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GUARDIAN *Safety*

Quality
Assurance

System Manual

Revision History		
Date	**Reason**	**Revision**
14/7/2010	Original Drafted	Rev 1
29/9/2010	B3.2, B4.4, B5.1, B5.8, B6.3, B6.4, B6.8, B6.9, B7.1, B9.4 Revised to reflect observations made by FETAC during the application process	Rev 1.1
10/06/2016	Change of Organisation chart	Rev 1.2
October 2018	Updated to reflect the revised QQI guidelines published in 2016	Rev 1.3
October 2020	Updated to reflect the introduction of blended learning and implementations of our new LMS. 1.1.5.1 Addition of blended learning to TM roles	Rev 1.4
6th April 2021	Housekeeping review of the document. Minor grammar and spelling changes; no revision changes made.	Rev 1.4
May 2021	Managing Director Duties added	Rev 1.5
22 April 2022	Extensive update to meet requirements of re-engagement and the enhancement of blended learning.	Rev 1.6
15 Aug 2022	Update to clarify pedagogical and andragogical clarity. New flow detail programm development and approval. Clarify reporting roles. Clarify appeal procedures.	Rev1.7
16 Jan 2023	Change to frequency of meeting	

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Abbreviations

CAP	Course Approval Panel
CRM	Customer Relationship Management
CQI	Continuous Quality Improvement
ID	Instructional Designer
HT	Head Trainer
IV	Internal Verifier
LMS	Learner Management System
LMSD	Learner Management System Designer
MD	Managing Director
NEBM	Non-Executive Board Member
OM	Operations Manager (Quality Assurance Manager)
RAP	Results Approval Panel
QAS	Quality Assurance System
QASM	Quality Assurance System Manual
QC	Quality Committee
QIP	Quality Improvement Plan
QQI	Quality and Qualifications Ireland
RMP	Risk Management Panel
SEP	Self-Evaluation Panel
SME	Subject Matter Expert
TM	Training Manager

Definitions

Asynchronous Learning: Asynchronous Learning is a student-centred teaching method widely used in online Learning; it involves learners accessing class materials at different times and from different locations to the other learners.

Synchronous Learning: Synchronous learning is a student-centred teaching method delivered in real-time, with learners and tutors attending classes simultaneously, not always at the same location as Learning can be either in person or remotely over a live video link.

In-Person / Face to Face Training: In-person training, also referred to as face-to-face Learning, is any form of instructional interaction that occurs "in person" and in real time between tutor/s and student/s. In-person training is considered **Synchronous Learning.**

Online Training: Online training is learning that takes place over the Internet. It is often referred to as "e-learning" among other terms. However, online Learning is just one type of "distance learning" - the umbrella term for any learning across distance and not in a traditional classroom. Online training is a form of **Asynchronous Learning**

Blended Learning: a style of education in which students learn via electronic and online media and traditional face-to-face teaching.

QQI: Quality and Qualifications Ireland

Proctored Exams: Test proctoring is testing overseen by an authorised, neutral proctor, who ensures the test taker's identity and the integrity of the test-taking environment.

Invigilated Exams: This means the same as proctored exams. Proctor is US-English, Invigilator is UK-English.

Formative Assessments: These are assessments such as quizzes, interactive games, practical exercises, and tests that evaluate how the Learning is progressing throughout a course. Formative assessments assess how much someone is learning and usually take place during and after learning units.

These types of assessments are designed to give the tutor and the Learner a good understanding of how the Learner is progressing throughout the course. These are usually considered low stakes and do not form part of the overall marking scheme.

Summative Assessments: These are the assessment of learners where the focus is on the outcome of the entire program. Summative assessments can include final exams, projects, presentations, and final reports.

LMS: A learning management system is a software application used for the administration, documentation, tracking, reporting, automation, and delivery of educational courses, training programs, or Learning and development programs.[1.]

Pedagogy: *Pedagogy* is *defined* simply as the method, and practice, of teaching.

Reference:

1. Ellis, Ryann K. (2009), *Field Guide to Learning Management*

Section One: Introduction

1. The Quality Assurance System Manual

This document contains the policies, procedures and supporting information that underpins Guardian Safety's commitment to providing a quality learning environment for our staff, learners and associated stakeholders. The Quality Assurance System Manual (QASM) provides the organisation with a framework to operate within that supports the achievement of our mission, aims and objectives.

The QASM was updated to reflect the statutory requirements of the Qualifications and Quality Assurance (Education and Training Act) 2012 and the subsequent guidelines published by Quality and Qualifications Ireland (QQI) in 2016. The policies, procedures and additional guidelines contained in the QASM apply to all education and training activities.

