### Course Monitoring

- Courses will be monitored against specific performance measures to ensure it is meeting the relevant objectives
- Learner feedback forms will be reviewed and summarised by the trainer after each course and a report will be provided to the TCM and/or QM
- Online feedback forms will be distributed from the LMS after the training, the results will be analysed by the CIVC, and summery reports provided for the TCM & EQC
- Trainer feedback reports – will be reviewed and summarised by the TCM and a report will be provided to the QM
  - Trainer reports will include a self-reflection on own performance and overall course effectiveness.

- The course report review will include reference to, content and structure, learner achievement, remediation, disciplinary procedures, safety issues, communication with learners.
- Stakeholder (agencies, employers etc.) feedback will also be obtained where relevant, e.g, a booking survey
- The MD and/or QM/TCM will provide a report at regularly scheduled employees meetings, where areas of good practice will be shared and areas for improvement identified and delegated for implementation
- The QM will provide summary reports for the EQC at the next scheduled meeting

#### **Periodic Review**

- The CST will appoint a CRT to carry out an annual review of specific courses
  - The CRT will include relevant course personnel and external expertise, if required
- The review will be carried out against the relevant objectives and performance measures and aim to identify areas of good practice and improvement
- The CRT will review and use feedback from:
  - Learner enrolment, achievement & progression
  - Trainer reports
  - Learner feedback forms
  - Stakeholder meetings
  - Training administrators
  - Course material
  - Internal verification reports, if applicable
  - External authenticator and/or evaluator reports, if applicable
  - External evaluation/review reports

**Note:** there may be other sources of information and evidence to inform the CRT

- The CRT will consider:
  - If the course is still relevant, fit for purpose and meeting relevant objectives and performance measures
  - If the stated aims and learning outcomes of the course are appropriate
  - If the teaching processes and assessment strategies are appropriate and effective
  - If sufficient resources are available and provided for the course
- The CRT will complete a detailed report which will include any identified areas for improvement
- The report will be presented to the EQC at the next scheduled meeting by the QM.
  - The EQC and/or SMT will approve any identified improvement actions
- The QM will be responsible for updating the QIP and informing those responsible for implementing any new improvement actions
- If required, the MD and/or QM will notify the awarding body of any proposed major changes before offering the modified course to learners

### 3.6.1 Amendment/Updating

- It is common that systematic monitoring and periodic review may highlight areas for improvement at any stage in the quality improvement cycle.
- This applies to all courses and may come through informal and formal quality improvement activities and may result in a need for course amendment/updating.
- When identified quality improvement changes can be categorised as minor or major
  - A minor change is an adjustment that **does not** have a significant impact on the learning experience, such as changes to the aims, objectives and/or outcomes etc.
  - A major change is an adjustment that **does** have a significant impact on the learning experience, such as, changes to a large portion of the course content, the removal of course modules, or the complete withdrawal of a course from the portfolio

#### Purpose

- To ensure that the quality of the learning experience is maintained

#### Responsibility

SMT, EQC, CST, CAT, QM, TCM

#### Activities

The following applies when the need for a change is identified:

1. The QM is responsible for recording any identified changes on the QIP and notifying the relevant body and/or individual of their responsibility in the implementation, including any approvals
2. The SMT are responsible for ensuring that any change relevant to their department is implemented and will liaise with any group and/or individual to complete the work
3. If the need for a change arises during the delivery of a course the QM and/or QM will inform the relevant group and/or individual who will implement the change as soon as possible
4. The SMT have delegated authority from the Board to organise and oversee the implementation of any changes

<p>5. The CAT has delegated authority to approve any minor changes that may impact academic standards or requirements</p> <p>6. Any major changes will have to be approved by the Board and/or the EQC before implementation can be delegated and carried out.</p> <p>7. The MD and/or QM will be responsible for informing the relevant awarding body, if required</p>
<b>Records</b>
Records of Meetings, Course Material, Document Control Register, Email

3.7 Monitoring & Review				
Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Courses are up to date, fit for purpose and reflect stakeholder needs	90% of learners report that they are satisfied with the course content	Feedback forms & feedback summary reports	CIVC & TC	After each course
	90% of learners report that the course met their needs		SMT	Monthly
			EQC	Annually
	90% of clients report that the course met their needs	Records of Meetings, Correspondence	MD & TCM	After each course
			SMT	Monthly
			EQC	Annually
Prospective learners are provided with sufficient and appropriate information to make an informed choice about course participation	5% increase from the previous year in learner enrolling on courses	Management Reports	SMT	Monthly
			EQC	Annually
	90% of courses achieve enrolment above minimum accepted numbers	Management Reports	SMT	Monthly
			EQC	Annually
Effective & efficient learner support	90% of learners complete their course	LMS Reports & Annual Report	CIVC & TCM	Weekly
			SMT	Monthly
	90% of learners achieve certification		EQC	Annually

## Quality Area 4: Staff Recruitment, Development & Management Policy

- At Safetech we consider our employees as our greatest asset and have developed and implemented our recruitment, development, and management processes to attract, develop and retain high quality people.
- Our employees provide us with the knowledge, skills and experience needed to deliver courses to the highest possible levels.
- They enhance and improve the learner learning experience and ensure the sustainability of the organisation.

### 4.1 Staff Recruitment, Development & Management Policy

<b>No. &amp; Version</b>	SPO8-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT

#### Purpose

- To ensure that the organisation has enough qualified, experienced, and professional employees to support learners through their learning journey

#### Scope

- Applies to all positions within Safetech

#### Policy Statement

Safetech believes that all employees, have a direct impact on teaching and learning and on the learner experience. We are committed to attracting, developing, and retaining the most suitably qualified candidates to fill all vacancies. The following applies.

- Identify any gaps in the current workforce and potential future needs in line with our strategic priorities and objectives
- Employ enough suitably qualified employees to ensure that learners are supported to achieve their educational goals
- Ensure a systematic approach to recruitment, professional development, and employees management

- Advertise, interview, and appoint employees in accordance with our equal opportunities culture. Selection for employment, promotion, training, or any other benefit will be based solely on aptitude and ability
- Ensure that when recruiting a trainer, they are appropriately qualified and experienced in the relevant area of practice.
- Provide employees with supportive management, open communication, and proactive personal development structures.
- Issue all employees with a contract of employment outlining their terms and conditions of employment.
- Consider succession planning, retention, reward, and recognition to support organisational development and sustainability

### Implementation

- The SMT are responsible for the day-to-day implementation of the policy, relevant to their department and areas of responsibility
- The SMT and EQC have overall responsibility for the identification of academic employee requirements, recruitment, development, and retention

### 4.1.1 Recruitment

- Applies to recruitment for all personnel who will be directly employed (fulltime & part time)

#### Purpose

- To ensure that the organisation has appropriately qualified and experienced personnel to meet all education and training requirements

#### Responsibility

SMT, EQC, Administration

#### Activities

##### 1. Agree the Selection & Appointment Plan

- Chose the methods of recruitment
  - Will it be for internal and/or external candidates or both?
  - Will the selection & appointment be carried out by internal personnel, or will a recruitment company be used?
- Set the timeframe for completion
- Complete the job description and person specification
- Agree who will be participate in the recruitment process (internal and/or external members)

##### 2. Advertise the Position

- Advertise the position internally (on notice boards, via email, at employee meetings etc.) and externally on recruitment websites, social media, print media and/or utilise a recruitment agency, if required
- Applicants are invited to send their applications to administration who will reply to all applicants acknowledging receipt of their application and inform them of the expected timelines for the next phase.
- Once the deadline for applications has passed administration will compile all applications and make them available to the recruitment panel.

### 3. Selecting a Candidate

- The recruitment panel will screen all applications against the set criteria, i.e., job and person specification.
- The most suitable candidates are selected for interview
  - The interview schedule is agreed, and administration is notified. (short listing may apply)
- Administration will notify all applicants if they have been selected for interview and inform unsuccessful candidates of their opportunity to receive feedback.
- Those selected for interview will be informed of any requirements for the interview e.g., making a short presentation etc.
- The recruitment panel carry out all interviews and score each candidate accordingly.
  - If necessary, a second round on interviews may take place.
- The panel must come to a joint decision about which candidate will be offered the job: no one can abdicate responsibility.

### 4. Appointing a Candidate

- References are checked prior to making a job offer.
- If required, Garda Vetting will be carried out prior to making the job offer
- When the panel is satisfied with the references and Garda vetting has been complete, the applicant is to be sent a written offer with details of starting date, salary, induction, and the date by which s/he must give written acceptance
- Once the successful candidate has accepted the offer, unsuccessful candidates (from interviews) are informed in writing/by email and offered feedback.
- Once agreement has been reached the prospective employee is issued with a contract of employment along with the employees handbook and other relevant documentation.
- When the appointment is complete an induction will be scheduled

**Note:** If no one proves suitable for the post, the vacancy will be re-advertised.

## Records

Records of Meetings, Gap Analysis, Job Descriptions

#### 4.1.2 Staff Communication

- Good two-way communication is essential to maintaining a positive working and learning environment and plays an important role in employees and organisational development.
- We use of a variety of channels of communication to ensure that:
  - Relevant people receive the necessary information in a timely manner
  - The views of employees are collected and used to inform practice
  - Employees are kept informed of issues related to their area of work
- We encourage the use of the most effective communications mechanisms, depending on context. The graphic below provides an illustration of the communication mechanisms



## Staff Meetings – Formal & Informal

- The SMT meet with employees informally daily, where they are encouraged to highlight and discuss any issues or concerns, they may have.
  - Any issue identified will be noted by management for discussion at the next management meeting and the employee will be invited to attend if deemed appropriate.
- Employees have an opportunity to meet during breaks and may discuss the day's activities or wider issues concerning the centre.
  - This can be an opportunity to hold discussions or present information if required.
  - Employees are encouraged to pass any relevant information to management.
- An open-door policy is in operation should any employee wish to meet with any member of management.
- Formal staff meetings are scheduled weekly, monthly, and annually
- Weekly team meetings are held by each department
  - These meetings are typically held at the beginning of the week to share information, update employees, assign responsibilities and obtain employees feedback on the previous week's activities.
  - Minutes will be taken, actions agreed and circulated to all relevant employees via email.
  - Matters arising at staff meetings will form part of the agenda for weekly management meetings.
- There is a monthly formal employees and management meeting
  - The meeting is chaired the MD or TCM
  - The following items form part of the agenda for these meetings:
    - a) Review learner feedback forms, discuss any potential changes or improvements identified in the feedback
    - b) Review trainer/employees reports, discuss any potential changes or improvements identified in the feedback
    - c) Discuss course attendance rates etc.
    - d) Discuss any areas for improvement in all education & training activities
    - e) Communicate relevant organisational information to the employees
    - f) Ensure all employees are aware of any new courses, if applicable
    - g) Provide information on upcoming workshops or CPD opportunities
    - h) Introduce new employees members
    - i) Address any other issues raised
  - The meetings are documented by a member of employees assigned at the start of the meeting
  - Records of meetings are maintained for future reference

## Annual Staff Meeting/Workshop

- All employees will attend the annual workshop and organisational review.
- The workshop will focus on the organisations mission and objectives and how this impacts the daily work of all employees. This will be a full review and will include:
  - The Learner Journey from initial access to certification

- Quality Assurance
- Course Review
- Administration
- Employees CPD
- All SMT members will be asked to present an annual report to the meeting
- A summary report of trainer feedback will be presented by a lead trainer
- These annual reports will be circulated to all employees for consideration and comment.
- Information will also be drawn from: learner feedback, external monitoring reports, assessment results, enrolment and retention rates, class attendance etc.

### Other Communication Channels

#### a) Staff Emails & Phone

- All employees will have access to a work email. Information from management is communicated through email.
- Employees are required to check their emails daily and to respond as required.
- Employees are encouraged to communicate by phone when required and appropriate

#### b) Website and Social Media

- Information can be posted to the website for reference after it has been delivered through another medium i.e., meetings, emails etc.
- Employees may also receive and send messages and use Zoom, Microsoft teams and WhatsApp

#### c) Policies, Procedures & Supporting Documents

- Employees are provided with access to all relevant policies, procedures and supporting documents
  - Employees are asked to sign a declaration to confirm that they have read and understood the policies and procedures and agree to abide by them.
- Employees receive a copy of the handbook together with their contract prior to commencing any work activities.
  - On the first day during induction, the relevant line manager covers all the information in the handbook in detail.

#### d) Course Feedback & Reports

- Employees will review learner feedback after each course in preparation for the next scheduled employees meeting
- A summary of the course reports will be made available for all employees

#### e) Performance Management Process

- All employees will engage in the performance management processes where they will have the opportunity to express their views of organisational performance and influence change

### 4.1.3 Development

- Applies to development of all personnel who are directly employed (fulltime & part time)

#### Purpose

- To ensure that the organisation has appropriately qualified and experienced personnel to meet all education and training requirements

#### Responsibility

SMT, EQC

#### Activities

- Employee Induction, including information and guidance on, in-person face-to-face delivery and in-person virtual delivery, i.e., Zoom, Microsoft Teams, Webex
- Annual training needs analysis
- Develop a development plan for each employee, including upskilling in course delivery methods, if required
  - In-person training via Zoom, Microsoft Teams, Webex
  - External training, <https://www.ruralenterpriseskillnet.ie/resource/>
- Formal and informal meetings carried out to discuss personal development plans and feedback on completed training and development events.
- Organisation of internal training events (annual training day for all employees on QA developments and updates).
- Training/upskilling requests from employees – employees are encouraged to request any training/upskilling that they deem necessary to maintain their effectiveness or expand their abilities.
- Regularly scheduled support and supervision meetings
- Peer review and feedback
- Annual performance review.
- Employees attend external development training, conferences, and seminars etc.
- Membership of related professional bodies and online social media groups.

## Records

Induction Schedule & Checklist, Employees and Trainer Handbook, Email, Texts, Website, Memo's, Diary Entries, Record of Meetings, CPD Records, Learner Feedback Forms, Performance Review Forms, Records of Meetings

### 4.1.3.1 Employee Induction

- Each new member of employees will receive an induction into the organisation
- The induction will include the following:
  - a) A welcome to the organisation
    - An introduction to all employees
    - Facilities Orientation
    - Organisational Overview
  - b) Employees Role
    - Accountability – Reporting Lines
    - Responsibilities
    - The Learning Environment
    - Syllabus and Methodologies (for academic employees)
  - c) Policies and Procedures
    - Quality Assurance
    - Health and Safety
    - Equality & Diversity
    - Code of Conduct
    - HR – Grievance, Discipline, Holidays, Salary Arrangements etc.
  - d) Systems and Resources
    - Computer Systems
    - Learning Management System
    - Virtual Learning Systems, i.e., Zoom, Microsoft Teams, Webex
    - Filing – Manual & Electronic
    - Equipment, Resources
    - Administration
    - Quality Management System
  - e) Professional Development
    - Personal development opportunities
    - Formal & informal feedback

- Support & Supervision
- Performance Review

#### 4.1.4 Management

- Employees management is a process in which managers and employees work together to plan, monitor, and review work objectives and overall performance.
- It is a continuous process of setting objectives, assessing progress, and providing regular and appropriate support and feedback to enhance performance

#### Purpose

- To improve performance, achieve strategic objectives and promote personal development

#### Responsibility

SMT, Supervisors

#### Activities

##### 1. Probationary Period

- You join us on an initial probationary period of six months or as indicated in your individual contract of employment.
- Based on the performance, the length of the probation period may be extended
- On successful completion of the probationary period, you will become a member of our regular employees

##### 2. Support & Supervision

- Informal feedback is an integral part of the continuous communication/interaction between the manager and employee and should be considered part of the daily tasks
- Employees should be continuously informed of their progress (successes & areas for improvement)
- Formal feedback should take place every quarter, and include:
  - Achievement for the quarter
  - Targets for the next quarter
  - Any challenges

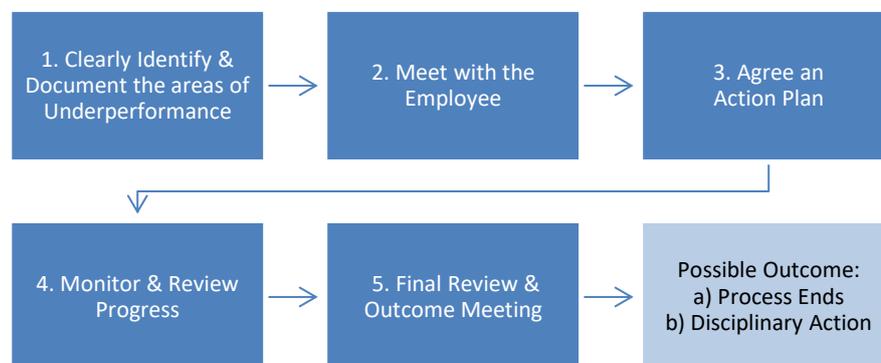
- Areas for improvement
- Support needed

### 3. Annual Performance Review

- The formal performance review will take place annually for established employees.
- For new employees the first formal performance review will take place at the end of their probation period and annually thereafter.
- The review will be collaboration between the employee and their manager.
- The following applies for the annual review
  - Employee completes an end of year review form
  - Manager reviews end of year performance and achievements
  - Employee completes the performance development plan
  - Manager reviews and approves performance development plan
- The performance development plan will include:
  - Objectives for the coming year
  - Development Goals – Identified training, mentoring or work experience
  - Progress Reports – Against previous targets and objectives
  - Reviewed Outcomes
  - Updated Plan
- A copy of the employee performance plan will be retained by management and the employee for the next support and supervision meeting and may be updated accordingly
- A record of the annual performance review will be provided to the employee and a copy will be maintained by management for future reference

### 4. Managing Underperformance

- The department manager/supervisor is responsible for managing underperformance
  - Support from other members of the SMT will be provided, if required
- Maintain documented records of all activities and retain for future reference
- Where underperformance has been identified the following applies



1. Clearly identify and document the areas of underperformance

- Reduced quality of work – review of learner feedback, progression, grades etc.
- Punctuality and absenteeism
- Unprofessional conduct – with learners and/or other employees

**2. Meet with the Employee**

- Reiterate the job expectations and performance standards
- Discuss and manage the employees' expectations of the job
- Highlight the areas of concern
- Ensure the employee that this is not a part of the disciplinary process but that it could lead to that if the issues persist
- Discuss and agree the areas of underperformance

**3. Agree an action plan – this may include, but is not limited to:**

- Outline the actions each party is responsible for
- Agree the timeframe for performance improvement
- Outline the potential consequences for serious issues or lack of progress
- Highlight the supports & resources that may be provided, these include but are not limited to the following:
  - Update/refresh knowledge and understanding
  - Review guidelines, documentation, materials, resources and/or literature
  - Observation and feedback
  - More detailed planning
  - Internal coaching or mentoring
  - External training (certified or non-certified)
  - Adjustment to tasks
  - Time off etc.