2. Context – Reference Documents

1. QQI Core Statutory Quality Assurance Guidelines – April 2016.
2. QQI Sector-Specific Quality Assurance Guidelines for independent private providers coming to QQI on a voluntary basis – April 2016.
3. QQI Policy on Quality Assurance Guidelines – April 2016.
4. QQI Policy on Monitoring – December 2014.
5. Reengagement with QQI Policy and Criteria for Renewed Access to QQI Validation for Voluntary Providers of Further Education and Training – June 2014.
6. Reengagement with QQI – Overarching Policy for All Providers – June 2014.
7. QQI Reengagement Application Guide.
8. QQI Reengagement Self-Assessment Checklist.
9. Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes March 2018.
10. Assessment and Standards, Revised 2013 (QQI).

3. Profile

Guardian Safety is a trading name of Kearns Environmental Health and Safety Limited, initially established in 2005. We achieved QQI certification in 2010. In addition to our QQI approved courses, we offer a broad range of fire training courses, first aid, food safety, manual handling, people handling and various other health and safety courses. Our team of tutors have many years of experience as instructors in their industry sector, as well as being registered with the appropriate regulatory and professional bodies such as IOSH, Solas, Brit Safe, Institute of Fire Engineers and QQI. We work with clients to customise training to suit their specific needs and business type, incorporating their policies and procedures within our training.

1. Progression of Training

Since the establishment of the company, training has always been delivered as instructor lead face-to-face training. Prior to Covid 19, 90% of our training would have been delivered face-to-face, however, the onset of the pandemic resulted in the change from face-to-face training to live video conferencing.

While most training takes place over video conferencing, we endeavour to continue face to face training where possible (taking the pandemic into consideration); this training takes place at our premises, various external venues such as hotels or our client's premises.

2. Blended Learning

With the onset of COVID-19, Guardian Safety had to and was able to redefine the organisation and evolve into a provider of live remote training and online training programmes. While this was always the plan, the onset of a pandemic allowed us to develop new systems more quickly than we had initially envisaged.

The next stage was to develop blended learning programmes, which consist of face to face training and an element of online training. Our approach to blended learning offers enhanced opportunities in teaching and learning, allowing us to reach a nationwide client base. Our program content is now designed to be delivered solely as face to face training or through blended learning using a combination of face-to-face training, live interactive webinars and remote online content. All paper-based materials have now been replaced with electronic documents.

Guardian Safety's vision for blended learning has been achieved by creating a dynamic learning experience where learners can access an online community allowing them to communicate with one another, their tutors and with employees of Guardian Safety.

We believe that the benefits of blended learning far outweigh the benefits of face-to-face training or online training. Blended learning can increase the learner's experience in many ways, including but not limited to the following:

- **Accessibility and Flexibility:** Blended learning reduces the amount of travel time required to complete a course, allowing the learner more time to study at work or home. Blended learning will enable us to reach a wider audience as learners do not have to travel as much and may not require accommodation. The flexibility allows for people that have family commitments or awkward shifts easier access to training.

- **Cost:** On top of the savings in travel and accommodations, the introduction of blended learning allows us to pass some cost savings on to the learners in areas such as saving on food and drink, providing digital learning material rather than expensive and environmentally damaging paper-based learning material, reduce heating and lighting, etc.

- **Environmental:** The environmental benefits of blended learning are massive. As all material is now provided electronically rather than by paper-based books and notes, we will save approximately 1200 booklets each year, with an average of 40 pages per book that equates to approximately 48,000 pages saved. Travel to our location has also been reduced significantly; Guardian Safety had over 6500 bookings in 2019; this was equivalent to over 6800 days of learning for individuals or 13600 journeys (when we take into account courses that ran for multiple days). If we can achieve the same level of training in the coming years and reduce our face-to-face training by 60% this will save 7800 journeys per year from locations all over Ireland.

- **Accommodating different learning styles:** Neil Flemings VARK model of learning styles indicates that people learn in different ways; traditional face-to-face training may not take account of all learning styles. Blended learning can accommodate different learning styles, notably the addition of online learning where the learner can go at their own pace and revisit the information as many times as they like. They can interact in activities, watch videos over and over, download e-material and so on. Learners can also engage in discussion groups and can message the tutor one a one to one

- **Learner feedback:** Allowing learners to complete feedback forms at different times and stages throughout the training journey enable tutors to monitor and review learner engagement. This can be done anonymously and honestly, which sometimes does not happen in face-to-face training for fear of being singled out by a tutor.