**4. Monitor & Review Progress**

- Agree a monitoring and review schedule
- Schedule daily/weekly meetings depending on the circumstances
- Recognise and acknowledge progress
- Check for any challenges
- Update the action plan, if required
- Provide regular and constructive feedback

**5. Final Review Meeting**

- Provide the employee with details of the progress against the job expectations and agreed performance standards
- Inform them of the outcome, the two possible outcomes are:
  - a) Where improvements have been achieved to the required standard, no further action will be taken
  - b) Where improvements have not been achieved to the required standard, formal disciplinary procedures will be implemented.
- This decision and the underpinning reasons will be communicated to the employee in writing by relevant manager

**Records**

## 4.2 Code Of Conduct

- This code of conduct applies to all personnel working for or on behalf of Safetech. Personnel are expected to:
  - Treat learners, other employees and associated stakeholders with courtesy and respect
  - Comply with reasonable requirements or instructions given by management
  - Familiarise themselves with and adhere to all policies and procedures
  - Carry out their duties with integrity, care, and diligence
  - Promote and protect the good reputation of Safetech
  - Preserve the confidentiality of all information attained by them in the course of their work
  - Continue to develop their effective contribution by participating in the training and development activities
  - Not act in a way which is discriminatory towards individuals or groups for reasons of gender, disability, age, religion, family status, race, civil status, sexual orientation, or membership of the travelling community
  - Take reasonable steps to ensure the health, safety and welfare of themselves, other employees, learners, and other stakeholders
  - Avoid inappropriate physical contact unless in an emergency
  - Dress in a way which is appropriate to their position and duties
  - Be absent from work only when authorised
  - Be punctual to demonstrate respect for others and make best use of working time
  - Refrain from using offensive language
  - Not attend work or carry out duties whilst under the influence of alcohol, illegal drugs or other substances which prevent them from doing so competently

### 4.3 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Attract high-quality personnel	90% of learners satisfied with their learning experience	Feedback Forms	CIVC & TC	After each course
			SMT	Monthly
		Annual Report	EQC	Annually
		Records of Meetings	SMT	Monthly
		Annual Survey	SMT & EQC	Annually
Effective & Efficient employees support	90% of employees satisfied with the performance management activities  90% of employees are satisfied with the support they receive	Support & Supervision Meetings	SMT	Monthly, Quarterly, Bi-Annually (specific to individual employees members)
		Performance Review	SMT	Annually
		Employees Survey	MD	Annually
Employees engage in continuous professional development	90% of employees have up to date and appropriate qualifications	Employees Records	SMT	Annually or sooner if required

## Quality Area 5: Teaching and Learning

### Teaching & Learning

Safetech is committed to providing a learner environment that enables learners to achieve their maximum potential. Our teaching and learning policy outline our approach to adult learning and the need to make all learning environments holistic in both learners contact delivery and self-directed learning.

Safetech promotes a learning model and ethos that ensures flexibility for adult learners and recognises that managing learning with day-to-day work and family life can be challenging. All learners are supported in a timely manner and have effective access routes to programmes that provide both supports and continuous engagement with tutors.

Safetech is committed to providing a learning environment that enables Learners to reach their maximum potential while achieving the best possible assessment results.

This policy outlines our approach to teaching and learning and learning is informed by an understanding of the needs of adult learners in the field of vocational education and training, and an appreciation of the challenges faced by adult learners both in developing their knowledge, practical work-based skills and competencies, and in sustaining a motivated approach to self-directed learning.

We will achieve this by:

- Ensuring teaching and learning activity is professional, positive, engaging and a rewarding collaboration between Learners and trainers.
- Ensuring learners fully understand the learning objectives of their Programme at every stage.
- Assisting learners to develop the skills, confidence, and motivation through engaging in a positive learning experience.
- Approaching teaching and learning with an open mind, actively seeking new ways to motivate and engage Learners.
- Utilising the technologies and other resources available to enhance the learning experience.
- Providing each learner with the opportunity, resources and support they need to fulfil their potential.
- Providing trainers with the opportunities, resources and support they need to fulfil their potential.
- Encouraging trainers to be reflective, assess their own performance and development needs, and to work together to share best practice and support each other's development.
- We use a variety of pedagogical methods, and these are evaluated and monitored and adjusted as required for our learner needs.

This can be illustrated by Knowles' five assumptions regarding adult learners:

- Self-Concept – Because adults are at a mature developmental stage, they have a more secure self-concept than children. This allows them to take part in directing their own learning.
- Past Learning Experience - Adults have a vast array of experiences to draw on as they learn, as opposed to children who are in the process of gaining new experiences.
- Readiness to Learn - Many adults have reached a point in which they see the value of education and are ready to be serious about and focused on learning.
- Practical Reasons to Learn - Adults are looking for practical, problem-centred approaches to learning. Many adults return to continuing education for specific practical reasons, such as entering a new field.
- Self-Concept. As a person matures his/her self-concept moves from one of being a dependent personality toward one of being a self-directed human being.
- Adult Learner Experience. As a person matures, he/she accumulates a growing reservoir of experience that becomes an increasing resource for learning.

At Safetech we believe that high-quality teaching and teaching and learning environment leads to a high-quality learning experience for our learners.

We aim to operate in an open, supportive, and reflective environment that supports the personal and professional development of our learners and employees.

### 5.1 Teaching & Learning Policy

<b>No. &amp; Version</b>	SPO9-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM

#### Purpose

- To ensure consistency in the quality of learning environment and the learning experience

#### Scope

- Applies to all courses, all trainers, employees, and associated stakeholders

#### Policy Statement

Safetech is committed to providing a high-quality learning environment that enables learners to reach their maximum potential while achieving the best possible assessment results. To meet this commitment, we will:

- Systematically monitor, review, and evaluate the learning experience
- Ensure trainers are appropriately qualified & experienced to teach the course
- Design and integrate critical reflection to generate and document learner learning before, during and after their experience
- Systematically monitor, review, and evaluate courses and associated activities
- Ensure that pedagogic styles reflect national and international best practice
- Respect and attend to the diversity of learners and their needs, enabling flexible learning pathways, i.e., admission, transfer & progression
- Consider the use of different modes of delivery, where appropriate and if possible
- Encourage a sense of autonomy in learners, while ensuring that appropriate, timely and effective support is available

- Promote mutual respect between trainer, employees, and learners through ensuring a professional, positive, engaging and rewarding collaboration
- Ensuring learners are provided with the resources and support they need
- Systematically monitor, review, and evaluate premises, equipment, and facilities

#### Implementation

- The SMT & EQC have overall responsibility implementation and monitoring of the policy
- The SMT are responsible for the day-to-day implementation, relevant to their department and areas of responsibility
- All employees, trainer and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

### 5.1.1 Creating a High-Quality Teaching & Learning Environment

- Safetech believes that the teaching and learning environment plays a significant role in learners having a high-quality learning experience.

#### Purpose

- To provide personnel with a framework which enables our learners to acquire the knowledge, skills and competencies required to achieve the personal and educational goals

#### Responsibility

SMT, EQC and All Employees

#### Activities

The following Applies:

- The learning spaces are accessible and reflect the learning needs of learners
- Teaching & learning is enhanced and supported by appropriate technology & resources
- Training locations are well-maintained and organised
- The learning environment is a welcoming, safe, orderly, inclusive, calm, purposeful and supportive, where learners trust one another, feel respected, learn, and can take risks.
- Learners and employees demonstrate respectful behaviour on the daily basis
- Learners are encouraged to participate in their learning through asking questions, collaborative work, presentations, oral communication etc.
- Class sizes allow for individualised learning, learner discussions and questioning
- There is effective employee collaboration and shared best practice on teaching & learning
- Employees are supported through effective support networks and have access to relevant continuous professional development.
- The learner voice is welcomed & encouraged in a variety of ways

- There is attention to learner and trainer attendance and punctuality, and appropriate action is taken to address areas of concern
- There is an inclusive and progressive teaching environment
- Learners are motivated by their learning, they can identify what they are learning and why, through specified learning outcomes & timely and constructive feedback
- Flexible learning pathways are incorporated into access, transfer & progression

## Records

Facilities, Equipment & Resource Lists, Learner & Employees Files, Attendance Sheets, Policies & Procedures, Records of Meetings, Employees, Trainer & Learner Handbooks, Learner & Trainer Feedback, Course Material

## 5.1.2 Course Delivery

- In response to the Covid-19 emergency and to meet learner and stakeholder needs Safetech delivered courses online utilising our existing technology and learning management system
- Safetech courses are now delivered in-person face-to-face and in-person in a Virtual Learning Environment (VLE), predominately using Microsoft Teams but can also utilise Zoom and Webex, if required
- In each environment the teaching is 100% trainer led with learners receiving the same high quality learning experience.

### 5.1.2.1 In-Person: Virtual Learning Environment

- Our focus is to ensure we deliver high quality, relevant and current learning opportunities for all, which are grounded in our mission and core values and adhere to all educational and awarding body requirements
- The aim is to make use of technology available to assist in the development of effective training interventions that achieve our strategic objectives, by imbedding appropriate innovative training provision in our organisation
- The in-person VLE takes into consideration:
  - Changing learning environment for adult learners driven by stakeholder requirements.
  - Adaptation of/evolution of delivery methods
  - Availability of online resources
  - Accessibility for learners
  - Need for work/life balance
  - Supporting societal shift/enriching students' environment by providing diversity
  - Inclusion – people with physical requirement/additional needs
  - Escalation/acceleration due to COVID.
  - Learning must keep in line with evolution of work
  - Awarding body providing support and encouragement

- Learners having greater autonomy in learning anytime, anywhere, any place.
- Learners have access to customised learning

### 5.1.3 Resourcing & Maintaining the T&L Environment

- Safetech has and/or will put in place appropriate and relevant resources to meet the needs of employees (academic and administrative) and learners

#### Purpose

- To ensure the provision and maintenance of a high-quality teaching & learning environment

#### Responsibility

Board, SMT, EQC, QM, TCM, All Employees

#### Activities

The following applies:

- The Board will ensure that there are sufficient and appropriate facilities, equipment and resources and will delegate authority as appropriate
- The SMT & EQC will be responsible for monitoring and reviewing the availability of equipment and resources
- Dedicated staff will be provided with upskilling to provide learners who register on a VLE course with IT support
- An external IT provider will be engaged to provide support for the VLE platforms
- The QM and TCM will have overall responsibility for the provision of resources for academic employees and that the facilities meet their needs.
- The TCM will have overall responsibility for the provision of resources and the maintenance of facilities for all employee and learners.
- The monitoring, review and evaluation of premises, facilities and resources will be carried out during regularly scheduled activities and addressed at weekly employee and management meetings.
- Any issues arising should be reported to the MD and/or QM and TCM who will delegate responsibility as appropriate.
- It is the responsibility of individual trainers to ensure they have sufficient and appropriate resources to carry out their courses
- Any deficiencies should be brought to the attention of the MD and/or TCM
- It is the responsibility of the QM and TCM to ensure all teaching material is relevant and up to date.

<ul style="list-style-type: none"> <li>• The TCM is responsible for the provision of all support resources</li> <li>• The status of facilities and all resources is discussed, and actions identified at weekly and monthly SMT meetings</li> </ul>
<b>Records</b>
Facilities, Equipment & Resource Lists, Learner & Employees Files, Class Lists, Attendance Sheets, Policies & Procedures, Records of Meetings, Employees, Trainer & Learner Handbooks, Learner & Trainer Feedback, Course Material
<b>5.1.4 Selection of Premises</b>
<ul style="list-style-type: none"> <li>• Applies to all courses</li> </ul>
<b>Purpose</b>
<ul style="list-style-type: none"> <li>• To ensure that the organisation has appropriately qualified and experienced trainer to deliver courses on its behalf</li> </ul>
<b>Responsibility</b>
Trainer
<b>Activities</b>
<ul style="list-style-type: none"> <li>• For Safetechs own premises: <ul style="list-style-type: none"> <li>– A maintenance review is carried out annually</li> <li>– A safety statement is available</li> <li>– Risk assessments are scheduled and carried out</li> </ul> </li> <li>• For external venues: <ul style="list-style-type: none"> <li>– The premises election criteria will reflect course requirements, the access needs of potential learners and the environment, e.g., ventilation, lighting and heating</li> <li>– For each course to be delivered at an external premises a health and safety check is carried out by the trainer prior to the course starting</li> <li>– A copy of the premises safety statement and risk assessment of car park, route to training room and all ancillary areas that learner may use during the training will be requested and viewed</li> <li>– Approved premises will be reviewed annually to ensure their suitability, including a review of learner feedback and trainer reports</li> </ul> </li> </ul>
<b>Records</b>
Safety Statement, Premises Selection Checklist, Health & Safety Checklist

## 5.2 Health & Safety Policy

<b>No. &amp; Version</b>	SPO10-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT

### Purpose

- To provide a framework to ensure that safe systems and work practices are in place to minimise health and safety risks so far as is reasonably practicable

### Scope

- Applies to the premises and all organisational activities
- Applies involving employees, learners and those acting on behalf of the organisation.

### Policy Statement

Safetech is committed to ensuring in so far as is reasonably practicable, the safety, health, and welfare of employees, learners, and other stakeholders by creating an environment in which the risk is minimised and where people are not unnecessarily exposed to health hazards. To meet our commitment, we will:

- Comply with all relevant legislation, codes of practice, and other appropriate guidance.
- Provide and maintain premises and equipment that are, in so far as is reasonably practicable, without risks to safety, health and welfare, including safe access and exit.
- Provide systems of work that eliminate, so far as is reasonably practicable, risks to the safety, health and welfare of employees, learners, and other stakeholders
- Prevent as far as is reasonably possible, any improper conduct or behaviour likely to put the safety, health and welfare of employees, learners, and other stakeholders
- Provide appropriate information, training, and supervision to ensure the safety, health and welfare of employees, learners, and other stakeholders
- Carry out risk assessments and provide employees with appropriate protective clothing and equipment, where necessary.
- Ensure that adequate emergency procedures are in place
- Record and report accidents and dangerous occurrences to the or group
- Ensure a competent person (Internal or External) is in place to ensure safety, health and welfare issues are kept in the consciousness of the organisation.
- Consult with employees on all safety, health, and welfare matters

### Implementation

- The Board have overall responsibility implementation and monitoring of the policy

- The SMT are responsible for the day-to-day implementation, relevant to their department and areas of responsibility
- All employees, trainers and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

### 5.2.1 General Information

#### The Health & Safety Officer (HSO)

- Provide guidance and advice on all safety, health, and welfare issues in the workplace.
- Ensure with all reasonable effort, that the organisation is fulfilling all the relevant statutory requirements in respect of the relevant legislation.
- Ensure that all appropriate safety training is coordinated and delivered to all personnel in the workplace.
- Undertake regular and appropriate auditing (including hazard and risk assessment), and where necessary revision of the safety procedures and methods of operation.
- Ensure that adequate fire protection measures are in place.
- Investigate all accidents/incidents that occur and ensure that appropriate statutory notifications are completed and as far as is reasonably practicable and where appropriate, ensure that remedial action be specified and carried out.
- Attend training to ensure that they are up to date on relevant legislation.

#### Welfare

- We make every effort to provide for the personal hygiene and general welfare of employees and endeavour to provide the following facilities:
  - Adequate and suitable toilets.
  - Kitchen/canteen facilities.
- All employees are obliged not to damage or misuse the facilities.

#### Cleanliness & Tidiness

- Spillages and similar incidents must be attended to at once by the person responsible.
- All waste must be disposed of safely and quickly.
- The office must be kept free of obstacles.
- Sufficient room for manoeuvre must always be maintained.

#### Smoking

- Smoking is not permitted in the office or in the building at any time.

#### Hazardous Substances

- Any substance which has the potential to cause a risk must be treated with due caution.
- Particular attention must be paid to:
  - Toner
  - Glue
  - Correction Fluid

- Cleaning Materials

Note: Further information of chemicals is available on the following website [www.hsa.ie](http://www.hsa.ie)

### Lighting

- Sufficient light must be provided for working in the office, including a good level of local lighting at workstations.
- Natural light is used wherever possible, and the office must be arranged in such a way that glare is avoided.
- All electrical lighting units are operating between 300 and 500 lux in accordance with the Safety, Health & Welfare at Work (General Application) Regulations 2007.

### Noise

- Noise from internal sources is strictly regulated, and noise from external sources is minimised wherever possible.

### Equipment, Furniture & Fixtures

- All equipment, furniture and fixtures must be in good working order and never present a danger to any user.
- All equipment must be used appropriately, for the purpose it is intended.
- Filing cabinets must be loaded bottom drawer first and not more than one drawer must be left open at any one time, to prevent possible overbalancing.
- Adjustable shelving should be used to minimise lifting from floor level and aids should be used where items must be transported.
- Trolleys should be used for moving heavier items and step ladders should be used for reaching items at a high level.
- Step ladders are provided and must be used for all items above head height.
- Where practicable, two people should be present when using the step ladder.
- Where a person considers it a risk to move an item, they should consult the HSO.

### Electrical Equipment

- Electrical equipment poses a particular risk and special care must be taken as a result.
- Sockets must not be overloaded, there must be no trailing wires and all fittings must be in a good condition.
- Anyone carrying out any electrical work must be competent to do so safely.

### Display Screen Equipment/Workstations

- As responsibilities of employees can entail interface with display screen equipment for a significant portion of the day, daily work should be planned to ensure periodic breaks or changes in activity to reduce time spent at the display screen.
- Safetech will provide VDU assessment and support to each employee

## 5.2.2 First Aid & Accidents

- Applies to all premises

### Purpose

- To ensure that adequate resources are in place, which will provide appropriately trained personnel with the required equipment to deal with any accidents or incidents.

### Responsibility

HSO, Administration, First Aider(s)

### Activities

1. There will be a minimum of two employees trained in first aid to ensure that one is always onsite.
  - It is the responsibility of the HSO to ensure that Safetech has an adequate number of trained first aiders.
2. In the case of an emergency contact the first aider(s). The first aider:
  - Will assess the situation and deal with it, if possible.
  - Will contact the emergency services if required.
  - Documents all incidents and records are kept on file.
3. Maintenance of first aid supplies:
  - All first aid kits are to be kept fully supplied.
  - It is the responsibility of first aiders to notify the HSO of any supplies needed.
  - Administration will order required items.
4. First Aid Boxes:
  - First Aid boxes are provided to ensure that first aid supplies are easily accessible when required in an emergency.
  - First Aid boxes are in an accessible cupboard in the main office.
  - Free access to first aid boxes must always be maintained.
5. Recording Accidents
  - All injuries, diseases, dangerous occurrences, and near misses that occur in during activities or Courses must be logged in the Incident report log and reported to the HSO.
  - Causes must be investigated, and remedial steps taken to prevent the recurrence of such incidents.
  - These causes will be integrated into the risk assessment for that area
  - Cases involving notification to the Health & Safety Authority will be managed through the Board

### Records

### 5.2.3 Fire & Emergency Management

- Applies to all premises

#### Purpose

- To ensure that in the event of a fire or emergency all individuals have the knowledge to act in a safe and responsible manner.