The blended learning approach to training enables us to develop our passion for training and technology and provide teaching that can account for all styles of learners. Blended learning allows our organisation to access other markets or locations which may not have been accessible to us in the pass where face-to-face training was the only option.

4. Accreditations/Validations

QQI – Our quality assurance procedures were approved by QQI in 2010 and we currently have the following courses validated:
1. Instructing Manual Handling – 6N0233
2. Instructing People Handling – 6N0234

Solas – We are currently an approved centre for the delivery of Safe Pass training.

IOSH - We are an approved centre for the delivery IOSH managing safely.

Brit Safe - We are an approved centre for the delivery of Fire Risk Assessor and a DSE risk assessor training.

5. Mission Statement

"Driven by a passion for training and technology, Guardian Safety want to Evolve and Innovate the Learning Experience".

6. Strategic Aims

1. The continuous quality improvement of our education and training and associated support activities.

2. The continued sustainability of the organisation through maintaining and expanding our core activities.

3. Design and provide training based on best practices and meet the needs of all stakeholders.

4. To provide a dynamic, interactive learning environment that engages staff and learners in the learning process to maximise the learning experience.

5. Work with awarding bodies, regulatory authorities, state agencies and businesses to ensure our courses meet all their needs.

6. To fully evolve and take advantage of new developments in technology, particularly learner management systems, in creating a unique blended learning experience.

7. Company Culture

Our company culture is always to do our best for the learner. We feel that if a learner is not successful, it is our responsibility, and we have failed. Our employees are encouraged to do everything we can to assist that learner along the learning process to ensure they have the best learning experience possible.

We continually strive to improve the deliverability of our training, making it as accessible as possible to all learners. We treat individual learners the same as if they were a large company, and we value their input and feedback just as much.

We believe that all awards are the learner's property regardless of who has paid for the certification, and individual certification will not be held back or distributed to anyone without the learner's express written instructions. We will never penalise a student for actions or events beyond their reasonable control or beyond the control of their employer.

8. Benchmarking

Guardian Safety understands the importance of keeping up to date with current and best practice in the training industry and recognise that we can learn from other training and education organisations to achieve best practices. Guardian Safety constantly networks with similar but non-competitive training providers to share information on processes, new ideas, existing and gained knowledge as well as experience.

Benchmarking against other training providers allows us to develop in line with other organisations. It encourages us to stay ahead of our competitors when it comes to the delivery of training and education.

In addition to informal benchmarking, Guardian Safety will review national statistics, which are available from the QQI website. Information reviewed will include that of organisations that are delivering similar training programs to Guardian Safety. The information reviewed when benchmarking will consist of:

- Programmes delivered each year
- Learner numbers and profiles, year-on-year
- Numbers achieving certification, plus grade averages
- Trends in training
- Other provider's quality management systems

Benchmarking information is used to identify areas where we can develop and improve within Guardian Safety. Benchmarking information will be recorded in our benchmarking

app located in our CRM. This app is dynamic and may change as the company evolves, or we may decide to include or remove data based on its relevance.

Bench Marking App: https://podio.com/guardiansafetyie/work-activities/apps/bench-marking

Section Two: Policies and Procedures

This section contains the key policies, associated procedures, and guidance, which informs the day-to-day practices associated with Guardian Safety education and training activities.

1. Governance and Management of Quality

1.1 Governance

Policy

It is the policy of Guardian Safety to operate a governance system that provides objective oversight to ensure we are managed effectively with clear lines of accountability. We are committed to safeguarding and enhancing the quality of our education and training activities. To meet this commitment, we will have the following in place:

1. Board of Directors – To provide strategic planning and oversight.

2. Quality Committee (QC) – To monitor and review the Quality Assurance System (QAS) and Continuous Quality Improvement (CQI) activities.

3. A Course Approval Panel (CAP) – To approve courses prior to submission for validation and/or offer to the public etc.

4. A Results Approval Panel (RAP) – To approve results prior to submission for progression, certification etc.

5. Self-Evaluation Panel (SEP) – To carry out a self-evaluation and complete relevant improvement plans prior to submission.

6. A term of reference for all sub-groups.

7. Documented roles and responsibilities for all those involved in education and training.

Purpose

To ensure effective and efficient management and objective oversight of education and training and support activities at all levels of the organisation.

Scope

All education and training activities and associated services.

Responsibilities

The board is responsible for ensuring that all activities associated with this policy are carried out effectively and efficiently. Responsibility for specific areas will be delegated as appropriate and when required. Responsibility for the day-to-day activities will be delegated to the Operations Manager (OM). All employees and associated stakeholders are expected to facilitate this.

1.1.1 Sub-Group Selection Procedure

Purpose	To ensure that appropriate and relevant structures are in place to support and provide independent oversight of education and training activities.
Responsibility	MD, OM & TM

Procedure
1. Draw up selection criterion.
2. Develop terms of reference.
3. Identify individuals with appropriate qualifications and experience, either internal or external.
4. Contact individuals to ascertain their availability for inclusion on the relevant panel.
5. Circulate terms of reference.
6. Finalise panel membership.

Records	Selection Criteria, Terms of Reference, CVs, Correspondence, Records of Meetings.

1.1.2 Organisational Structure

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                              Board
                                |
                         Managing Director ─────────────────────┐
                                |                                |
                        Operations Manager                       |
          ┌─────────────────────┼──────────────────┐            |
    Training Manager    Fire Extinguisher    Accounts        (External Expertise)
                             Engineer       Administrator    Instructional Design
  ┌──────────┬──────────┐                    & Payroll        LMS Development
Sales       Head      Course                     |              Marketing
Administration Tutor  Administration        External Accountant      |
  └──────────┴──────────┘                                   Marketing Consultants
          Tutors
```
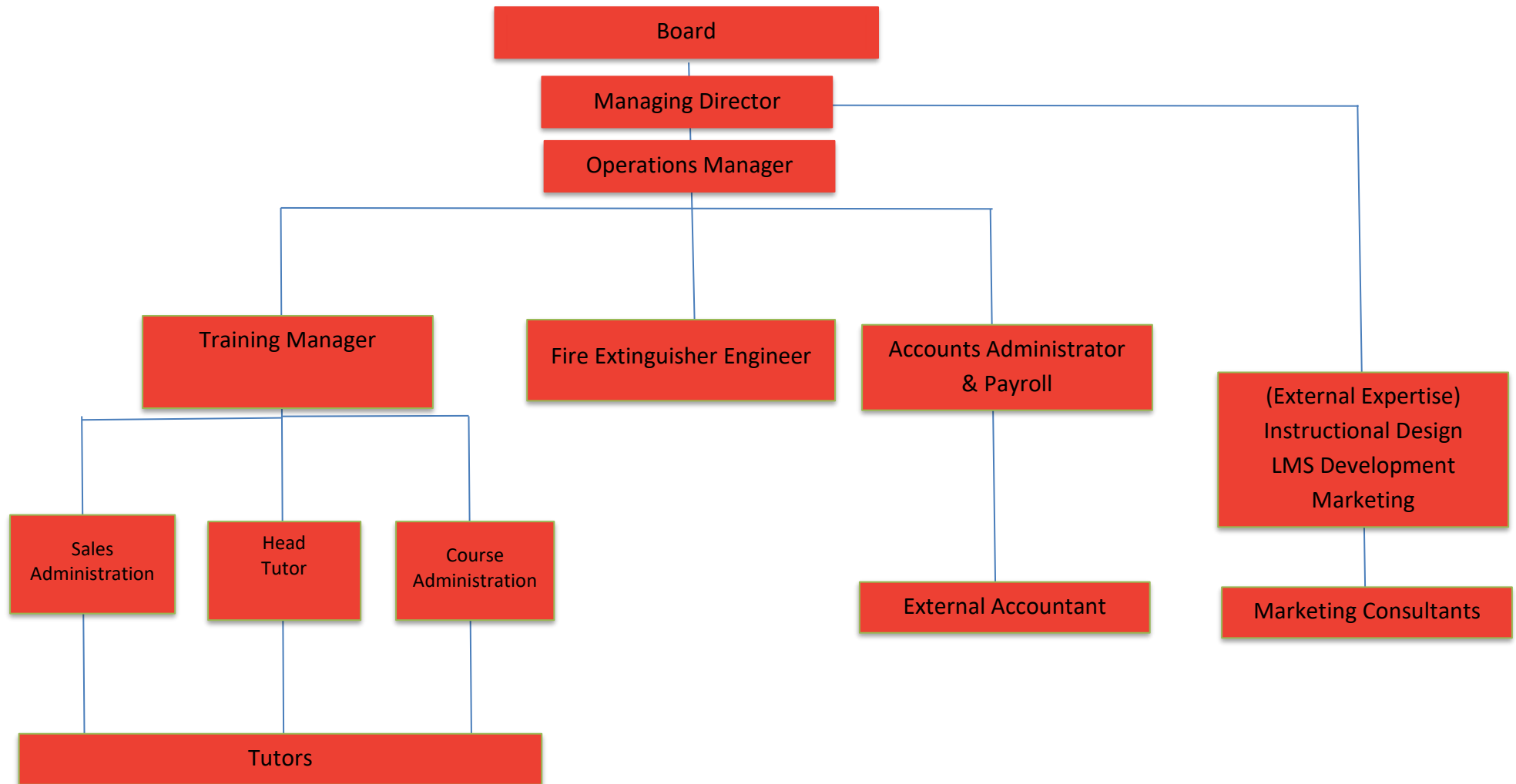
1.1.3 Education and Training Governance