#### Responsibility

All employees, HSO

#### Activities

##### Fire Exits

- The emergency exit/escape route must always be kept free from obstacles.

##### Smoke Alarms

- Each room is fitted with a fire/smoke alarm.
  - All alarms are checked monthly by the HSO.

##### Fire Extinguishers

- There are fire extinguishers located throughout the building.
  - All employees should know the location and type of fire extinguishers in the office.
  - It is the responsibility of the HSO to ensure these are checked and maintained in accordance with the relevant legislation and guidelines.
  - The HSO is trained in the use of equipment and will provide instructions.

##### Fire Drills

- Fire drills are scheduled periodically throughout the year.
- Unannounced fire drills may also take place to ensure procedures are followed in the event of a real fire.
- When fire drills are provided all employees, learners and other stakeholders must participate.
- It is the responsibility of the HSO to schedule and carry out fire drills, identify areas for improvement following fire drills, update documents if required and maintain appropriate records of activities.

##### Fire Management

If you discover a fire, you should:

- a) Activate the fire alarm.
- b) If you hear the alarm, you should:

- Switch off any equipment under your control and leave the building by the nearest exit.
- Do not stop to collect personal belongings.
- Once outside, do not enter the building until you are told it is safe.
- The magnitude of the outbreak will dictate whether attacking the fire should take priority over reporting and evacuation.
  - Providing there is no danger to the persons concerned every effort should be made to extinguish or contain the fire.
  - Do not under any circumstances, expose yourself to danger.
  - If the fire cannot be extinguished report to the fire service.
- Leave the building by the nearest exit and proceed to your designated assembly point. (Assembly points are referenced during induction).

#### Records

HSO Role Description, Safety Reports, Risk Assessments, Records of Activities, Accident/Incident Report Form, Accident/Incident Log

#### 5.2.4 Risk Assessment & Control

- Applies to all work areas & activities

#### Purpose

- To ensure that potential risks as they apply to all those working for or on behalf of the organisation are identified, analysed, and managed.

#### Responsibility

SMT, HSO

#### Activities

- The HSO is responsible for carrying out risk assessments. The risk assessment should:
  - Address any significant hazards.
  - Cover non-routine as well as routine operations.
  - Where essential preventative and protective measures are identified, these are implemented as soon as is practicable.
- When carrying out the risk assessment the following steps should be followed:
  - 1) Identify the hazards – Carry out a careful examination of what could cause harm
  - 2) Assess the risks – Assess the risks in terms of likelihood and impact
    - Refer to the Risk Management Policy and Procedures for further details.
  - 3) Control Measures – If hazards have been identified measures should be put in place to further reduce the possibility of harm.
- An inspector of the Health and Safety Authority may visit the office.
  - Any comments made by such an inspector must be passed on to the HSO

## Records

Record of Meetings, Risk register, Risk Management Policy and Procedures, Risk Assessments

## 5.3 Creating High-Quality Teaching

- High-quality teaching in Safetech is about the day-to-day interactions that take place and the different pedagogical approaches used to engage, motivate, and challenge learners

### Purpose

- To ensure that the needs of all learners are met, and they are supported to achieve the maximum from their learning experience

### Responsibility

Board, SMT, EQC, Trainer

### Activities

The following applies:

- Keep up to date with national and international best practice through:
  - Proactively engaging with awarding bodies
  - Attending sector specific events
  - Maintaining membership of representative bodies & organisations
  - Participating in relevant communities of practice (in-person, online)
  - Providing opportunities for employees to engage with their peers
  - Proactively engaging in knowledge sharing activities (internally & externally)
- Employees are provided with access to continuous professional development
- Courses are designed (planned & implemented) with learner needs in mind
- Trainers understand the curriculum and provide carefully planned classes with explicit learning outcomes and appropriate teaching methods
- Learners are empowered, supported, and challenged to enhance their achievement
- Build trust, strong relationships, facilitate diversity and promote and encourage mutual respect with and among employees and learners
- Trainers use a variety of pedagogical approaches and methodologies
- Technology is used as a tool to support the learning experience
- Employees and learners are facilitated and encouraged to critically reflect on their teaching and learning activities and experiences
- Formative, summative assessment and feedback supports learning
- Assessment is fair, transparent, and consistently applied
- Feedback is systematically obtained, analysed, and used to inform practice
- All departments work together to ensure that the learning needs of learners are met
- Trainers are inclusive and aware of the individual needs of their learners
- The expectations of learners are clear

## Records

Facilities, Equipment & Resource Lists, Employees & Learner Files, Records of Meetings, Course Material, Trainer & Learner Feedback

## 5.4 Learner Complaints

- At Safetech we understand and accept that issues may arise for learners during their time on their course.
- Should any issue arise and be brought to our attention, we will listen and make every effort to come to a satisfactory resolution

## Purpose

- To ensure that complaints are dealt with effectively and efficiently while providing valuable information to improve services.

## Responsibility

SMT, QM, TCM, TA, Trainer

## Activities

- Learners should be advised that the first point of contact if they have a complaint is their trainer or TA who will make every effort to resolve the issue immediately if possible or escalate the issue if necessary
- Learners can raise an informal complaint
  - The matter can be raised verbally or in writing – if submitted in writing it is not considered a formal complaint at this stage and no record is maintained if the matter is resolved
- Once a complaint is received, the following applies:
  - 1. Informal Resolution**
    - 1) The employee will meet with the learner and:
      - Listens to the issue
      - Attempt to find a satisfactory resolution
      - Additional employees may assist if finding a satisfactory resolution
      - If the matter is resolved, the process ends no formal records are maintained
      - If it cannot be resolved, the learner can:
        - a) Decide to drop the complaint or
        - b) Make a formal complaint
  - 2. Stage 2 – Formal Resolution**
    - 1) The learner must provide a detailed account of the complaint in writing (using the learner complaints form) to the QM and/or TCM within 5 working days of concluding the informal process
      - If a complaint is made after this time a rationale as to why it should be accepted should be included

- Complaints will not be accepted after 4 weeks from when the issue occurred
- 2) The QM and/or TCM will:
  - Acknowledge receipt of the complaint within 5 working days
  - Appoint an appropriate independent person to deal with the matter – the QM and/or the TCM may deal with the matter
  - Notify the subject of the complaint and requests a response in writing
- 3) The investigator will:
  - Consider the response and
  - May meet with the learner and the subject of the complaint to obtain information and establish the facts
  - Complete and submit a report to the QM and/or TCM
- 4) The QM and/or TCM will inform all those involved of:
  - The findings of the investigation
  - The decisions made and the reasons for those decisions
- 5) Both parties will be informed of their right to appeal the decision and that they must do so in writing within 5 working days

## Records

Record of Meetings, Emails, Complaints Form, Appeals Form

## 5.5 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Sufficient & appropriate resources in place for each course	90 % of learners satisfied with course resources	Feedback Forms, Summary Reports, Annual Report	CIVC & TCM	Weekly
			SMT	Monthly
			EQC	Annually
		Learner Survey	SMT & EQC	Annually
	90 % of employees satisfied with course resources	Employees meetings	All employees	Weekly
		Course Reports	SMT	Monthly
Performance Reviews		SMT	Annually	
Maintain and enhance the learning experience, including appropriate modes of delivery	90% of learners satisfied with their learning experience 90% of learners satisfied with the modes of delivery	Feedback Forms, Summary Reports, Annual Report	CIVC & TCM	Weekly
			SMT	Monthly
			EQC	Annually
		Learner Survey	SMT & EQC	Annually
	# of complaints received from learners	Course Reports, Management Reports	SMT	Monthly
Premises, equipment, and facilities are adequate and effective in maintaining a quality learning environment	% of employees satisfied with the premises, equipment, and facilities for their course	Course Reports	SMT	Weekly
		Employees Meetings	SMT	
		Performance Review	SMT	Annually
	% of learners satisfied with the premises, equipment, and facilities for their course	Feedback Forms, Summary Reports, Annual Report	CIVC & TCM	Weekly
			SMT	Monthly
			EQC	Annually
		Learner Survey	SMT & EQC	Annually
	# of complaints received from employees	Employees Meetings	SMT	Weekly

		Performance Reviews	SMT	Annually
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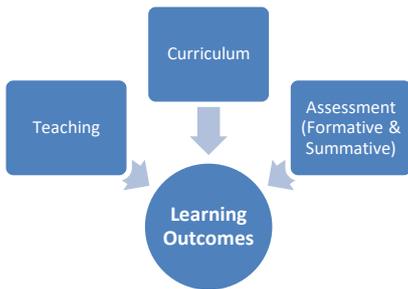
### Quality Area 6: Learner Assessment

- Safetech aims to implement fair and consistent learner assessment in an effective and efficient manner and in line with awarding guidelines and best practice

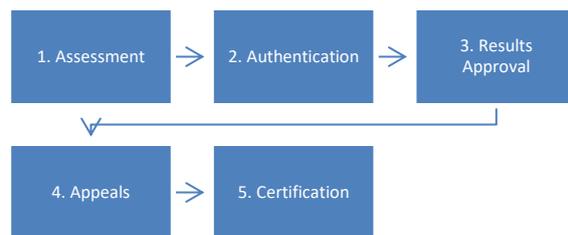
#### 6.1 The Assessment Framework

- The assessment framework aligns the curriculum, teaching and assessment and is focused on the learning outcomes for each course
- Assessment for, as and of learning plays a key role enhancing quality learning
- The principles underpinning assessment are clear and inform practice

#### Alignment



#### Key Processes



#### 6.11 How we use Assessment

Assessment <b>for</b> Learning	<ul style="list-style-type: none"> <li>Student feedback informs teaching practice</li> <li>Feedback to students about their learning and how to improve</li> </ul>
Assessment <b>as</b> Learning	<ul style="list-style-type: none"> <li>Students are actively involved in monitoring their own progress</li> <li>Students are encouraged to self-assess and use faculty feedback</li> </ul>
Assessment <b>of</b> Learning	<ul style="list-style-type: none"> <li>Summative assessment is used to demonstrate achievement</li> <li>To determine if the student has met the learning outcomes</li> </ul>

#### 6.12 Assessment Principles

- Learners are responsible for demonstrating their learning achievement
- Assessment is valid, reliable, credible, fair & transparent
- The responsibility for assessment is clear and explicit
- Assessment supports standards based on learning outcomes

- Learners are well informed about how and why they are being assessed
- Assessment supports and enhances the quality of teaching and the teaching & learning environment
- Assessment is systematically monitored, reviewed, and evaluated to ensure it is relevant, fit for purpose and meeting stakeholder needs

## 6.2 The Assessment Process

- To judge learner achievement against the knowledge, skills & competence required to receive an award



### 6.2.1 Formative Assessment

- To be utilised throughout teaching and learning, to monitor learner learning, identify gaps and provide feedback to learners of how they can improve their learning
- Use methods appropriate to the course and learner needs

### 6.2.2 Summative Assessment

- To judge learner learning achievement against the relevant standards and provide a grade
- Use methods appropriate to the course and awarding body guidelines and requirements

## 6.3 Roles & Responsibilities

### 6.3.1 The Organisation

- To develop and implement policies and procedures for the fair and consistent assessment of learners in line with awarding body guidelines, including:

- Developing best practice assessment policies and procedures
- Agreeing assessment policies and procedures
- Implementing quality assured assessment policy and procedures
- Applying all awarding body requirements
- Ensuring appropriate assessment personnel are in place
- Establishing an authentication process to include, internal verification and external authentication
- Setting criteria for the selection and appointment of external authenticators
- Establishing a results approval process
- Establishing an appeals process

### 6.3.2 The Assessor

- The assessor will be a qualified practitioner who has responsibility for the assessment of learners
- Assessors need to have the appropriate assessment skills and should include:
  - Subject matter/technical expertise
  - Proficiency in the subject/technical area in which they are assessing
  - Knowledge of and proficiency of the learning outcomes being assessed
  - Knowledge of the assessment procedures
  - Familiarity with awarding body assessment policy and guidelines
- The role of the assessor is to evaluate learner evidence and make the assessment decision/judgment on whether the outcomes of knowledge, skill or competence have been achieved
- The assessor must determine that the evidence is valid, reliable and sufficient to make the assessment decision.
- The specific responsibilities of the assessor are to:
  - Implement the assessment procedures across all assessment activities
  - Provide opportunities for students to generate appropriate evidence
  - Design assessment instruments, if required
  - Devise marking schemes and grading criteria, if required
  - Review and judge learner evidence
  - Make the assessment decision
  - Provide information and feedback to learners

## 6.4 Assessment Policy

<b>No. &amp; Version</b>	SPO11-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM

### Purpose

- To provide guidance on fair and consistent assessment of learners and the planning, implementation, and use of assessment for, of and as learning

### Scope

- Applies to all applicable courses
- Applies to all those involved in assessment

### Policy Statement

Safetech is committed to ensuring that all learners are facilitated to take part in fair, transparent and consistent assessment. To meet this commitment, we will:

- Design and implement an assessment framework that is learner-centred, reflective, engaging and enables self-directed learning, where appropriate
- Ensure systems are in place to meet awarding body guidelines and requirements, including, the assessment process, authentication, results approval and appeals
- Implement systems that ensure learners are aware of and take responsibility for demonstrating learning achievement
- Ensure that formative assessment is used to enhance teaching and learning
- Ensure assessments are aligned to the learning outcomes for each course and includes formative and summative assessment (for as, of), where required
- Include appropriate mechanisms to measure, record and document learner learning
- Provide learners with timely, relevant, and accurate information about assessment
- Facilitate those with additional support needs to take part in assessment without compromising the assessment process

### Implementation

- The SMT & EQC have overall responsibility for the implementation and monitoring of the policy
- The QM and TCM are responsible for the day-to-day implementation
- All employees, trainer and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

### 6.4.1 Planning Assessment

- An assessment plan, including processes the security of assessment related material will be put in place for all relevant courses

#### Purpose

- To ensure that appropriate, fit for purpose assessment is in place to support high-quality teaching & learning

#### Responsibility

CDT, Trainer, Administration,

#### Activities

- The CDT will be responsible for planning the assessment strategy for each course. The following will be considered and inform the assessment strategy.
  - Learner responsibility for demonstrating their learning achievement
  - The learning outcomes to be assessed
  - The appropriate methods to be used to assess the learning outcomes
  - The assessment schedules – Timing, deadlines & due dates
  - How and when formative and summative will be integrated into the course
  - How those with additional support needs will be accommodated to participate in assessment without compromising the integrity of the assessment process
  - The personnel involved in the assessment process
  - The information to be collected, and analysed to inform how well learners are achieving the learning outcomes
  - The consistency of assessment across all trainer
  - Maintaining the integrity and security of assessment
  - How the assessment supports effective teaching and learning
  - How marks will be allocated

#### Records

Assessment Strategy, Assessment Brief, Learner & Trainer Handbooks, Assessment Evidence, Records of Meetings, Emails, Learner Authorship Statement

## 6.4.2 Learner Information

- Learners are informed about how and why they are being assessed and are provided with feedback on assessment

### Purpose

- To ensure that learners are provided with timely assessment information and constructive feedback on assessment

### Responsibility

Administration, Trainer

### Activities

- Potential and existing learners are informed about how and why they are assessed in the following ways:
  - On the website and in marketing & promotional material
  - Assessment brief
  - At induction
  - Learner handbook
  - Formal assessment information session, group and/or one-to-one meetings
  - Email & phone
- Potential & existing learners will be provided with the following assessment information:
  - Assessment methods and types
  - How the assessment will be marked and
  - The assessment schedules – when, what and how often
  - Assessment Deadlines and associated procedures
  - Grading system in relation to the relevant awarding body guidelines (i.e., QQI, Pass, Merit, Distinction)
  - Progression requirements
  - Compassionate Consideration
  - Learner Declarations
  - Assessment Malpractice
  - Reasonable Accommodations
  - Repeats of Assessment
  - Assessment Feedback
  - The Appeals Process

### Records

Records of Meetings, Emails, Induction Attendance Sheet, Learner Handbook, Assessment Brief, Website, Promotional Material

### 6.4.3 Assessment Deadlines

- Applies when a learner highlights at the start of a course that may miss assessment deadlines due to an expected event
- Applies when a learner unexpectedly misses an assessment deadline

#### Purpose

- To provide guidance on the submission of learner evidence as per the stated deadlines

#### Responsibility

Administration, Trainer

#### Activities

- Learners are expected to present assessment evidence within the stated deadline, unless there are extenuating circumstances
- Once a learner becomes aware of the assessment deadlines, they are responsible for highlighting any expected missed assessment deadlines to administration and/or a trainer member
- Expected missed assessment deadlines include, but are not limited to:
  - Medical Appointment, Job Interview, Court Appearance, Family Event
- Once identified by the learner, they must be informed that it is their responsibility to ensure that the assessment evidence is submitted before the deadline unless there are extenuating circumstances.
- If the learner indicates that there are extenuating circumstances, they should be informed that they can apply for compassionate consideration
  - Each application for compassionate consideration will be judged on its merits
- For examinations and/or skills demonstration consider whether the learner can participate at the next assessment period
- If a learner misses or indicates, they may miss an assessment deadline due to unforeseen circumstances they may apply for an extension or compassionate consideration
- If a learner requests an extension, the learner must:
  - Notify the administration and/or trainer member immediately by phone or email
  - Submit the request in writing within 2 working days of the missed deadline, unless there are extenuating circumstances
- Administration and/or trainer member will process the request and decide to grant the extension or not
  - Support from other employees/trainers will be provided, if required
- If the extension is granted the learner must be informed:
  - That they have 10 working days to submit the assessment evidence
  - They will be provided with the opportunity to sit at the next scheduled exam or participate in the skills demonstration at the next available time
- If the extension is not granted the learner must be informed:
  - That the assessment evidence will not be accepted

- No dates will be offered to sit an exam or participate in a skills demonstration
- Learners must be informed of the opportunity to appeal the decision, if they decide to appeal, the learner must:
  - Submit the appeal in writing within 2 working days of receiving the decision
  - Clearly outline the grounds for the appeal
- The appeal will be handled for another member of the academic team
  - Decision on appeal will be final

#### Records

Records of Meetings, Emails, Extension Compassionate Request Form, Letter

#### 6.4.4 Security of Assessment Processes & Material

- Applies to the security of assessment processes and material for all courses

#### Purpose

- To ensure that secure mechanisms are in place for recording, storing, and accessing learner assessment records

#### Responsibility

Administration, Trainer

#### Activities

- Secure storage area allocated for all assessment materials (hard copy and electronic).
  - Assessments masters are controlled via secure username and password access and stored on the computer network or portable computers.
  - Hard copies stored in secure location with designated access.
- Relevant trainers supervise assessment and retain and verify an attendance sheet and ensure material is signed in by themselves and a learner.
- If applicable, learner assessment material is sent by registered post or is hand delivered by trainer to the administrator.
  - Where appropriate assessment material may be sent electronically
- Receipt system and/or learner signature is in place for all assessment material received by hard copy or electronically
- Random observation of assessment activities will be carried out by the QM and/or TCM
- Assessment results are maintained electronically and retained as per retention schedule

#### Records

Attendance Sheets, Emails, Registered Post, Receipts, Evidence Submission Form

#### 6.4.5 Learner Assessment Evidence

- Applies to all assessment activities where the evidence cannot be immediately verified by administration and/or trainer
- Records and documentation to be maintained for all courses for future reference, i.e., internal verification and external authentication

#### Purpose

- To ensure the integrity of the assessment process is maintained and that assessment evidence is available for internal verification and external authentication

#### Responsibility

Administration, Trainer

#### Activities

#### Reliability of Learner Evidence

- a) If required and appropriate, learners will be required to sign an authorship statement indicating that the evidence provided is all their own original work
- b) In addition, one or more of the following activities should be utilised to ascertain that the learner evidence is reliable and genuine
  - Questioning
    - Ask the learner to explain and describe part of the evidence
    - Concentrate on how the evidence was produced
    - This will enable the learner to show that they were responsible for producing the evidence and will them the opportunity to apply the knowledge and skills required
  - Personal Log
    - This is a record of how the learner planned and developed the evidence
    - It should identify problems and how they were overcome by the learner
  - Personal Statement
    - A personal statement may be used to explain the actions of the learner in carrying out activities or producing the evidence.
    - Personal statements should be clear and explain the learners' role and the context in which the evidence was produced.
    - Personal statements can provide evidence of knowledge and understanding
  - Peer Reports
    - These are suitable for group work.
    - They drafted by group members which can help explain individual involvement in a task or project

- Independent Testimony
  - This is a statement produced by an individual other than the assessor, which confirms that the learner has carried out a series of tasks or produced a product.
  - It should record what the learner has demonstrated and corroborate the evidence submitted.
  - The identity and role of the individual to provide the testimony for the should be agreed in advance between the academic team and the learner
  - The use of independent testimony is not intended as a mechanism for assessing learner evidence but as a tool to corroborate the reliability of that evidence
- Records of these activities should be maintained as part of the learner record and for future reference

### Maintaining Records & Documentation

- Assessment records to be maintained and must include the following, but is not limited to:
  - Learner name and contact details
  - The title of the award and the course (if different)
  - Any specific learner requirements
  - The name(s) of trainer and internal verifier(s) where appropriate
  - The dates and details of learner feedback
  - The dates and results of assessment activities i.e., recorded grade (cross referenced to the appropriate award)
  - Outcome of Results Approval Process, including Appeals
  - The date the award was received

### Records

Records of Meetings, Emails, Learner Files, Authorship Statement, Personal Log, Peer Report, Correspondence (letter etc.)

## 6.4.6 Assessment Malpractice

- Assessment malpractice is any activity that undermines the fairness of the assessment and may include:
  - Learner plagiarism i.e., passing off someone else's work their own with or without their permission. This may involve direct plagiarism of another learners' work or getting another individual to complete the assessment activity
  - Impersonation of another learner
  - Fabrication of evidence
  - Alteration of results
  - Wrongly obtaining secure assessment material, e.g., examination papers
  - behaving in any way to undermine the integrity of the assessment process.

### Purpose

- To outline the steps to be followed to investigate and deal with any form of assessment malpractice that could impact the validity of assessment

### Responsibility

SMT, Administration, Trainer,

### Activities



#### 1. Suspicion – Identification

- Notify the QM and/or TCM immediately
- Complete a short report, including a marked-up copy of the assessment material, together with any evidence of suspected malpractice

#### 2. Notification & Assessment

- The report should be forwarded to the QM and/or TCM within 2 working days of the suspected case being identified
- The QM and/or TCM will review the report and assess the evidence provided within 3 working days to determine if any further action is required.
- If no further action is required:
  - The suspected case will be closed
  - No formal records maintained
  - The QM and/or TCM will notify the trainer member of the reason for the decision to close the case
- If further action is required:
  - A formal investigation will be requested immediately

- The learner will be notified in writing by administration or trainer member that an investigation will be taking place

### 3. Investigation

- The QM and/or TCM carries out an investigation
  - It must be completed within 30 working days of the investigation request
- The learner will be provided with the report and evidence of the alleged malpractice and asked to provide a response in writing within 5 working days
- If required, the learner will be asked to attend a meeting to provide additional information
  - The learner can bring an additional person to the meeting for support
  - A record of the meeting is maintained for future reference
- In addition, the investigator may:
  - Meet with trainer, learners or any other stakeholders associated with the course, assessment activity or specific incident reported
- Once the investigator has gathered and assessed all the relevant information, they will complete a report of their findings.

### 4. Notification of the Outcome & Actions

- If no malpractice is found:
  - The learner is notified in writing within 5 working days that no further action is required
  - All other stakeholders are informed that the matter is closed and that no further action is required
- If it is determined that malpractice has taken place:
  - The learner is notified within 5 working days that further action will be taken and appropriate sanctions will be applied.
- The following sanctions may be applied:
  - Written warning and the assessment are marked as zero and submitted
  - Evidence for the entire course is marked as zero and submitted
  - Results will not be submitted or cancelled
- The final decision on the appropriate sanction rests with the QM and/or TCM

### 5. Appeal

- If they decide to appeal, the learner must:
  - Submit the appeal in writing within 2 working days of receiving the decision
  - Clearly outline the grounds for the appeal
- The appeal will be handled for a member of the SMT
  - Decision on appeal will be final

**Note:** The outcome of the assessment malpractice investigation should be included in the external authenticators final report

### Records

Records of Meetings, Emails, Written Warning, Assessment Summary Sheet, Assessment Evidence, Malpractice Reports

#### 6.4.7 Reasonable Accommodation for Assessment

- In the context of assessment, reasonable accommodation is the term for the adaptation of assessment as necessary to cater for the needs of learners' whose personal situation means that the assessment would otherwise be unfair e.g., learners with a disability, and/or other learners covered by equality legislation.
- Applies to all learners participating on all courses and all personnel involved in the delivery, support, and administration of those courses

#### Purpose

- To ensure that those with additional support needs are provided with the opportunity to participate in assessment without significantly altering or compromising the standard

#### Responsibility

Trainer, QM, TCM

#### Activities

- The following will be considered when facilitating a request for reasonable accommodation to adapt an assessment or part of an assessment:
  - Any adaptation of the assessment should facilitate the learner to demonstrate their achievement of the standards without significantly altering the standard.
  - Special assessment arrangements/adaptations are not intended to and should not reduce the validity and reliability of the assessment or compromise the standard.
  - The adaptation should seek to amend the aspects of the assessment technique or instrument which prevent a learners' participation in the assessment.
  - It should be used where the assessment technique(s) or instruments disadvantages the learner in assessment
- Learners will be provided with an opportunity to highlight their need for additional support to participate in assessment
  - Prior to the course, via email, phone, application form or through meeting with a employees/trainer member
  - During the course, via email, phone, and through a meeting with a employees/trainer member
- It is the learners' responsibility to highlight their need for additional support and make a request for reasonable accommodation
  - Learners can make a request at any time, they are encouraged to do so at the earliest possible time to ensure the appropriate supports can be put in place, if applicable.
- A request for reasonable accommodation may include, but is not limited to the following:
  - Modified presentation of assignments/examination papers e.g., enlargements
  - Scribes/readers
  - Use of sign language
  - Practical assistants

- Rest periods
- Adaptive equipment/software
- Use of assistive technology
- extra time
- If a learner wants to make a request for reasonable accommodation, they should submit the request in writing to the registrar, providing details of:
  - Their disability, medical condition or learning difficulty
  - How they may be impacted without the additional support
  - The supports they are requesting
  - Independent, verifiable evidence from a medical professional to support the request
- The QM and/or TCM and trainer are responsible for reviewing and deciding on the outcome of the request for reasonable accommodation
  - The learner is informed of the outcome of the review within 5 working days of the submission of the request
- If the request is accepted:
  - The learner is informed of the supports that will be provided
  - With the consent of the learner, all relevant stakeholders will be informed of the supports to be put in place, i.e., trainer
- If the request is denied:
  - The learner is informed how and why the decision was made
- The learner is informed of their right to appeal. If they decide to appeal, the learner must:
  - Submit the appeal in writing within 2 working days of receiving the decision
  - Clearly outline the grounds for the appeal
- The appeal will be handled BY another employee not involved in the original process
  - Decision on appeal will be final

## Records

Reasonable Accommodation Form, Records of Meetings, Emails, Application Form

### 6.4.8 Compassionate Consideration

- Applies where a learner experiences an extenuating circumstance, which impacts their capacity to participate in and provide assessment evidence by the stated deadline
- Compassionate consideration **may be** considered for, but is not limited to:
  - A physical injury or emotional trauma during a period four to six weeks previously
  - A physical disability or chronic or disabling condition such as epilepsy, glandular fever, or other incapacitating illness
  - Recent bereavement of close family member or friend
  - Severe accident, domestic crisis
  - Terminal illness of a close family member
  - Other extenuating circumstances
- Compassionate consideration **may not be** considered for, but is not limited to:
  - Exam stress, course workload
  - Minor illnesses such as a common cold
  - Holidays, Weddings, Sports Activities
  - Work or voluntary commitments
  - IT and/or computer failure (excluding in an examination)
  - Transport, financial or relationship issues

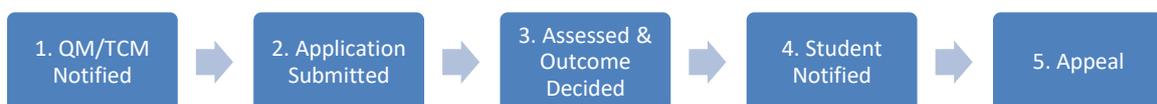
#### Purpose

- To enable learners who have been prevented from undertaking a specific assessment activity or who feel their performance is seriously impaired because of exceptional circumstances to apply to defer the assessment i.e., to be allowed to complete the assessment activity on another occasion.

#### Responsibility

Trainer, QM, TCM

#### Activities



2. In the event of extenuating circumstances, the learner or a responsible representative should notify trainer and/or administration of the issue
  - If a learner has missed or indicates that they may miss an assessment deadline the trainer member should inform them of the opportunity to apply for compassionate consideration.
3. The learner should complete the relevant application form and submit it to administration for consideration within 3 working days

- Information should be provided outlining the circumstance that may prevent or impair or has prevented or impaired them from fully participating in assessment activities
  - The learner is required to provide appropriate evidence/documentation to support the application, e.g., a statement from a medical practitioner
4. The QM and/or TCM and relevant trainer are responsible for managing the process and may request support from another employee
- The QM and/or TCM and trainer will meet to discuss and assess the application and decide on the outcome. They will consider the following:
    - Details of extenuating circumstances
    - Severity of circumstances
    - Learner application
    - Relevant supporting evidence/documentation
    - Nature of the assessment activity (Assignment, Project, Learner Record, Collection of Work, Skills Demonstration and Examination)
5. The learner is notified by the trainer within 3 working days of the outcome of the compassionate consideration request.
- If the request is granted, the following may apply:
    - An extension
    - A repeat
  - If the request is declined, the following applies
    - The assessment evidence will not be accepted from the learner
6. The learner is informed of their right to appeal.
- If the decide to appeal, the learner must:
    - Submit the appeal in writing within 2 working days of receiving the decision
    - Clearly outline the grounds for the appeal
  - The appeal with be handled by another employee, not involved in the original process
    - Decision on appeal will be final

## Records

Application Form, Record of Meetings, Emails, Appeals Form, Medical Report,

#### 6.4.9 Repeats

- We aim to facilitate repeat assessment fairly within the constraints of the course and the resources and time available.
- Opportunities to repeat assessment activities are dependent on the nature of the activity and the practical and/or operational issues involved.
- Applies to all courses where awarding body guidelines do not apply

#### Purpose

- To provide learners with the opportunity to repeat the assessment activity to achieve a pass grade

#### Responsibility

Trainer, QM, TCM

#### Activities

- Learners can repeat an assessment:
  - If they don't pass the overall course on the first attempt
  - On one occasion only
- Learners cannot repeat an assessment:
  - To improve their grade
  - If they have failed on one part of the assessment but passed the overall course
- When learners receive their results, they are reminded of the opportunity to appeal and repeat, if applicable
  - Remind the learner of the fee, if applicable
- The request for a repeat must be submitted in writing to the QM and/or TCM within 10 working days of receiving the results
- The trainer is responsible for facilitating assessment repeats and will
  - Liaise with the learner and other employees/trainer members, as required
  - Process any requests for repeats
  - Make all necessary arrangements for assessment repeats
  - Ensure that for examinations and skills demonstrations a different exam paper and brief are used
  - Conduct the assessment as per normal procedure
  - Inform the learner and administration of the results

#### Records

Record of Meetings, Email, Assessment Repeat Form, Results Summary Sheets,

### 6.4.10 Devising Assessment

- Learners are assessed using valid and reliable assessment techniques
- Different techniques will be appropriate and valid to generate different forms of learner evidence for a range of specific learning outcomes.
- Choosing and aligning the most appropriate assessment technique(s) to the learning outcome is essential in ensuring that learning is taking place at various stages throughout the course
- A variety of methods can be considered for formative and summative assessment
- The appropriate assessment technique may be specified in awarding body documentation

#### Purpose

- To provide guidance of the assessment methods to be considered for each course

#### Responsibility

CDT, Trainer

#### Activities

#### Assessment Techniques

- For each technique the CDT is required to devise the following:
  - An assessment instrument e.g., examination paper/ questions or assignment brief
  - Accompanying instructions
  - Assessment criteria
  - Marking scheme
- There are six possible assessment techniques, each course will be assessed using one or a combination of these techniques
- Each assessment technique will have a clear and detailed marking scheme, including assessment criteria and will highlight how specific marks are allocated and how the evidence is to be graded

#### 1. Assignment

- Usually of short duration and may be carried out over a specified time.
- Can be research based, a practical task or an evaluation of a particular subject
- Learners are provided an assignment brief, stating the specific guidelines and deadlines

#### 2. Portfolio/Collection of work

- Is a collection and/or selection of pieces of work produced by the learner that demonstrates achievement of a range of learning outcomes.
- The collection may be self-generated or may be generated in response to a particular brief or tasks/activities devised by the assessor
- Learners are provided an assessment brief, stating the specific guidelines, instructions, and deadlines

### **3. Learner Record**

- Is the learners' self-reported and self-reflective record in which they describe specific learning experiences, activities, responses, and skills acquired?
- This record may be presented in variety of formats (specified during Course design)
- Learners are provided with an assessment brief, stating the specific guidelines, instructions, and deadlines

### **4. Examination**

- Provides a means of assessing a learners' ability to recall and apply knowledge, skills and understanding within a set time and under clearly specified conditions.
- They may be, practical, interview style, aural or theory based
- An examination paper, detailed marking scheme and outline solutions will be developed and available
- Learners are provided with an assessment brief, stating the specific type of examination, guidelines, instructions, and schedule

### **5. Project**

- Is usually carried out over an extended time.
- May involve research, require investigation of a topic, issue, or problem, or may involve a process, such as a design task, a performance or practical activity or production of an artefact or event.
- Several learners may be involved in an event and each learner must clearly state what they are responsible for.
- Learners are provided with a project brief, stating the specific guidelines and deadlines

### **6. Skills Demonstration**

- Is used to assess a wide range of practical based learning outcomes including practical skills and knowledge.
- Will require the learner to complete a task or series of tasks that demonstrate a range of skills.
- May be assessed while learners are at work or on work placement/experience and/or in a role play situation devised by CST and/or trainer
- Learners are provided with an assessment brief, stating a clear set of instructions and/or the tasks and schedule

## **Records**

Assessment Strategy, Assessment/Assignment Brief, Learner & Trainer Handbooks, Assessment Evidence, Records of Meetings, Emails, Course Material

### 6.4.11 Marking & Grading

- Trainers are required to mark and grade learner evidence for each assessment technique
- Applies to all courses in line with relevant awarding body guidelines

#### Purpose

- To ensure appropriate, transparent, and fair marking and grading systems are in place to judge learner evidence

#### Responsibility

CDT, Trainer

#### Activities

#### Marking

- The CDT and/or trainer will:
  - Devise a marking scheme and sheet for all assessment techniques
  - Identify the assessment criteria and a range of specific marks linked to each criterion
  - Identify acceptable evidence and how it will be marked or measured
  - Identify outline answers or solutions
- It should be clear from the marking scheme and sheet how marks are being allocated to each criterion and how the grade is to be awarded
- The assessment criteria should be consistent with the learning outcomes
- There should be a clear link between the assessment criteria and the learning outcomes.
- It should be clear and allow for a judgement to be made on the quality of the evidence
- Total assessment marks allocated should be out of 100 or multiples of 100
- Assessment criteria will be used:
  - When marking and judging learner evidence
  - When making the assessment decision for a specific assessment activity
- The marking scheme must be a transparent and reliable system to allocate marks against each of the assessment criteria. It should identify
  - The marks allocated against each criterion
  - Sub totals
  - Total marks
- Grading classifications will be as per the relevant awarding body guidelines and recommendations

#### Records

Assessment, Assignment & Project Briefs, Marking Schemes & Sheets, Results Summary Sheet, Records of Meetings

## 6.5 The Authentication Process

- The purpose of the authentication process is to ensure fairness, consistency, and validity of assessment and of the outcome of assessment
- Applies to all Courses, consistent with awarding body guidelines
- The authentication process includes:
  - Internal Verification
  - External Authentication

### 6.5.1 Internal Verification

- Internal verification is the first part of the authentication process and will be carried out to ensure that assessment is consistent, fair, and valid
- The Internal Verifier (IV) will have delegated authority and specific tasks to carry out

#### Purpose

- To ensure that assessment results have been marked in a valid and reliable way and are compliant with the requirements of the Course

#### Responsibility

QM, TCM, CIVC, IV, Trainer

#### Activities

- The TCM will be responsible for:
  - Facilitating IV training for all relevant employees
  - Ensuring that the authority of the IV is clearly recognised
  - Appointing an IV for each assessment activity
  - Ensuring that the IV is given sufficient time to complete activities.
- An appropriate sampling strategy is defined for each IV activity, and will:
  - Be representative of all courses and all assessment techniques
  - Be sufficient in size, enabling sound judgments to be made about the fairness and consistency of assessment decisions
  - Cover the full range of attainment, in terms of grades achieved
  - Include a random selection of evidence for each grade/band
  - Identify evidence which is borderline between grades e.g., learners who have not or who have only just achieved within the grading band
  - Ensure samples will be taken from each learner group and each trainer member during the academic year
- The IV will check the selected sample and will:
  - Ensure marks have been allocated in line with guidelines
  - Ensure marks are calculated correctly
  - Ensure marks are transferred correctly from learner evidence to the marking sheet
  - Ensure percentage marks and grades allocated are consistent with grading bands