```
                                    Board
                                     |
                                     MD
                                     |
Self-Evaluation                                              Results
Panel                                                        Approval Panel
              Quality
Course        Committee — Operations Manager —
Approval Panel                                               External
                                                             Authenticator
External
Evaluator
                                     |
                         Training Manager/Internal
                                 Verifier
                                     |
          _____|_____
         |                           |                           |
    Course                      Head Tutor                   Sales
    Administration                                           Administration
         |_____|_____|
                                     |
                                   Tutors
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1.1.4 Terms of Reference

Body	Function	Membership	Meetings
Board	- Provide direction and strategic planning. - Establish a policy-based governance system. - Oversight of quality management policies and procedures and legal obligations. - Financial oversight and budget allocation. - Reports required on learners per course, cost analysis per course. - Keep up to date with changes in Learning technology	- MD - NEBM (Chair)(External) - OM - ID/LMSD - Account	12 Months
Quality Committee (QC)	- The communication and promotion of quality issues. - The promotion of a culture of continuous quality improvement throughout the organisation. - The development of policies and procedures in a manner that is consistent with the standards of awarding bodies and operational needs. - To monitor and review adherence to the QAS and report to the board. - To monitor the completion and implementation of improvement actions outlined in the Quality Improvement plan (QIP). - Reports required on pass rates, complaints, internal/external reports.	- External Independent Quality Advisor/Evaluator (Chair) - OM - TM/IV - Head Tutor - External Representative from External QQI approved Provider	6 months

Course Design Team	• Designed courses based on the learning outcomes specified by the awarding body to facilitate the learner in achieving the specific award. • Meet and engage with subject matter experts, stakeholders, clients, etc. as appropriate. • Follow the guidelines on preparing component specifications. • Establish the learner profile and capacity for each course. • Establish if the course can be delivered as blended learning or if it will be face to face. • Decide what instructional design model will be used based on the course content. The two-design model preferred by Guardian Safety are "ADDIE", "Gagnes Nine Events of Instruction" or "Blooms Taxonomy" any model can be used they can all be sued for in person, blended Learning or fully online courses. • Establish assessment methodology ensuring formative and summative assessment will be designed for each course. • Ensure there is a facility for learner to communicate and discuss course material in the LMS • An estimation of cost and delivery time. • Build course once given the Go Ahead from the Board	• MD • ID/LMSD (External) • SME (External) • HT	• Ad-hoc as required

Course Approval Panel	- Ensure the proposed course covers all learning outcomes. - Ensure the proposed course meets the needs of the learners. - Determine if the course is sustainable over a period of time. - Ensure courses meet qualification specifications. - Make recommendations for changes to existing courses. - Ensure that the teaching and learning methods are appropriate to course content and learning outcomes. - Ensure assessments are appropriate to the learning outcomes. - Report required on needs assessment, Internal/External Reports when making recommendations for changes to existing courses. - Carry out a quality review - Approve course for submission to awarding bodies.	- OM (Chair) - TM - Head Tutor - SME - Customers (If required) - ID/LMSD (External) - NEBM (External)	Ad-hoc as required
Results Approval Panel	- To ensure results are in line with the guideline marking scheme. - Review and approve assessment results. - Review internal verification and external authentication reports. - Identify any issues arising in relation to the results and make recommendations for corrective action. - Sign off on approved results. - Agree to the submission of results and request for certification from the awarding body.	- External Authenticator (Chair) - Head Tutor/Tutor - OM - TM/Internal Verifier	Ad-hoc as required
Self-evaluation Panel	- Ensure that feedback from all stakeholders has been taken into consideration. - Scrutinise all relevant documents and materials and report on the quality of courses and associated services.	- External Evaluator (Chair) - OM	Annually