- Note errors and record corrections made
- Identify any irregularities, notify appropriate employees, and take corrective action if required as per agreed procedures
- The following will be appropriate for IV, for each certification period:
  - A minimum of 12 portfolios will be included in the sample for each course
  - If there are 12 or less portfolios for a course all portfolios will be included
  - If there are more than 12 portfolios for an award, the sample will be greater than 25% and will not be less than 13 assessment portfolios, as per the following:

Number of assessment portfolios for certification	Number of assessment portfolios to be included
0 – 12	All
13 – 50	13
51 – 100	25
101 – 200	40

- Assessment portfolios selected must include the following in the sample, to allow the IV to determine the cut-off points between the grades, as per the awarding body guidelines:
  - The highest & lowest pass (Between 50% & 64%)
  - The highest and the lowest (between 65% & 79%)
  - The lowest 80% or over
  - The highest unsuccessful
- The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached.
- All trainer will be sampled over during the year
- All new trainer will be sampled during the year:
  - First 6 courses will be 100%
  - Next 6 courses will be 50%
  - Following this process, they will be part of the normal sample, if no issues arise
- Having completed the process, the IV:
  - Completes the IV report confirming the outcome of the process
  - Submits the report to administration to be retained and made available to the external authenticator and results approval panel

## Records

Records of Meetings, IV Checklist, IV Report

## 6.5.2 External Authentication

- External authentication provides independent authoritative confirmation of the fair and consistent assessment of learners in accordance with awarding body guidelines.
- Applies to all courses, in line with awarding body guidelines

### Purpose

- To ensure that assessment results have been marked in a valid and reliable way and are complaint with the requirements of the Course

### Responsibility

QM, TCM, EA

### Activities

- The QM and/or TCM will be responsible for:
  - Selecting and appointing the EA (from those approved by the EQC)
  - Liaising with the EA and prepare for external authentication
  - Ensuring that the authority of the EA is communicated and recognised
  - Ensuring that the EA is given sufficient time to complete activities.
- External authentication will take place in line with relevant awarding body guidelines
- The following should be agreed and/or made available in advance of the EA:
  - Date, time, and location
  - Number of learner portfolios to be authenticated
  - Paperwork to be completed and the time allocated to this
  - The date by which the EA Report will be completed
  - Feedback to appropriate personnel
  - Availability to the Results Approval Panel

#### Documents:

- Assessment, Assignment, Project Briefs
- Examination papers
- Marking schemes & Outline Solutions
- Assessment plan(s)
- Learner Assessment Portfolios (assessment evidence)
- Assessment Results (recorded on a Provisional Results Sheet)
- Course Specification
- Internal Verification Report(s)
- Any other relevant documents requested by the EA
- An appropriate sampling strategy is defined for each EA activity, and will:
  - Be representative of all courses and all assessment techniques
  - Be sufficient in size, enabling sound judgments to be made about the fairness and consistency of assessment decisions
  - Cover the full range of attainment, in terms of grades achieved

- Include a random selection of evidence for each grade/band
- Identify evidence which is borderline between grades e.g., learners who have not or who have only just achieved within the grading band
- Ensure samples will be taken from each learner group and each trainer
- The EA will check the selected sample and will:
  - Ensure marks have been allocated in line with guidelines, are calculated correctly and are transferred correctly from learner evidence to the marking sheet
  - Ensure percentage marks and grades allocated are consistent with grading bands
  - Note errors and record corrections made
  - Identify any irregularities, notify appropriate employees, and take corrective action if required as per agreed procedures
- The following will be appropriate for external authentication for each certification period:
  - A minimum of 12 portfolios will be included in the sample for each course
  - If there are 12 or less portfolios for a course all portfolios will be included
  - If there are more than 12 portfolios for an award, the sample will normally be greater than 25% and will not be less than 13 assessment portfolios, the following:

Number of assessment portfolios for certification	Number of assessment portfolios to be included
0 – 12	All
13 – 50	13
51 – 100	25
101 – 200	40

- Assessment portfolios selected must include the following in the sample, to allow the EA to determine the cut-off points between the grades, as per the awarding body guidelines:
  - The highest & lowest pass (Between 50% & 64%)
  - The highest and the lowest (between 65% & 79%)
  - The lowest 80% or over
  - The highest unsuccessful
- The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached.
- All trainers will be sampled over during the year
- All new trainers will be sampled during the year:
  - First 6 courses will be 100%
  - Next 6 courses will be 50%
  - Following this process, they will be part of the normal sample, if no issues arise
- Having completed the process, the EA:
  - Completes the IV report confirming the outcome of the process
  - Submits the report to administration to be retained and made available to the results approval panel

**Records**

Records of Meetings, Emails, EA Report

## 6.6 Results Approval

- The results approval process ensures that appropriate decisions are taken regarding the outcome of the assessment and authentication processes
- The results approval process ensures that results are fully quality assured and signed off by the provider prior to submission to the awarding body for certification
- Applies to all courses, in line with awarding body guidelines

### Purpose

- To ensure assessment decisions and results are reviewed, judged, and processed in a fair, consistent, and transparent manner

### Responsibility

RAP, Trainer

### Activities

- A results approval process is scheduled for each certification period
- The RAP will meet as required to:
  - Review and approve assessment results
  - Review reports of the IV & EA processes
  - Agree to submit the results (final) to the awarding body for certification
  - Identify any issues arising in relation to the results and make recommendations for corrective action.
- A report of the meeting is prepared and signed by the chairperson.
  - The report will be retained for monitoring and review purposes.
  - It forms evidence that the authentication process has taken place.
  - It acknowledges strengths, any gaps, and areas for improvement in the authentication process.
- Once the results are approved, they will be:
  - Made available to learners, who will have 15 working days to appeal
  - Submitted to the awarding body, if required
- The report is made available for review, and is maintained for future reference
  - Any issues highlighted will be communicated by the QM and/or TCM to the relevant person and/or body
  - The report will be made available for external review and monitoring

### Records

Record of Meetings, RAP Report, Emails

## 6.7 Learner Appeals

- The appeals process enables learners to:
  - Appeal the Assessment Process
  - Appeal the Assessment Result
- Only approved results can be appealed
- Applies to all courses, in line with relevant awarding body guidelines

### Purpose

- To ensure that assessment appeals are carried out in a timely, fair, and transparent manner

### Responsibility

AP, QM, TCM, TC, CST

### Activities

- Learners will have 14 working days from when they receive their approved results to submit an appeal
- The appeal must be submitted in writing on the relevant appeal form to the TC, and:
  - Clearly outline the reason(s) for the request
  - Reference the specific area(s) where they believe they have been disadvantaged
- The TC will:
  - Acknowledge receipt of the request to the learner within 3 working days and inform them of the next steps
  - Notify the QM and/or TCM that an appeal has been submitted
- Once an appeal is received the CST will appoint the AP, within 5 working days, who will have delegated authority and will be responsible for dealing with the appeal
- The AP will include 2 or more employees/trainer members, excluding the trainer member who made the original assessment decision
- The appeal process will only focus on a review of the assessment process for the specific learner concerned, including where appropriate:
  - A review of learner evidence – Only evidence which has already been presented for assessment will be reviewed.
  - New evidence may not be added by the learner for the appeal.
  - The assessment results
- The learner will be notified of the outcome of the process within 5 working days and informed that the decision of the AP is final

### Records

Records of Correspondence, Appeals Form, Record of Meetings, Appeals Report

## 6.8 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Fair and consistent assessment in place for each course	10% or less of learner portfolios found to be incomplete during IV & EA	Internal Verification	CIVC & IV	After each course
	% of inconsistencies found in marking between tutors/trainers during IV & EA	External Authentication	EA	After each course
Learners are provided with timely and appropriate support before, during and after their assessment	90% of learners are satisfied with their support before, during and after assessment	Feedback Forms, Summary Reports, Annual Report	CIVC & TC	After each course
			SMT	Monthly
			EQC	Annually
		Learner Survey	TCM	Annually
	90% of learners present for assessment	Attendance Records, Summary Report, Annual Report	CIVC & TC	After each course
			SMT	Monthly
EQC			Annually	
Assessments are appropriately focused to measure the achievement of learner learning	90% of learner's graduate and achieve certification	Graduation and Certification Report, Annual Report	SMT	Monthly
			EQC	Annually
Learner achievement is in line with or surpasses national averages for their course	90% of learner of learner achievement is in line with or surpasses the national average for their course	Grade Analysis	SMT	Quarterly
			EQC	Annually

## Quality Area 7: Learner Support

- Learner support includes, learner welfare, services and administration and provides learners with a high-quality range of supports to enhance their learning experience

### 7.1 Learner Support Policy

<b>No. &amp; Version</b>	SPO12-V2	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD & EQC
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	QM & TCM

#### Purpose

- To provide guidelines to enhance the learner learning experience so they can achieve the maximum from their course

#### Scope

- Applies to all learners on all courses
- Applies to all employees (academic and non-academic) and other stakeholders who are involved in the delivery and/or administration of courses

#### Policy Statement

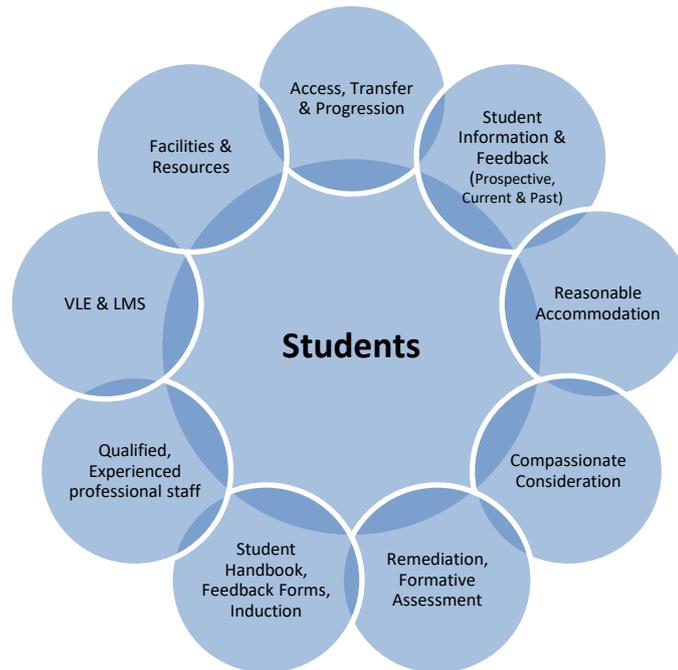
Safetech is committed to providing learners with appropriate, timely and relevant support during their participation on their chosen course. To following applies:

- The adequacy of resources will be regularly monitored
- Ensure learners are provided with clear information and opportunities to seek support and guidance from initial engagement to course completion
- Engage professional and appropriately experienced and qualified personnel to support learners through their learning journey
- Departments will work together to provide appropriate support in a timely, effective, and efficient manner
- Ensure that learner complaints and misconduct (academic & non-academic) will be handled in a supportive, respectful, and confidential manner
- Ensure that all learners have access to the resources necessary for their course
- Proactively offer support, advice, and information to learners
- Employees will have the skills required to provide learners with well-informed support
- Ensure effective and efficient two-way communication with learners to support the continuous quality improvement of courses and associated services
- Proactively support learners who may be give cause for concern

#### Implementation

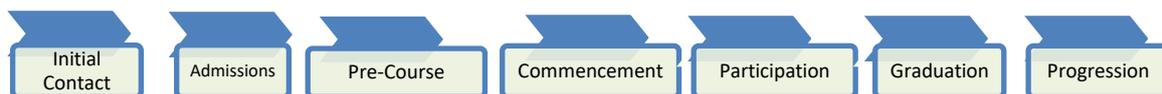
- The EQC have overall responsibility for the implementation and monitoring of the policy
- The MD and TCM are responsible for the day-to-day implementation
- All employees, trainer and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

### 7.1.1 Support Mechanisms



### 7.1.2 Supporting the Learner Journey

- Throughout their journey, from initial engagement to graduation and/or progression, learners are encouraged, supported, and listened too by a team of professional employees
- The responsibility and integration of functions to support the learner during their learning journey is illustrated below (additional details provided throughout the documentation)



Initial Contact	Training Coordinator, Training Administrator, Training Contracts Manager
Admissions	Training Coordinator, Training Administrator, Training Contracts Manager
Pre-Course	Training Coordinator, Training Administrator, Training Contracts Manager
Commencement	Training Coordinator, Training Administrator, Trainer
Participation	Training Administrator, Trainer, Quality Manager, Training Contracts Manager
Graduation/Certification	Training Administrator, Trainer, Certification & IV Coordinator
Progression	Training Administrator, Traing Contracts Manager

All employees are available to learners as required and have an input into the learner journey

### 7.1.3 Learner Supports

- All learners are asked to disclose any support needs they may have when they register
  - Those identified with additional support needs are then contacted by email or phone to make the necessary arrangements.
  - Includes IT support for those considering enrolling or already enrolled on a VLE course
- Learners who encounter difficulties during their course are advised to inform their trainer or the TC immediately
  - The TC is the main point of contact for learner support, including IT
- Learners will be provided with the opportunity to meet with an employee, one to one
- The following supports will be available to learners:
  - Venues checked to ensure accessibility and appropriate facilities
  - Physical modifications to the training and assessment location e.g., seating arrangements
  - Learning materials provided in accessible format, where possible
  - Additional time allocated to complete assessments
  - Alternative assessment formats
  - Support from a scribe to complete examinations
  - Support from a reader to complete assessments
  - Recognition of Prior Learning, if applicable
  - Compassionate consideration
  - Remediation
  - Formative assessment
  - Learner handbook
  - Dedicated experienced employees
  - Access to technology and IT support – include access to computers in one of our centres
  - Accessible and fit for purpose facilities, equipment, and resources

**Note:** This list is not exhaustive and any learner presenting with any other support needs will be accommodated within reason to the best of our ability

#### 7.1.3.1 Accessing the Supports

- The TC is the main point of contact for learner support on all courses
- Those registering on a QQI course will be provided with the contact details of a dedicated TC for their programme
- The TC will provide IT support for those enrolling or considering enrolling on a VLE course
  - Shown how to login use the platform
  - Have access to one-to-one support if, and when required
- Once they commence their course the trainer will be the primary source of support and conduit for requested any additional support
- The TC will be available to learners throughout their course and may act as a scribe or reader if required or facilitate other requests, if possible

## 7.1.4 Learner Charter

### Learners can expect:

- A teaching and learning environment that is appropriately resourced, systematically reviewed and enhanced
- High-quality teaching and support from appropriately qualified employees (academic and non-academic) from initial contact to course completion
- A learning environment that includes the best use of technology, where possible, is well equipped, safe and has suitable learning and welfare facilities
- The opportunity to provide feedback on their learning experience, including, the quality of teaching, facilities, resources, and support
- To be provided with accurate, up to date and timely information in relation to classes, assessment, policies and procedures and any changes that affect the learning experience
- Clear guidelines on what is expected while participating on a course, including, in class, during assessment and while engaging with other learners and employees
- A teaching and learning environment that is responsive to the most up to date pedagogical and assessment related developments
- The use of a variety of teaching methods to accommodate different learning styles including group discussion, lectures, role play etc.
- A learning environment that is open, inclusive, ethical and does not accept any form of discrimination and where all are treated equally with courtesy, dignity, and respect
- Offer appropriate information and advice on your work and progress and a prompt response to any problem that you bring to our attention
- Treat any information provided in a confidential manner
- Access to independent, confidential, learner-centred processes for dealing with complaints, appeals and disciplinary issues

### Learners are expected

- To take responsibility for their own learning
- Familiarise themselves and comply with the organisations policies, procedures, rules, and regulations
- Commit to and participate in all activities related to their course, including, engaging with employees in a timely manner while treating them with courtesy and respect
- Meet all assessment deadlines, and exercise integrity and honesty when submitting assessment evidence, confirming in writing that it is their own work
- Provide feedback on their learning experience, including, the quality of teaching, facilities, resources, and support
- Respect the rights of all employees and other learners to be able to work in a co-operative manner and treat everyone with respect
- Disclose all relevant information that might impact your ability to fully participate in the course
- Keep us informed of any changes in your personal and contact details

## 7.2 Equality & Diversity Policy

<b>No. &amp; Version</b>	SPO13-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT

### Purpose

- To ensure that employees, learners, and all other stakeholders are treated fairly and without discrimination while working for or engaging with the organisation

### Scope

- Applies to all employees, job applicants and those who work/act on behalf of the organisation and all associated employment practices
- Applies to all prospective and current learners and associated services, e.g., access, transfer and progression, support services, teaching etc.

### Policy Statement

At Safetech we are committed to promoting and implementing equality and diversity in all our activities. We believe that every individual is entitled to be treated equally with dignity and respect. We recognise that every individual has a right to equal recognition and fair and appropriate treatment and opportunities regardless of their: gender, civil status, family status, age, race, religion, disability, sexual orientation, membership of the travelling community. To support this commitment, we will:

- Embed equality and diversity throughout our policies, procedures and practice and develop an ethos which respects and values all people.
- Challenge direct and indirect discrimination, lack of opportunity and encourage other individuals to do the same
- Actively promote equality of opportunity
- Create a culture that respects and values an individual's differences and recognises that difference/diversity is an asset to our organisation
- Strive to eliminate all forms of unfair discrimination, bullying, harassment, or other oppressive behaviour.
- Strive to remove barriers which limit or discourage access to our services
- Monitor the implementation, set targets for improvement, and evaluate the impact of equality and diversity action

### Implementation

- The Board & EQC have overall responsibility for the implementation and monitoring of the policy
- The SMT is responsible for the day-to-day implementation
- All employees, trainers and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

### 7.2.1 E&D Implementation

- Describes the actions to be taken to ensure equality & diversity is embedded in all organisational activities

#### Purpose

- To provide high-quality teaching and learning in an inclusive, accessible, and flexible manner

#### Responsibility

Board, SMT, AB, all employees, learners, and associated stakeholders

#### Activities

- The following actions will be implemented by the relevant department, group, sub-group, and individuals associated with Safetech
  - Consider equality and diversity when developing strategic and operational plans
  - Integrate equality and diversity when developing policies relating to employment, and education and training activities
  - Continue to improve learner recruitment, access, transfer and progression for underrepresented groups and areas
  - Systematically review employee recruitment, development, and management practice to ensure it is consistent with our stated values
  - Take equality & diversity into consideration when designing and developing courses
  - Promote and raise awareness through our website, social media platforms, and promotional and marketing material
  - Have support mechanism in place for learners who may be experiencing bullying, harassment or any other form of discrimination that cause them distress
  - Capture and report on information about the diversity of the learner and employee populations
  - Engage with other organisations to in the sector to enhance knowledge and collaborate on any equality & diversity initiatives
  - Seek out and/or allocate funding towards equality & diversity initiatives

**Note:** This list is not exhaustive

#### Records

Records of Meetings, Policies, Procedures & Supporting Documents, Promotional & Marketing Materials, Employees & Learner Reports, Attendance Records, Employees CPD Reports, Website, Social Media, Annual Report, Strategic & Operational Plans, Enrolment Records

### 7.3 Anti-Bullying & Harassment Policy

<b>No. &amp; Version</b>	SPO14-V1	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT

#### Purpose

- To ensure that any instance of harassment and/or bullying is handled in an effective and efficient manner

#### Scope

- Applies to all employees and learners
- Applies to activities, internal and external associated with education and training activities

#### Policy Statement

Safetech is committed to providing a teaching and learning environment that is free from all forms of harassment and bullying, and where all employees and learners are treated with dignity and respect. To meet this commitment the following applies:

- We will not tolerate harassment or any form of discrimination on the grounds of gender, civil status, family status, sexual orientation religion, age, disability, race, or member of the travelling community
- We will investigate any reported instances of harassment or bullying in a fair and sensitive manner, and maintain confidentiality, where possible
- Harassment or bullying by other employees, learners, or other stakeholders (e.g., employers) will not be tolerated and could lead to disciplinary action and other sanctions such as suspension of contracts or services, or exclusion from premises
- We recognise that incidents of harassment or bullying can have devastating physiological, psychological, and behavioural effects on a victim.
- Everyone in Safetech has a responsibility to prevent harassment and bullying and to report any instances they are party or witness to
- We will ensure that employees and learners who make a complaint or who give evidence in proceedings will not be victimised
- We will proactively monitor incidences of harassment and bullying and how they are resolved and update policies and procedures to reflect any areas for improvement

#### Implementation

- The MD has overall responsibility for the implementation and monitoring of the policy
- The SMT is responsible for the day-to-day implementation
- All employees, and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

## 7.3.1 General Information

### Definitions

#### a) Bullying

- Is defined as repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and/or in the course of employment which could reasonably be regarded as undermining the individual's right to dignity at work.
- An isolated incident of the behaviour described in this definition may be an affront to dignity at work but as a once off incident is not considered to be bullying.