	• Provide an opportunity to identify and recommend improvements to the QAS. • Check that all elements QAS are still relevant and up to date. • Ensure compliance with the QAS. • Approve all reports and quality improvement plans. • Recruitment needs are met for each department. • Benchmarking results against awarding bodies and competitors • Reports required audits, complaint forms, Internal and External Verification reports, learners per course, Benchmarking reports.	• MD • TM/Internal Verifier • Head Tutor/Tutor(s) • Accounts Administrator • ID/LMSD	
Full Staff Meetings	• Day to day running issues. • Open forum for ideas. • Updates on tasks assigned (to-do list) • Practical issues addressed with policies or procedures.	• OM - Chair • TM • All available staff (any staff member can add to the agenda)	• Every 4 weeks/ Ad-hoc as required
Risk Management Panel (RMP)	• Reviewing the structure and processes in place within each area to identify and assess the risks. • Providing direction on the development of the criteria to use in analysing and ranking the impact of identified risk areas. • Identifying, analysing and evaluating the risk associated with strategies and activities. • Advise the board of the level of risk acceptable to the organisation. • Monitor and review the risk register and management plan.	• MD – Chair • OM • TM • Head Tutor/Safety Officer • NEBM	• Every 6 months

1.1.5 Individual Roles and Responsibilities

1.1.5.1 Operations Manager

- To manage course development, quality assurance, self-evaluation and the ongoing monitoring of courses and associated services.

- To ensure that data collection, administration, assessment, and internal quality assurance procedures are implemented correctly and consistently.

- To manage policy, planning and implementation of courses developed by the organisation.

- To develop and coordinate appropriate recording systems, documentation, policies and procedures for quality assurance and ensure that staff and associated stakeholders are familiar with these systems.

- To manage accreditation, registration and certification processes and maintain appropriate records.

- To oversee the collection of data for evaluation, analysis and reporting purposes.

- To produce an annual self-evaluation report and act as the liaison for external reviews.

- To ensure that suitably qualified personnel are in place to carry out education and training activities, including administration.

- To ensure that personnel are prepared for their role, supported and allowed sufficient time to undertake their roles effectively and efficiently.

- To ensure that personnel involved in training, assessment and internal quality assurance coordination have access to and regularly participate in activities designed to promote continuous quality improvement.

- To ensure that general correspondence from awarding bodies is disseminated to all relevant personnel.

- Supporting and developing the delivery of training through blended learning

1.1.5.2 Managing Director

- Direct and control the work and resources of the company and ensure the recruitment and retention of the required numbers and types of well-motivated, trained and developed staff to ensure that it achieves its mission and objectives.
- Provide strategic advice and guidance to staff, to keep them aware of developments within the industry and ensure that the appropriate policies are developed to meet the company's mission and objectives and to comply with all relevant statutory and other regulations.
- Establish and maintain effective formal and informal links with major customers/key decision-makers and other stakeholders generally, to exchange information and views and to ensure that the company is providing the appropriate range and quality of services.
- Prepare, gain acceptance, and monitor the implementation of the annual budget to ensure that budget targets are met, that revenue flows are maximised and that fixed costs are minimised.
- Develop and maintain an effective marketing and public relations strategy to promote the products, services, and image of the company in the wider community.
- Develop and maintain Total Quality Management systems throughout the company to ensure that the best possible products and services are provided to customers.
- Oversee the preparation of the annual report and accounts of the company.
- Develop and direct the implementation of policies and procedures to ensure that the company complies with all health and safety and other statutory regulations.

1.1.5.3 Training Manager

- Responsible for carrying out general administrative work, including data entry, filing, and maintaining and collating information.
- Liaising with learners, tutors, and associated stakeholders on a regular basis.
- Is involved in the selection of tutors.
- Preparing course materials for learners.
- Guiding learners through the registration process and ensuring all required documentation is in place.
- Generating reports, standard letters, and correspondence.
- Revising, maintaining, and updating all systems.
- Attending to and responding promptly to all initial enquiries.
- Maintaining and updating service delivery records.
- Maintaining and updating all information resources.
- Minute taking and attending meetings.
- Managing face to face, email and telephone enquiries.
- Responsible for receiving and processing mail and incoming and outgoing phone calls.
- Maintaining confidentiality and understanding data protection guidelines.
- Setting up and coordinating meetings and events.
- As directed by the operations manager, assist in any other administrative duties required to ensure full administrative service is provided.

1.1.5.4 Internal Verifier

The IV checks assessment procedures and confirms:
- Adherence to assessment procedures across all courses.
- Learner evidence matches the assessment requirements of the award specification.
- Learner evidence is generated as identified in the award specification.
- Appropriate methods are used as indicated in the validated component specification.
- Appropriate documentation was issued to learners, i.e. assessment briefs.
- Appropriate documentation was used to record learner results.
- Evidence is available for all learners presented, results are recorded, and grades are assigned according to course requirements.
- Percentage marks and grades awarded are consistent with grading bands.
- Provisional results are available.
- Results are recorded/available for all learners being entered on the report.

The IV will also:
- Report on any errors/omissions.
- Note any irregularities and take corrective action.
- Liaise with management on any issues arising from the IV process.
- Complete an IV report

1.1.5.5 Head Tutor

- Is involved in the selection and approval of tutors.
- Ensures that tutors maintain the highest standards of quality and integrity by reviewing and observing their work, paperwork, and ad hoc discussions with learners.
- Is involved in course development.
- Also has the same responsibility as tutors.

1.1.5.6 Tutors

- 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 on what they can expect and 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 a register of attendance.
- Ensure contact details are correct so, in the event of the cancellation of a session, learners can be contacted.
- Ensure application/registration forms are complete for all learners.
- Prepare assessment briefs and marking schemes and provide learners with details so that they are aware of what they will be assessed on, how they will be assessed and when this will be carried out.

- Provide learners with sufficient notice of assessment deadlines.
- Provide learners with feedback and guidance on their draft assignments (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.

Tutor Administrative Responsibilities

- Ensure all learner material is checked and complete before submitting it to the administrator.
- Complete lesson plans for each session and returns it to the administrator.
- Submit a course timetable to the administrator.
- Complete and return the tutor report form(s) to the administrator, highlighting any issues, problems or challenges and 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 dropouts so that the administrator can follow up with the learner to ascertain reasons why or facilitate the learner to return.
- Acknowledge receipt of documents and relevant information from learners.
- If examinations are part of a course, the tutor should refer to and follow the guidelines on how to conduct an examination.
- Adhere to policies and procedures.
- Maintain records of any support given to learners 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.

1.1.5.7 External Evaluator

- Member of the self-evaluation panel.

- Design a QAS evaluation process compatible with the centre's activities.

- Carry out an annual evaluation of the QAS.
    - Conduct on-site observations and consultations with tutors and staff.
    - Review data collection, analysis, and recording processes and recommend areas for development.

- Provide technical assistance as needed.

- Prepare and submit final evaluation report in consultation with the TM.

- Attend at least one meeting to outline the evaluation process.

- Contribute to the development of the QIP.

- Communicate regularly with the TM concerning the evaluation process.

1.1.5.8 External Authenticator

The external authenticator will:

- Confirm the fair and consistent assessment of learners.

- Review internal verification report(s) and authenticate the findings/outcomes.

- Apply a sampling strategy to moderate assessment results.

- Moderate assessment results following the standards outlined in the component specification.

- Meet with relevant staff members.

- Participate in the results approval process if requested.

- Identify any issues/irregularities concerning the assessment process.

- Recommend results for approval.

- Produce an external authentication report.

1.1.6 Risk Management Policy

Policy Statement

Guardian Safety is committed to establishing and maintaining a systematic approach to the identification, assessment and management of risk. It is our policy to adopt best practices in the identification, analysis, evaluation, control, monitoring and review of risks to ensure that they are avoided, reduced, shared or accepted. To ensure this, we will:

- Embed full and effective consideration of risk in the planning and management of new and existing activities.

- Engage with our stakeholders and use our knowledge and understanding to identify our risks.

- Determine the risk level for our organisation by considering the likelihood and impact of identified risks and rank those risks will in order of importance.

- Ensure that acceptable net risk thresholds are clearly defined and managed.

- Effectively manage risk to ensure that our objectives, goals and purpose are achieved.

- Create and maintain a risk register and management plan.

- Monitor and review the risk register on a regular basis.

- Put a contingency plan in place in case of severe business disruption.

Purpose

To provide a risk management framework to ensure levels of risk and uncertainty are identified and managed in a systematic, structured way, so any potential threat to the delivery of our service is appropriately managed and completed successfully. The management of health and safety is conducted through our online live CRM system, which includes policies and procedures, risk assessments, safety check sheets and relevant risk management documentation such as government publications.

Scope

Applies to all functions within the organisation (education and training and support activities) and all those who are involved in those activities.