#### b) Harassment

- Takes many forms and is defined for the purpose of the Safetech policy as any act or conduct which is unwelcome and could reasonably be regarded as offensive, humiliating, or intimidating on any of the discriminatory grounds described in the Employment Equality Acts 1998 & 2015
  - Gender: a person's gender identity including male, female, other
  - Civil status: a person's civil status, be it single, married, separated, divorced, widowed, civil partner, former civil partner
  - Family status: being pregnant, a parent of a person under 18 years, or the resident primary carer or parent of a person with a disability
  - Age: a person's age, this does not apply to a person aged under 16. Children are covered by Child Protection legislation
  - Race and ethnicity: a particular race, skin colour, nationality, or ethnic origin
  - Religion: a person's religious belief, background, outlook, or none
  - Disability: includes people with physical, intellectual, learning, cognitive or emotional disabilities and a range of medical conditions
  - Sexual orientation: a person's sexual orientation including gay, lesbian, bisexual, or heterosexual
  - Membership of the Traveller community: people who are commonly called Travellers, who are identified both by Travellers and others as people with a shared history, culture, and traditions, identified historically as a nomadic way of life on the island of Ireland.
- Harassment includes any act or conduct, spoken words, gestures or the production, display or circulation of written words, pictures, or other materials. Examples of harassment/bullying behaviour, include:
  - shouting or swearing at employees both publicly and in private
  - aggression
  - insulting someone's appearance or name-calling
  - spreading malicious rumours verbal or written harassment through jokes, offensive language, or gossip
  - ignoring or isolating others
  - constantly cutting in or across others in conversation
  - physical contact ranging from unwanted touching to serious assault

- staring, leering, aggressive gestures
- persistent negative attacks on personal or professional performance without good reason
- unreasonable and unfounded refusal of annual leave, training, or promotion opportunities
- abusing a position of power by unnecessarily undermining a colleague’s work/and or placing unreasonable demands on a particular individual
- unreasonable or inappropriate monitoring of performance
- intruding through pestering, spying, or stalking
- issuing repeated unreasonable assignments or duties which are unfavourable to one individual

**Note:** This list is not exhaustive

**c) Sexual harassment**

- Is defined as an act of a sexual nature, or one which has a sexual dimension, that is unwanted and/or is unsolicited, and which is viewed as offensive, humiliating, or intimidating. It includes:
  - any act of physical intimacy
  - request for sexual favours
  - Any other act or conduct including spoken words, gestures or the production display or circulation of written words, pictures or other material that is unwelcome and could reasonably be regarded as sexually offensive, humiliating, or intimidating

**Note:** A single incident may constitute sexual harassment

**Confidentiality**

- All individuals involved in any procedures described should maintain absolute confidentiality on the subject

**Communication/Awareness**

- Communication of the policy is seen as essential to its’ effectiveness.
- The policy will be communicated to all new employees and learners during induction and is included in relevant documentation, i.e., employees, trainer and learner handbooks

**Guidance/Instruction**

- All personnel who are approached to have a role in either the informal or formal procedure will be given guidance and/or instruction necessary to facilitate that role

**Responsibilities**

- Everyone in Safetech has a responsibility to prevent harassment and bullying and to report any instances to which they are party or witness.

- Managers and those with supervisory responsibilities have a particular responsibility to ensure that sexual harassment, harassment, and bullying do not occur and that complaints are addressed speedily. Those in positions of authority should:
  - Provide a good example by treating all in the workplace with courtesy and respect
  - Promote awareness of the complaints policy and procedures
  - Be vigilant for signs of harassment & bullying and act before a problem escalates
  - Inform management where any incident has occurred, observing confidentiality
  - Respond sensitively to any employee or learner who makes a complaint
  - Explain the procedures to be followed if a complaint is made
  - Ensure that individual making a complaint is not victimised for doing so
  - Monitor and follow up the situation after a complaint is made so that the sexual harassment, harassment, or bullying does not recur

### **Statutory Rights**

- The following statutory rights are relevant:
  - A subject of the complaint, where upheld, shall be allowed various rights of appeal in accordance with any agreed disciplinary procedures
  - Nothing in the informal or formal procedures set out in section 7.3.2 can overrule the statutory rights of an individual
  - Claims of harassment under the nine grounds set out in the Employment Equality Act, 1998-2015[2], may be taken under the provisions of that Act
  - Claims of sexual harassment as defined under the terms of Section 23 of the Employment Equality Act, 1998-2015[2], may be taken under the provisions of relevant sections of the Act
  - The Equal Status Acts 2000-2015[7] prohibits discrimination on the provision of goods and services, accommodation, and education.
  - These Acts also cover the nine discriminatory grounds listed in section

### 7.3.2 Making a Complaint

- Applies to all employees and learners

#### Purpose

- To ensure that any complaint is dealt with in an effective and efficient manner

#### Activities

All employees and learners, MD, TCM

#### 1. First Stage

- Where appropriate or possible, persons who feel they are being bullied or harassed should, in the first instance, attempt to address the matter informally with the aim of resolving the difficulty with the minimum of conflict and stress to the individuals involved.
- This involves explaining clearly that the behaviour in question is unacceptable.
- If the complainant finds it difficult to approach the alleged perpetrator directly, they should seek help, on a strictly confidential basis, from a third party.
  - In this situation, the approach of the third party should be a confidential, non-confrontational discussion to try and resolve the issue in a low-key manner

#### 2. Second Stage

- If an informal approach is inappropriate or impossible or if, after the informal stage, the bullying or harassment persists, the following formal procedures should be followed:
  - a) The formal complaint should be made verbally or in writing to the MD and/or TCM
    - Should the conduct of the MD and/or TCM be the source of the complainant's distress, the QM should receive the complaint
    - Where possible, the complaint should be confined to precise details of actual incidents of bullying or harassment.
  - b) The alleged perpetrator will be notified in writing that an allegation of bullying or harassment has been made against them
    - Where possible, they will be given a copy of the complainant's statement and advised that they will be afforded an opportunity to respond to the allegation.
  - c) The complaint will be subject to an initial examination by the MD and/or TCM and/or an independent third party, who can be considered impartial with a view to determining an appropriate course of action.
    - This may include mediation or a view that the issue can be resolved informally
    - If these approaches are deemed inappropriate, a formal investigation of the complaint will take place with a view to determining the facts of the allegation
    - If the allegation of bullying or harassment is made against a Board member, then the initial examination will be undertaken by an independent third party.

#### Records

Record of Meetings, Emails, Correspondence, Complaints Form

### 7.3.3 Investigating a Complaint

- Applies to all formal complaints

#### Purpose

- To ensure that any complaint is dealt with in a fair, transparent and confidential manner

#### Responsibility

SMT, MD, TCM, Third Party Investigator

#### Activities

##### 1. Investigation

- The investigation will be by the MD, AD or an independent third party
- It will be conducted thoroughly, sensitively, confidentially and with due respect for the rights of the complainant and the alleged perpetrator.
- The investigator(s) will meet with the complainant and the alleged perpetrator and any witnesses or relevant persons, individually, to establish the facts surrounding the allegation(s).
  - The complainant and alleged perpetrator may be accompanied
- Every effort should be made to complete the investigation as quickly as possible.
- On completion of the investigation, the investigator(s) will submit a written report of the findings to both parties to comment before any action is decided upon
- The investigator completes the final report including the outcome

##### 2. Possible Outcome

- If complaint is upheld, the following will apply:
  - Counselling and/or monitoring
  - Progressing the issue through the disciplinary process
- If the complaint is not upheld the following will apply
  - The matter is closed

##### 3. Appeal

- The following applies:
  - Submit the appeal in writing within 2 working days of receiving the decision
  - Clearly outline the grounds for the appeal
- The appeal will be handled by another member of the SMT and/or third party
  - The decision on appeal will be final within Safetech

**Note:** This outcome does not interfere with the statutory rights of the complainant or the subject of the complaint (ref: section 7.3.1)

#### Records

Record of Meetings, Emails, Correspondence, Complaints Form, Complaints Report

## 7.4 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Enhance learner awareness of the available supports	80% of learners are aware of the supports available	Feedback Forms, Summary Reports, Annual Report	CIVC & TA	Weekly
			SMT	Monthly
			EQC	Annually
		Survey	SMT	Annually
Learners are supported by an adequate number of qualified & experienced employees	85% of learners are satisfied with the support from employees	Feedback Forms, Summary Reports, Annual Report	CIVC & TA	Weekly
			SMT	Monthly
			EQC	Annually
		Survey	SMT	Annually
Ensure that adequate and sufficient resources are in place in a variety of formats	85% of learners are satisfied with the resources	Feedback Forms, Summary Reports, Annual Report	CIVC & TA	Weekly
			SMT	Monthly
			EQC	Annually
		Survey	SMT	Annually

## Quality Area 8: Information and Data Management

- Our information and data management processes reflects our context and mission and supports the delivery of our strategic priorities and objectives. Identifying and collecting reliable, meaningful data is a key activity in Safetech. The information generated from the analysis of the data, enables us to:
  - Make well-informed decisions
  - Identify what’s working well and areas for improvement
  - Create, use, and maintain valuable data & information for future planning
  - Ensure compliance with awarding body requirements and legal obligations
  - Respond appropriately to information requests from relevant stakeholders
  - Protect our reputation and provide accountability over time

## Principles

1. Information & Data are used as a strategic resource and use to improve organisational performance.
2. Roles & responsibilities in relation to information & data management are clearly defined
3. We fully comply with all relevant data protection legislation and requirements
4. Employees will be able to access information for the effective performance of their role and there will be the opportunity for the free flow of information, as appropriate.
5. We produce timely, relevant, consistent, and accurate information and meet our stakeholder expectations and requirements



## 8.1 Information & Data Management

- Facilitates accurate reporting and well-informed decision-making and provide information for further planning
- Ensures compliance with relevant legislation and awarding body guidelines and requirements

### 8.1.1 Information Systems

- An appropriate mix of quantitative and qualitative performance measures are identified for all aspects of the QAS (ref: sections, 1.8, 2.1.4, 2.1.4.1, 3.7, 4.3, 5.5, 6.6, 7.3, 8.2, 9.2, 10.2)
- Applies to all to all courses and associated activities

#### 8.1.1.1 Data Collection & Analysis

- The following methods are used to collect data from employees and learners:
  - Application Forms
  - Enrolments
  - Learner feedback forms
  - Annual learner survey
  - Collective & one to one learner meetings
  - Assessment Results
- Reports are generated – against relevant performance measures – for each department, group, and sub-group to support informed decision-making and the identification of what's working well and areas for improvement
- Learner completion rates are collected in the LMS, reports are generated and used to inform practice

### 8.1.2 Management Information System

- The Safetech Management Information System (MIS) relates to the organisational and governance structure and reporting systems (outlined throughout the documentation)
- The MIS includes the following:
  - Learner information system
  - Academic systems
  - Employees management
  - Finance & sales
  - Communication & Marketing
- The MIS includes the following software tools:
  - Learning Management System – Access Plan It
  - Microsoft Office 365
  - Team up “Calendars for Trainers”
  - Zoom
  - Webex
  - Microsoft Teams
  - Office.com
  - Google Forms

- Pubble – Messaging function on the website
- Website
- Sage – Accounting
- The MIS enables necessary information to be stored and disseminated where and when it is needed and facilitates well-informed decision-making
- It facilitates timely analysis against relevant objectives and performance measures
- The information contained in the MIS:
  - Is systematically reviewed and analysed to provide additional information and insight
  - Updated to meet information needs and facilitate further planning

### 8.1.3 Learner Information System

- Our Learning Management System – Access Plan It (LMS) is used to manage a variety of processes. The system facilitates the following:
  - Schedule courses including trainers, venues, equipment
  - Book participants onto public courses via phone, email or direct from website
  - Participants receive confirmation within 30 mins of booking with course details, polices, learning material, additional support info, dietary requirements etc.
  - Reminders emailed out from LMS to learners
  - Trainer login into LMS at start of each course and mark attendance
  - Trainer login in on completion of courses and mark 'completed' after full attendance
  - Trainer input feedback or notes
  - Once participants marked 'completed', they receive a feedback survey via email
  - Once internal verification takes place, they push certificates out from LMS if an in-house certificate
  - Should certification arrive from accrediting body, they are copied onto LMS under participants names. Date of certificate being posted is logged on the LMS
  - Bookers can login to see attendance
  - Bookers also receive feedback forms to complete on the quality of service they received during booking the courses
  - Trainers can view feedback
  - Learner completion rates are collected
  - Weekly feedback reports sent to management
  - Various reports are produced
  - Waiting lists are logged
  - GDPR set up for scheduled for anonymising details

## 8.2 Data Protection Policy

<b>No. &amp; Version</b>	SPO154-V3	<b>Review Cycle</b>	3 year's or sooner if required
<b>Approved</b>	Nov 2022	<b>Approved by</b>	MD
<b>Next Review</b>	Nov 2025	<b>Responsibility</b>	SMT

### Purpose

- To outline the rules on data protection and the legal conditions that must be satisfied in relation to the collecting, obtaining, handling, processing, storage, transportation, and destruction of personal data.
- To provide good practice guidelines for employees and associated stakeholders.
- To protect us from the consequences of a breach of its responsibilities.

### Scope

- All employees, learners, contractors and representatives handling data for or on behalf of Safetech who have access to data in all formats i.e. paper, electronic or audio-visual.

### Policy Statement

Safetech is committed to the protection of the rights and privacy of individuals and organisations, including, employees, learners, and others whose data is held by the organisation. This commitment is underpinned by full compliance with the Data Protection Act 2018, the General Data Protection Regulation (GDPR) and in so far as they will survive for certain purposes the provisions of the Data Protection Acts 1988 and 2003. To meet our responsibilities under the legislation and in accordance with the data protection principles, we will:

1. Obtain and process information fairly.
2. Keep it only for one or more specified, explicit, and lawful purposes.
3. Use and disclose data only in ways compatible with these purposes.
4. Take appropriate measures to keep data safe and secure.
5. Keep it accurate, complete, and up to date.
6. Ensure it is adequate, relevant, and not excessive.
7. Retain for no longer than is necessary for the purpose or purposes in was collected.
8. Provide data to data subjects on request.
9. Appoint an individual to have overall responsibility for data protection

### Responsibility

#### Board

- Ensuring resources are in place to meet the requirements of this policy.
- Ensuring the policy and procedures are adequate, up to date, in line with legislative requirements and systematically reviewed.

#### SMT

- Assisting the Board to develop, review and approve the policy and procedures.
- Designating an individual to lead on data protection.

- Ensuring the organisation is fully compliant with legislation in its day-to-day activities.
- Ensuring only authorised personnel engage in activities associated with providing services
- Monitoring the implementation of this policy and associated procedures.
- Dealing with concerns arising out of the implementation of this policy.

#### Employees

- Complying with the requirements of the policy and associated procedures.
- Creating and maintaining full and accurate records of all activities
- Handling data with care and respect so as not to compromise their integrity
- Preventing unauthorised access.
- Bring any observations or concerns to the attention of SMT that may require updates to the policy and procedures.

#### Data Protection Lead

- Monitor compliance with the GDPR.
- Collect information to identify processing activities.
- Analyse and check the compliance of processing activities.
- Inform, advice and issue recommendations.
- Provide support, assistance, and training

#### Implementation

- The Board have overall responsibility for the implementation and monitoring of the policy
- The SMT is responsible for the day-to-day implementation
- All employees, trainer and associated stakeholders facilitate the implementation, monitoring and evaluation of the policy and procedures

## 8.2.1 General Information

### Definitions

- **Data**
  - Information in a form which can be processed.
  - It includes both automated and manual data.
- **Automated Data**
  - Any information on computer or recorded with the intention of putting it on computer.
- **Manual Data**
  - Information that is kept as part of a relevant filing system, or with the intention that it should form part of a relevant filing system.
- **Relevant Filing System**
  - Any set of information that, while not computerised, is structured by reference to individuals, or by reference to criteria relating to individuals, so that specific information is accessible.
- **Processing**
  - Performing any operation or set of operations on data, including:
    - Obtaining, recording, or keeping data.
    - Collecting, organising, storing, altering, or adapting the data.
    - Retrieving, consulting, or using the data.
    - Disclosing the information or data by transmitting, disseminating, or otherwise making it available.
    - Aligning, combining, blocking, erasing, or destroying the data.
- **Data Subject**
  - An individual who is the subject of personal data.
- **Data Controllers**
  - Those who, either alone or with others, control the contents and use of personal data
    - Data Controllers can be either legal entities such as companies, Government Departments, or voluntary organisations or
    - They can be individuals such as G.P.'s, pharmacists, or sole traders.
- **Data Processor**
  - A person who processes personal data on behalf of a data controller but does not include an employee of a data controller who processes such data in the course of his/her employment.
  - Again, individuals such as G.P.'s, pharmacists or sole traders are considered legal entities.
- **Personal Data**
  - Data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into, the possession of the data controller.
  - This can be a very wide definition depending on the circumstances.

- **Sensitive Personal Data**

- Relates to specific categories of data which are defined as data relating to a person's racial origin; political opinions or religious or other beliefs; physical or mental health; sexual life; criminal convictions or the alleged commission of an offence; trade union membership.
- Individuals have additional rights in relation to the processing of any such data.

### 8.2.2 Obtaining & Processing Data

- Applies to all data and data subjects

#### Purpose

- To ensure that all data is obtained and processed in a transparent and effective manner.

#### Responsibility

All Employees, Data Protection Lead (DPL)

#### Activities

##### Collecting

1. Data may only be collected for the following reasons:
  - a) To provide personnel, payroll, and pension administration services.
  - b) To gather statistical information from learners and employees which may include personal sensitive data.
  - c) To provide services including, but not limited to:
    - Education and training
  - d) To undertake marketing, promotion, and public relations exercises. (Related courses).
  - e) To update databases
2. The data subject must be made aware of the following prior to collecting or processing their data:
  - 1) Reason for collecting the data.
  - 2) How it will be used.
  - 3) Legal basis for processing the data (consent/explicit Consent).
  - 4) Disclosure to third parties.
  - 5) Retention period.
  - 6) Contact details for the DPL.
  - 7) Their right(s):
    - To be informed, of access, to rectification, io erasure, to restrict processing.
    - To data portability, to object, around automated decision making and profiling, to withdraw consent at any time, to make a complaint.

##### Processing

1. Personal data should only be processed for the specific reason(s) notified to the data subject(s) and for which it was gathered in the first place.

- a) If it is to be used for any other purpose, consent must be obtained from the data subject(s).
- b) Any such requests are subject to Board approval.
- 2. Data should only be disclosed for the original purpose it was obtained.
- 3. Data should not be disclosed to third parties without the consent/explicit consent of the data subject.
  - a) Verbal consent may be obtained for the disclosure of non-sensitive personal data (Reference definitions).
  - b) Written consent must be obtained for the disclosure of sensitive personal data (Reference definitions).
- 4. Sensitive personal data may be disclosed without the express written consent of the data subject in the following circumstances:
  - a) Where the data subject has already been made aware of the person/organisation to whom the data may be disclosed.
  - b) Where it is required by law.
  - c) Where it is required for legal advice or legal proceedings, and the person making the disclosure is a party or a witness.
  - d) Where it is required for the purposes of preventing, detecting, or investigating offences, apprehending, or prosecuting offenders, or assessing moneys due to the State.
  - e) Where it is required urgently to prevent injury or damage to health, or serious loss of or damage to property.
- 5. Personal information should not be disclosed to work colleagues unless they have a legitimate interest in the data to fulfil official employment duties.
- 6. Personal data may be used for research purposes under the following conditions:
  - a) Consent of the data subject.
  - b) Personal data must be kept anonymous.
- 7. Any concerns or queries relating to the obtaining and processing of data should be brought to the attention of the DPL and/or management.

**Records**

Personnel Files, Retention Schedule, Disposal Log, Emails, Written Correspondence

### 8.2.3 Data Requests – Access, Rectify, Erase, Restrict or Objections to Processing

- Applies to all requests and data subjects

#### Purpose

- To ensure that individual requests are dealt with in a timely and effective manner.

#### Responsibility

DPL, All Employees

#### Activities

##### Access

Once a data access request is received the following applies:

1. Inform the individual that the request must be submitted in writing to the DPL using the organisation's data request form (email a form on request).
2. Once the written request is received the DPL will:
  - Verify or delegate a person who will verify the identity of the individual using reasonable means – e.g., request a copy of recent photo I.D.
3. Once verified the DPL will process the request or delegate someone to process it.
  - Processing the request should be complete within one month of receiving the request in writing.
    - This time can be extended to two months where requests are complex or numerous.
    - If the time is to be extended, inform the individual.
4. The DPL will track/record results to ensure compliance.
  - In the event of a dispute an audit trail must be available to show compliance.
5. The person responsible must send the data to the individual in the agreed time electronically unless the individual requests that it be sent manually.

##### Rectify, Erase, Restrict or Objections

1. Once a request is received, follow steps 1 to 4.
2. Notify the data subject in the agreed timeframe of the results of their request.

#### Records

Data Request Form, Tracking Log, Emails, Phone Calls, Written Correspondence

## 8.2.4 Data Portability

- Applies to all requests

### Purpose

- To ensure that individual requests are dealt with in a timely and effective manner.

### Responsibility

DPL, All Employees

### Activities

#### Handling a Request

Once a data portability request is received the following applies:

1. Inform the individual that the request must be submitted in writing to the DPL using the organisation's data request form detailing all data requested (email a form on request).
2. Once the written request is received the DPL will:
  - Verify or delegate a person who will verify the identity of the individual using reasonable means – e.g., request a copy of recent photo I.D.
3. Once verified the DPL will process the request or delegate someone to process it.

#### Processing a Request

1. Gather all data requested in whatever format it is in.
2. Save all data in a PDF format.
3. Send the data to the data subject for review and agree it.
4. Once agreed send the data in PDF format to the other controller identified by the data subject and request a receipt.
  - Processing the request should be complete within one month of receiving the request in writing.
  - This time can be extended to two months where requests are complex or numerous.
  - If the time is to be extended, inform the individual.
5. The DPL will track/record results to ensure compliance.
  - In the event of a dispute an audit trail must be available to show compliance.
6. The person responsible must send notify the data subject in the agreed timeframe of the results of their request.

### Records

Data Request Form, Tracking Log, Emails, Phone Calls, Written Correspondence.

### 8.2.5 Confidentiality & Security

- Applies to all data

#### Purpose

- To ensure that data is managed in a consistent, secure, and confidential manner.

#### Responsibility

DPL, All Employees

#### Activities

##### Security

Standards of security include the following:

1. Access to the database is limited to authorised personnel who will have individual passwords for access.
2. Access to IT servers is restricted in a secure location to a limited number of employees.
3. Access to computer systems is password protected with other factors of authentication as appropriate to the sensitivity of the data.
  - Non-disclosure of personal security passwords to any other individual including other personnel is encouraged.
4. Back-up procedures in operation for information held on computer servers, including off-site back-up.
  - Data is backed up by the DPL every quarter following data cleansing activities.
5. Computers are protected by anti-virus software.

##### Confidentiality

1. Access to any employees personal data is restricted to authorised personnel for legitimate purposes only.
2. Information on computer screens and manual files to be kept out of sight from callers to our offices.
3. Computers have automatic screen savers should the user fail to log out.
4. Personal manual data is to be held securely in locked cabinets, locked rooms, or rooms with limited access.
5. Employees are provided with data protection information and training relevant to their role.

#### Records

Training Records, Computer Audit Trail, Log-in Details

## 8.2.6 Keeping Data Accurate, Complete and Up to Date

- Applies to all data

### Purpose

- To ensure accurate, up to date data is available to the organisation for effective and efficient decision making and ensuring compliance with data protection legislation and guidelines.

### Responsibility

SMT, DPL

### Activities

#### Internal Reviews

Internal reviews will be carried out annually by the SMT and the DPL, who will.

1. Complete the review schedule
  - The schedule specifies the areas and/or processes to be audited, the review criteria and scope of the review
  - Areas specified in the schedule are reviewed against relevant documentation and standards (review criteria).
2. Reviews are carried out across selected activities annually, sooner if required.
  - The frequency of reviews can be adjusted depending on the results of previous reviews, feedback, new procedures, or the importance of an identified issue.
3. The reviews are carried out by:
  - Reviewing manual and electronic procedures and compliance.
  - Consultation with relevant employees.
  - Reviewing previous review reports and improvement plans.
4. A summary report is completed outlining any strengths and areas for improvement.
  - Where an issue is discovered, it is recorded on the QIP
  - The issue and corrective action should be agreed between the reviewer and the person tasked with completing the corrective action.
  - Where no issues are found, a record is retained to signify that an review has been carried out, i.e., a review report must still be completed.
5. Corrective actions are checked at the end of each month by the DPL to verify completion.
6. Reports are provided by the SMT at the next Board meeting for review.
7. Internal review reports are to be maintained for three years.

#### Periodic Review

1. Policies are reviewed every 3 years or sooner if required
2. Employees records are updated annually in line with performance reviews or sooner if required.
3. Information on the website and/or social media is reviewed and updated weekly.
4. All employees are responsible for reviewing data relevant to their area of work annually for relevance and updating or disposing of it as required.

### IT Database

The following is to be carried out by employees using the data base

1. To ensure clean data all fields must be complete at time of initial entry on any systems
2. Quality checks are carried out quarterly on a random selection of:
  - Learner records
  - Employees records
3. Log any issues identified.
4. Create a clean-up plan with responsibility clearly assigned.
5. Contact all employees annually to verify and update information.
6. Check all learner records, as required, in line with stakeholder requirements
7. Maintain the database:
  - Assign responsibility for systematic cleansing.
  - Keep employees informed and upskilled
  - Carry out random spot checks.
  - Discuss issues with relevant employees members

### Records

Quality Reports, QIP, Record of Meetings, Document Control Matrix, Audit Reports.

### 8.2.7 Awareness

- Applies to all employees

### Purpose

- To ensure that employees have the necessary knowledge and skills to carry out their activities giving due care to the data they have access to

### Responsibility

SMT, DPL

### Activities

1. Initial data protection information will be provided at induction
2. All new employees members will receive beginner level data base training, if required.
3. Employees members will attend data protection training as required
4. The DPL will provide periodic updates and awareness training.
5. The DPL will provide updates at regularly scheduled employees meetings.
6. The data base manual will be reviewed and updated annually or sooner if required.
  - Updates will be communicated to electronically

### Records

Training Attendance Sheets, Login Details, Induction Checklist, Employees CPD Records, Record of Meetings.

## 8.2.8 Managing a Data Breach

- Applies to all incidents

### Purpose

- To ensure a standardised management approach is implemented in the event of a data breach.

### Responsibility

DPL, All Employees

### Activities

#### Reasons for a Breach

- Loss or theft of equipment on which data is stored.
- Inappropriate access controls allowing unauthorised use.
- Equipment failure.
- Human error e.g., email sent to the wrong address.
- Unforeseen circumstances such as a flood or fire.
- Computer hacking.
- Access where information is obtained by deception.

#### Managing a Breach

1. Details of the incident should be recorded, including.
  - A description of the incident.
  - The date and time of the incident.
  - The date and time it was detected.
  - Who reported the incident and to whom it was reported?
  - The type of data involved and how sensitive it is.
  - The number of individuals affected by the breach.
  - Was the data encrypted?
  - Details of any Information IT systems involved.
  - Additional material.
2. Notification of the breach and risk assessment.
  - a) Internal Notification
    - A data breach must be reported without delay to the DPL, who in turn will immediately notify the SMT and MD with the incident details.
    - The DPL will immediately convene a meeting of relevant people to deal with the incident.
    - The group will assess the incident details and the risks involved, including:
      - What type of data is involved?
      - How sensitive is the data involved?
      - How many individuals are affected by the breach?
      - Were there protections in place e.g., encryption?

- What are the potential adverse consequences for individuals and how serious or substantial are they likely to be?
- How likely is it those adverse consequences, will materialise?

b) External Notification

- It is mandatory to inform the office of the data commissioner without delay and where feasible within 72 hours of any breach unless the data in question was anonymised or encrypted. In any event the data commissioner should be contacted for advice on how best to deal with the aftermath of a data breach.
- The DPL will be responsible for contacting the office of the data commissioner.
- The DPL in consultation with the office of the data commissioner will decide if it is appropriate to inform the persons whose data has been breached. (Every incident will not warrant notification).
- When notifying data subjects, the DPL will consider the most appropriate medium for doing so. It will bear in mind the security of the medium for notification and the urgency of the situation.
- Specific and clear advice will be given to individuals on the steps they can take to protect themselves and, what the organisation is willing to do to assist them.
- The DPL will be the contact person for further or ongoing information.
- The DPL will also consider notifying third parties, such as An Garda Síochána who can assist in reducing the adverse consequences to the data subject(s).
- Other statutory agencies will be informed as required.

**Evaluation and Response**

1. Following a breach, a review of the incident will be carried out by the DPL. The purpose of this review will be to:
  - Ensure that the steps taken during the incident were appropriate.
  - Describe and record the measures being taken to prevent a repetition of the incident.
  - Identify areas that may need to be improved
  - Document any recommended changes to policy and/or procedures which are to be implemented as soon as possible thereafter

**Records**

Record of Meetings, Emails, Quality Improvement Plan, Document Control Register, Incident Report.

## 8.2.9 Data Retention and Disposal

- Applies to all data

### Purpose

- To provide, assistance and guidance to employees in meeting their obligation in relation to the retention and disposal of data.

### Responsibility

SMT, DPL, All Employees

### Activities

#### Retention

1. A records retention schedule will apply to a series of records and will indicate when eligible records must be destroyed or deleted, and when permanent records are to be archived.
2. All data created and/or received by employees in the course of their duties are retained for as long as they are required to meet legal, administrative, financial, and operational requirements.
3. Retention periods depend on different criteria, including compliance with legislation and best practice.
  - The retention periods are the minimum time that records should be kept and are calculated from the end of the calendar month, following the last entry on the record.
4. Management will:
  - Ensure all employees are made aware of the records retention schedule so that they know which records the organisation has decided to keep and their personal responsibility to follow the retention schedules.
5. Information users will:
  - Review records in accordance with the retention schedule when they are no longer required for on-going business or specific legal or regulatory purposes.
  - Review records at the end of their retention period and arrange for secure destruction, transfer to storage or given a further review date. (Documentation of the disposal or transfer of records will be completed and retained).
  - Manage electronic records in accordance with the retention schedule. It is recommended that an intended disposal or review date is captured when creating electronic records.

#### Disposal

1. Disposal of records must be authorised by the relevant SMT member or the DPL.
2. The final disposal, either through transfer to archives or destruction, is carried out according to the retention schedules.
3. Where hard copy records are to be destroyed after the retention period has expired, they should be destroyed
  - a) Using a shredder.

- b) Where there is a large amount, of records to be destroyed, a professional contractor with expertise in this field should be employed on a confidential basis with the intention that such contractor will oversee the process and issue a certificate of destruction.
4. A register is to be maintained of all records destroyed, providing verifiable authorised proof of destruction.
- The register should be kept in perpetuity and should provide details of all records destroyed, including identifying the name of the person or organisation to whom the record relates.
  - The register should be signed and dated by the person who authorised the destruction of the records.
  - The register should be held in a secure location.
5. Electronic records should be disposed of as per the retention schedule
6. Third parties who have received records should be notified and requested to dispose of those records according to the retention schedule.

## Records

Retention Schedule, Disposal Log, Employees CPD Records, Emails

### 8.2.9.1 Retention Schedule

- Common types of information showing how they should be classed and the duration of their retention period.

Information Type	Retention Period	Storage location
<b>Employees Records</b>		
Personal Details	Until the individual leaves the company	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
Professional Details (CV, Contract of Employment etc.)	Until the individual leaves the company	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
CPD Records	Until the individual leaves the company	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
<b>Learner Records</b>		
Personal Details (Such as contact information: phone address, email)	Indefinitely or deleted at the request of the individual	Electronically on company hard drive
Course Details	Until course completion	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
Assessment Details	Until final certification and the appeals process has been exhausted and/or the next certification period	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
<b>Course Records</b>		
Course Content	Until reviewed and updated	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
Course Information	Until reviewed and updated	Electronically on company hard drive and/or a paper copy in a secure filing cabinet
Course Material (Hard Copy and Soft Copy)	Until reviewed and updated	Electronically on company hard drive and/or a paper copy in a secure filing cabinet

### 8.3 Monitoring & Review

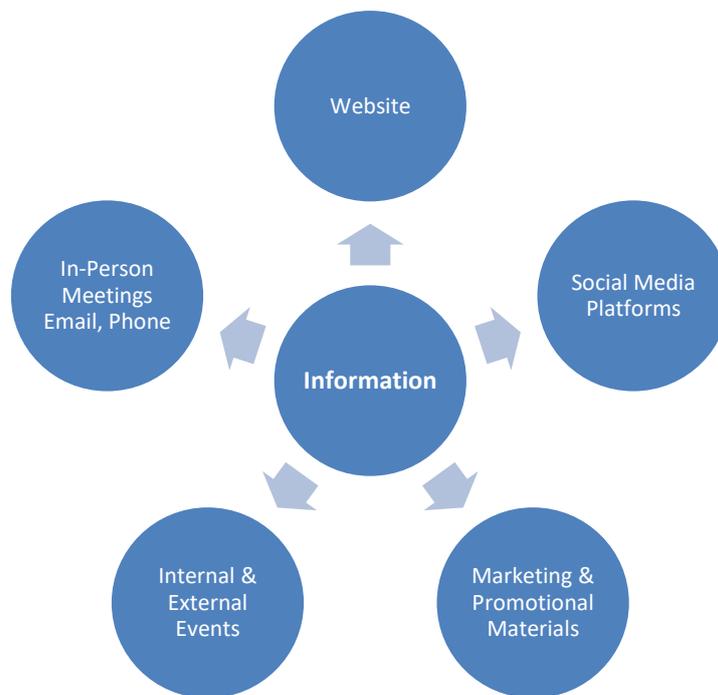
Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Course records are available to support decision-making and inform practice	10% or less data missing from course records	LMS	SMT	Weekly
IT systems support and enhance the learner learning experience	80% of learners and employees are satisfied with the IT support systems	Feedback Forms, Summary Reports, Annual Report	CIVC & TA	Weekly
			SMT	Monthly
			EQC	Annually
		Employees Meetings	SMT	Weekly
		Performance Reviews	SMT	Annually
Ensure compliance with data protection regulations	90% compliance with data protection regulations	Data Protection Audit	Data Protection Lead	Annually

## Quality Area 9: Public Information & Communication

- This section refers to the information that Safetech communicate and publishes about our education and training activities

### 9.1 Public Information

- Applies to all information communicated and published about courses & associated services, quality assurance policies & procedures and quality assurance evaluations
- Applies to all employees and trainer involved in the gathering, reviewing updating and approving information to prospective learners, the general public and other stakeholders
- A variety of methods are used to for public information & communication
- Information is easily accessible for all stakeholders
- Specific awarding body public information requirements are adhered to, monitored & reviewed
- Relevant employees members respond to stakeholder queries in the most appropriate way (e.g., phone email, in-person) in a timely manner with accurate and relevant information



#### Purpose

- To ensure that any information we publish/provide is clear, accurate, objective, up to date and is easily accessible and meets the requirements of the Education & Training Act 2012

#### Responsibility

MD, SMT, All Employees

## Activities

- Public information provided, includes, but is not limited to:
  - Safetech details
  - Course details
  - Quality management/assurance details and reports
- The main source of information for prospective learners and the public is the website
- Information can also be sourced through our social media platforms, attendance at events, email, phone calls, in-person meetings and our marketing & promotion material
- Administration is responsible for:
  - The development of all marketing & promotion material to be used in all formats described above
  - Gathering and publishing information about the organisation and its activities
  - Liaising with other members of the SMT at regularly scheduled meetings to ensure the information is correct
  - Developing drafts of organisational information (profile & corporate) for approval by the MD prior to publication
  - Updating all relevant documentation, as required
- The SMT is responsible for:
  - Providing clear, accurate, and up to date course information
  - Approving relevant information for publication
- The TCM is responsible for:
  - The regular review of all course information
  - Ensuring the accuracy of course information in all relevant documents
  - Ensuring the information meets awarding body requirements
  - Approving any updates to course information prior to publication
- The MD is responsible for:
  - Reviewing & updating all organisational information (profile & corporate)
  - Approving organisational information (profile & corporate) for publication
  - Delegating approval authority to the SMT, where appropriate
  - Approving information provided to awarding bodies, regulatory authorities and specified information made available to the public
  - Approving the publication of QA documentation and reports
  - Monitoring public information at regularly scheduled meetings

## 9.1.2 Learner Information

- The TCM is responsible for obtaining and publishing information about all courses. The following information must be made available to prospective & current learners:
  - The name of the awarding body and the title, award type and level on the applicable framework
  - Clear eligibility criteria – including reference to the knowledge, skill and competency needed by the learner for successful participation on the course Arrangements to assess learner eligibility to enter and any further selection arrangements, if applicable
  - Statements on RPL for each course, if applicable

- Opportunities for transfer and/or progression associated with the course, including any relevant specific progression linkages
- Details of the arrangements in place for the PEL, if applicable
- Details of the learner supports that are available
- All communications and marketing documentation referring to a course leading to an award must include a statement of the entry requirements and a description of the transfer/progression possibilities into and out of the course
- Each department is responsible for providing any additional information that may be required for each course – e.g., duration, cost, assessment, timetables & schedules etc.
- Administration will provide all relevant personnel with the information for each course in an easily accessible format
- Requests for information by learners should be directed to the most relevant source depending on the nature of the query
- The TCM is responsible for ensuring that the accuracy of all learner information is maintained, on the website and any other platforms.
- The TC is responsible for monitoring and reviewing information provided to learners in documentation, e.g., learner handbook etc.
- Administration and trainer are responsible for ensuring that information provided to current learners is correct, timely and easily accessible

### 9.1.3 Publication of Quality Assurance Evaluation Reports

- The QM is responsible for ensuring that the following quality management/assurance information is published on the website in an easily accessible format:
  - Relevant QA Policies, procedures & supporting documents
  - Awarding body review reports

### Records

Website, Marketing & Promotional Materials, Event Attendance, Records of Meetings, Emails, Social Media

## 9.2 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Information published about courses is clear, accurate, objective, up to date and easily accessible	5% increase in learner enrolment on the previous year	LMS	MD & TCM	Annually
Key findings from quality evaluations are published in an easily accessible format	One internal evaluation report published annually	Website Review	TCM	Annually

## Quality Area 10: Other Parties Involved in Education & Training

- This section provides information about Safetech's relationships with other parties involved in education and training

### 10.1 Peer Relationships

Safetech recognises that peer relationships with other parties in the education and training community provides opportunities for the organisation to enhance the quality of the services it provides. Opportunities to develop peer relationships include:

- Attendance at conferences and seminars to meet with education and training professionals and the business community
- Membership of professional bodies and organisations.
- Engaging with other training providers
- Engaging with awarding bodies.

Safetech has professional relationships with:

1. Quality and Qualifications Ireland – QQI
  - QQI is the state agency responsible for the external quality assurance of further and higher education and training in Ireland
  - Approved to deliver programmes leading a QQI award since 2009
2. City & Guilds
  - A leader in global skills development, working with governments, organisations and education centres to provide work-based learning programmes in industries and sectors which offer the strongest prospects for jobs and growth
  - An approved centre since 2017
  - Completed a centre quality review in Oct 2022 and maintained our status as an approved centre
3. Pre-Hospital Emergency Care Council – PHECC
  - The PHECC is an independent statutory body who set the standards for education and training for pre-hospital emergency care in Ireland. The Council publish clinical practice guidelines (CPGs) and recognise institutions to provide pre-hospital emergency care training and education.
  - An Approved Training Institution (ATI) with PHECC since 2018
  - Compliant with the PHECC quality standards framework
  - Completed a PHECC quality review in Nov 2022 and maintained our status as an ATI
4. Road Transport Industry Training Board – RTITB
5. The National Irish Safety Organisation – NISO
6. NOCN – An educational charity
7. The Institute of Occupational Safety & Health – IOSH
8. Construction Plant Competency Scheme – CPCS
9. Road Safety Authority – RSA
10. SOLAS
11. Chartered Institute of Environmental Health – CIEH
12. Construction Industry Training Board – CITB
13. Irish Heart Foundation – IHF

## 10.2 External Partnerships & Second Providers

- Safetech does not engage with any second providers

## 10.3 Expert Panellists, Examiners and Authenticators

- When engaging external expertise, the MD, QM and TCM will ensure that all individuals are:
  - Appropriately qualified, competent, and experienced in the areas which they are engaged to provide support in
  - Made aware of the organisations culture, policies and procedures and organisational processes relevant to the activity they are engaged for
  - Provided with ethical guidelines and made aware that they need to declare any direct or perceived conflicts of interest or loyalty
- External personnel will be engaged to:
  - Act as chairperson for the EQC
  - Serve as a member of the EQC
  - Support the activities of the CST
  - Carry out external authentication
  - Carry out QAS evaluation

**Note:** this list is not exhaustive, additional external expertise may be co-opted to support in other areas

- Records will be maintained of all external personnel engaged by the organisation

## Records

Personnel Records, CVs, Contracts, Recruitment Records, Personnel Profiles

## 10.4 Monitoring & Review

Operational Objective	Performance Measure	Analysis		
		Method	Who	When
Maintain awarding body accreditation	10% or less non-compliance with awarding body requirements and guidelines	Systematic Monitoring	All Employees	Weekly
		Periodic Review	SMT	Monthly
		Self-Evaluation	SMT	Annually
Engage appropriately qualified and experienced external, independent personnel	90% of relevant activities supported by appropriately qualified and experienced external, independent personnel	Management Reports, Records of Meetings	SMT	Annually

## 11. Supporting Policies & Procedures

### 11.1 Disciplinary Procedure

- This document sets out standards of performance and behaviour, as well as disciplinary procedures that are designed to help promote fairness and transparency in the treatment of individuals.
- It is our aim that the standards and procedures emphasise and encourage improvement in the conduct of individuals, where they are failing to meet the required standards, and not be a means of punishment.
- Every effort will be made to ensure that any action taken under this procedure is fair, with you being given the opportunity to state your case and appeal against any decision that you consider to be unjust.
- The following standards and procedures should ensure that:
  - You are fully aware of the standards of performance and behaviour expected of you and the disciplinary procedure that will be followed if you are in breach of these standards
  - The correct procedure is used when addressing standards of performance and behaviour; and
  - Disciplinary action, where necessary, is taken speedily and in a fair, uniform, and consistent manner.

#### Purpose

- To ensure that disciplinary action is necessary it is taken speedily, and in a fair, uniform, and consistent manner

#### Responsibility

MD, TCM, SMT, Manager/Supervisor

#### Activities

#### Standards of Performance & Behaviour – Minor, Major & Gross Misconduct

- It is not practicable to specify all disciplinary rules or offences that may result in disciplinary action, as they may vary depending on the nature of the work.
- This section lays out examples of minor misconduct, major misconduct, and gross misconduct, to illustrate the standards of performance and behaviour expected of Safetech employees.
- In addition to the specific examples shown in this handbook, a breach of other conditions, procedures, rules, etc. within this handbook, Safetech policies and contracts of employment, may also be dealt with using the disciplinary procedure set out below.
- Rules Covering Minor Misconduct – the following is a non-exhaustive list of examples of minor misconduct, which may result in disciplinary action:
  - Persistent absenteeism and/or lateness

- Unsatisfactory standards or output of work; and
- Unauthorised use or negligent damage or loss of our property.
- Rules Covering Major Misconduct – the following is a non-exhaustive list of examples of major misconduct, which may result in disciplinary action:
  - Failure to abide by the general health and safety rules and procedures
  - Objectionable or insulting behaviour or bad language
  - Failure to devote your time, attention and abilities to our business and its affairs during your normal working hours
  - Failure to carry out reasonable instructions or follow Volunteer Ireland’s policies and procedures; and
  - Failure to report immediately any damage to property or premises caused by you.
- Rules Covering Gross Misconduct – the following is a non-exhaustive list of examples of major misconduct, which may result in summary dismissal:
  - Dangerous behaviour, fighting or physical assault
  - Consumption of alcohol or other intoxicants during working hours
  - Possession, supply or use of illicit drugs during working hours
  - Deliberate falsification of any records (including time sheets, absence records and so on, in respect of yourself or a fellow employee)
  - Undertaking private work on the premises and/or in working hours without express permission
  - Deliberately taking part in activities that result in adverse publicity to Safetech
  - Theft or unauthorised possession of money or property, irrespective of value, whether belonging to us, another employee or a third party
  - Deliberate destruction/sabotage of Safetech property or other property on the office premises
  - Serious breaches of health and safety rules that endanger the lives of employees or any other person
  - Gross insubordination and/or continuing refusal to carry out legitimate instructions
  - Failure to comply with the Harassment and Anti-Bullying Policy
  - Any deliberate action, inaction or wrongdoing committed by you during your employment that would result in a financial loss to the organisation; and
  - Bringing a complaint against a fellow employee that you know to be false or malicious.

### **Counselling/Informal Disciplinary Procedure**

- At this early stage, the main aim of the procedure is to help the employee achieve the required standard of performance or behaviour.
- The line manager/supervisor may decide to initiate this procedure depending on the nature of the matter. They will:
  - Informally meet with the employee to discuss with them the unacceptable behaviour or weak area of their performance.
  - Agree on improvement measures and the timeframe for these improvements.

- Offer to support and coach the employee to improve their performance.
- Decide on a date to review the progress.
- Inform the employee in a clear manner of the next steps in the procedure if agreed standards of improvement are not achieved
- Maintain a record of the meetings held.
- At this informal stage mediation may also be considered as an option

**Formal Disciplinary Procedure**

- The disciplinary action to be taken against you will be based on the following:

Offence	First Occasion	Second Occasion	Third Occasion	Fourth Occasion
Minor Misconduct	Formal verbal warning	Written warning	Final written warning	Disciplinary hearing followed by possible dismissal
Major Misconduct Either	Written warning	Final written warning	Disciplinary hearing followed by possible dismissal	
Or	Final written warning	Disciplinary hearing followed by possible dismissal		
Gross Misconduct	Disciplinary hearing followed by possible dismissal			

- We retain discretion in respect of the disciplinary procedures to take account of your length of service and to vary the procedures accordingly.
- If a disciplinary penalty is imposed it will be in line with the procedure outlined above, which may encompass a formal verbal warning, written warning, final written warning, or dismissal, and full details will be given to you.
- All warnings will be effective from the date they are initially communicated to you in writing.
- In all cases warnings will be issued for misconduct, irrespective of the precise matters concerned, and any further breach of the procedure in relation to similar or entirely independent matters of misconduct will be treated as further disciplinary matters and allow the continuation of the disciplinary process through to dismissal if the warnings are not heeded.
- We reserve the right at our discretion the authority to bypass any step in the disciplinary process if we feel that the severity of the action warrants it.
- We will be fair in the application of such discretion.

**Disciplinary Authority**

- The operation of the disciplinary procedure contained in the previous section is based on the following authority at the various levels of disciplinary action.

- However, the list does not prevent a higher level of seniority or nominated person progressing any action at whatever stage of the disciplinary process.

Formal verbal warning	Manager
Written warning	Manager
Final written warning	Manager and/or nominated parties from the SMT
Dismissal	Managing Director & SMT

- The MD and a member(s) of the SMT will deal with disciplinary matters
- If a member of the SMT is the subject of the disciplinary action, they will not be involved in the process
- If the MD is the subject of a disciplinary matter an independent third party will be engaged to deal with the matter

### Period of Warnings

- Formal verbal warning: A formal verbal warning will normally be disregarded after a six-month period.
- Written warning: A written warning will normally be disregarded after a 12-month period.
- Final written warning: A final written warning will normally be disregarded after a 12-month period.

### Investigations

- On occasion it may be necessary for the organisation to investigate to clarify a particular incident or occurrence prior to any potential disciplinary action.
- The purpose of this investigatory meeting is to establish the facts about a particular incident or occurrence, the details of which will remain confidential to the investigator, the manager/supervisor, the MD, SMT and the subject of the investigation.
- The investigation will be carried out by a designated member of the SMT, and MD if necessary, in the case of any possible conflict of interest, an external third party appointed
- The designated investigator will meet with the subject of the disciplinary action and any witnesses or other relevant persons individually.
- The person investigating the complaints will make every effort to carry out and complete the investigation as quickly as possible.
- Once the investigation is complete, the investigator will provide a written report setting out the investigator's findings, a copy of which will be given to the MD the manager/supervisor and the employee.
- Investigation meetings themselves should not be interpreted as a disciplinary hearing as no disciplinary sanction will be issued on foot of an investigatory meeting.
- Instead, the facts established in an investigatory meeting may be used to identify if a disciplinary action and/or a formal disciplinary hearing ought to be conducted.
- On some occasions temporary suspension on contractual pay may be necessary in order that an uninterrupted investigation can take place.
- This must not be regarded as disciplinary action or a penalty of any kind.

## Disciplinary Hearings

- A disciplinary hearing, led by all MD and a member of the SMT will be conducted before the dismissal of an employee.
- A disciplinary hearing may also be conducted before other disciplinary action, such as warnings, at the discretion of the MD and SMT member
- The employee will be informed of the following in writing in advance of the disciplinary hearing:
  - The status of the meeting, i.e., that it is a formal disciplinary hearing
  - The purpose of the hearing is to consider representations on the employee's behalf and to decide if disciplinary action is appropriate in all the circumstances and the nature of the sanction if any
  - The possible outcome of the hearing, i.e., it may result in a decision to terminate his/her employment
  - If an investigation has been conducted (see above), a copy of the investigation team's report; and
  - The right to be accompanied by a union representative or work colleague.
- The disciplinary hearing will be conducted as follows:
  - The employee will be informed of the purpose of the disciplinary hearing, the nature of the allegation and if an investigation has been conducted, the findings of the investigation.
  - The employee and his/her representative will have the opportunity to present his/her case in response.
  - The disciplinary hearing is not intended to repeat the investigation (if an investigation has been conducted) but the employee will be able to raise any concerns regarding the investigation process if s/he feels that these concerns were not given due consideration by the investigation team.
  - The hearing will be adjourned to allow the Disciplinary and Grievance Panel to carefully consider the representations made on the employee's behalf.
  - The hearing will be reconvened, and the employee will be advised of the decision which may include:
    - Decision to dismiss
    - Disciplinary action short of dismissal
    - No further action on the grounds that there were strong mitigating circumstances; or
    - Non-disciplinary action (e.g., where there were strong mitigating circumstances, but the employee's continued employment is conditional on him/her agreeing to seek specialist treatment or other appropriate course of action).
- The employee will be advised of his/her right to appeal the decision

## Extended Warnings

- The organisation may extend, at its discretion, a final written warning if in its opinion the employee has not reached the required standard following a disciplinary process but has shown some improvement.

### Spent Warnings

- A “spent” warning forms part of an employee’s history and cannot be used to accelerate the disciplinary procedure to the next level warning.
- However, in certain limited circumstances it may be used in consideration of the employee’s total work history, especially where any future offences or incidents are related.

### General Notes

- Gross misconduct offences may result in dismissal without notice.
- If the subject of the disciplinary process is in a supervisory or managerial position, then demotion to a lower status may be considered as an alternative to dismissal except in cases of gross misconduct.
- In exceptional circumstances, suspension from work without pay for up to five days may be either used as part of a discipline sanction with a warning or instead of a warning.
- Any disciplinary penalty imposed because of the organisation’s disciplinary procedures, will be effective from the date the penalty was initially imposed.
- There is no provision for legal representation at any stage of the disciplinary process.
- You have the right to appeal against any disciplinary action, please refer to the Disciplinary Appeals Procedure set out below.
- Following a discipline process and outcome there is an option for mediation as per the process outlined at the Counselling/Informal Disciplinary Procedure above.

### Disciplinary Appeals Procedure

- The disciplinary rules and procedures that form part of your contract of employment incorporate the right to lodge an appeal in respect of any disciplinary action taken against you.
- If you wish to exercise this right, you should apply in writing to the TCM or another member of the SMT.
- The appeal must be made within seven working days of the decision to take disciplinary action.
- The appeal will be heard as soon as possible but no later than 20 working days from the receipt of the appeal from the employee.
- The MD and SMT member who dealt with the matter will deal with the appeal, except in those cases where they have taken the decision that is being challenged.
- In that case, the 2 or more members of the SMT, who were not involved in the process will deal with the appeal.
- They will have no knowledge of the discipline matter that is being appealed.
- An appeal against a formal warning or dismissal should give details of why the penalty imposed is too severe, inappropriate, or unfair in the circumstances.

- If you are appealing on the grounds that you have not committed the offence, then your appeal may take the form of a complete re-hearing and reappraisal of all matters so that the person who conducts the appeal can make an independent decision before deciding to grant or refuse the appeal.
- You may be accompanied at the appeal hearing by a fellow employee of your choice or an authorised trade union representative, who may act as a witness or speak on your behalf, and the result of the appeal will be made known to you in writing within five working days after the hearing.
- The decision on appeal is final

## Records

Records of Meetings, Employee Records,

## 11.2 Grievance Procedure

- It is important that if you feel dissatisfied with any matter relating to your work you should have an immediate means by which such a grievance can be aired and resolved.
- Nothing in this procedure is intended to prevent you from informally raising any matter you may wish to mention.
- Informal discussion can frequently solve problems without the need for a written record but if you wish your grievance to be formally recorded and investigated, please make this clear at the outset

### Purpose

- To ensure that an employee grievance is dealt with in an effective and efficient manner

### Responsibility

Relevant Manager/Supervisor, MD, SMT

### Activities

- If you feel aggrieved at any matter relating to your work (except personal harassment, for which there is a separate Harassment and Anti-Bullying Policy that you should refer to), you should:
  - First raise the matter with your manager/supervisor, either verbally or in writing.
  - If the grievance involves your manager/supervisor, you should raise the issue with an individual one level higher.
  - This person should attempt to resolve the matter within 15 working days.
  - Explain fully the nature and extent of your grievance.
  - If you wish, a fellow employee can be present with you to help you to explain the situation more clearly.
  - If the problem has not been resolved within ten working days, you can bring the matter to the attention of the MD in writing.
  - The MD will with another member of the SMT convene to consider the matter
  - A hearing will be held as soon as possible (but no later than 15 days from receipt of your written submission)
  - The MD/SMT will consider your submission and decide on the matter and/or make a recommendation.
  - This is the final stage of the grievance procedure.

### Records

Record of Meetings, Emails, Correspondence