Responsibility

Board	• Determining the level of risk that the organisation is willing to accept. • Ensuring that the organisation has adequate risk management in place. • Delegating authorities and responsibilities. • Approving the completed risk management policy and procedures. • Approving the risk register and management plan. • Reviewing the ongoing effectiveness of the risk management process in achieving the organisation's objectives.
RMP	• See terms of reference.
Managing Director	• Ensuring the development of the risk management policy and procedures and the risk register and management plan. • Ensuring the development, a reporting mechanism for all 'critical' and emerging risks. • Develop operational policies for dealing with and reporting identified risk situations and status changes. • Develop a culture of risk awareness – risks as innovation and strategic opportunity. • Ensuring that the risk management policy and procedures are understood and effectively communicated to staff and internal volunteers. • Ensuring staff 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.
Staff	• Being aware of those aspects of the risk management system that are immediately relevant to their jobs. • Complying with all policies and procedures and communicate any breaches promptly and accurately to management. • Reporting any real or perceived risks to the health, safety and working environment of themselves, their colleagues or associated stakeholders. • 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, optimise outcomes and minimise risk. • Undertaking their part in the actions and requirements of risk action and mitigation plans.

1.1.6.1 Identification

Purpose	To ensure that risks are identified that may have an impact on the organisation achieving its objectives.
Responsibility	RMP

Procedure

1. Consider risk under the following headings:
   a) Strategic
   b) Reputation
   c) Compliance
   d) Finance
   e) Technology
   f) Operational (including Health and Safety)
2. 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 those stakeholders affect or influence the achievement of our objectives?
   - What changes or trends may affect our stakeholders or operations?
   - What perceptions do stakeholders 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?
3. 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 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?
4. Include any newly identified risks on the risk register and management plan under the appropriate category.

Records	Record of Meetings, Risk Register and Management Plan.

1.1.6.2 Analysis and Evaluation

Purpose	To establish the probable Impact of risks on organisational objectives.
Responsibility	RMP
Procedure	

1. Analyse the new risks in terms of likelihood and impact, taking the following steps:

a) Score the Likelihood

Consider the likelihood that each risk identified may occur, using the criteria below to support the consistency of scores. Record the level under the column heading (Likelihood "L") on the risk register and management plan.

Risk Probability Criteria

The following applies when considering the likelihood of the event taking place:

- 1. Extremely unlikely to happen – (once every 10 years).
- 2. Possible but very unlikely to happen – (once every five years).
- 3. Unlikely - (once in a year)
- 4. Very Likely to Happen - (once in a month)
- 5. Will happen – (the event is expected to occur in most circumstances).

b) Score the Possible Impact

Consider the possible impact that each risk identified may have, using the criteria below to support consistency as you score. Record the level in the risk register and management plan.

Impact Criteria

The following applies when considering the impact of the event taking place:

- **1. Negligible Impact** – Low level impact with negligible consequences on the objectives that can be controlled by routine management procedures.
- **2. Low impact** – The consequences would threaten the efficiency or effectiveness of achieving some aspects of the objectives, requiring management effort to minimise impact.
- **3. Medium Impact** – A significant/medium potential of affecting the achievement of the objectives with moderate financial loss or medium-term loss of some essential infrastructure/data).
- **4. High Impact** – A very high potential to impair the achievement of strategic aims or activity objectives (major financial Loss or political impact, significant occupational, health, safety and welfare incident/s, long term loss of some critical infrastructure/ data).
- **5. Catastrophic Impact** – An extreme potential to threaten the sustainability of activities, huge financial loss or political impact, very serious occupational health, safety and welfare incident/s, permanent loss of critical infrastructure/data).

2. Calculate the gross risk.

- Use the risk matrix to determine the overall risk rating for each risk. Multiply the likelihood rating by the impact rating to get the gross risk rating.

3. Record the gross risk rating on the risk register and management plan.

4. Interpreting the results

1-6 = Low Risk - Acceptable Risk

8-10 = Medium Risk - Needs improvement within a time (within 30 days max)

12-15 = High Risk - Needs controls within a time (within 7 days max)

20-25 = Intolerable Risk: Needs controls immediately

Records	Record of Meetings, Risk Register and Management Plan

1.1.6.3 Mitigation/Control

Purpose	To identify the appropriate response to mitigate/control the risk.
Responsibility	RMP

Procedure

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 developing and 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 and management plan)
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 taking into account the following thresholds:

1-6 = Low Risk - Acceptable Risk

8-10 = Medium Risk - Needs improvement within a time (within 30 days max)

12-15 = High Risk - Needs controls within a time (within 7 days max)

20-25 = Intolerable Risk: Needs controls immediately

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6. If the risk cannot be mitigated immediately, record the net risk rating for each risk on the risk register and management plan and submit it to the board for approval.
7. When you have rated all your risks, prioritise the highest rated risks and sort them in order of importance.
8. Present to the Board for review.

| **Records** | Record of Meetings, Risk Register and Management Plan |

1.2a Management of Quality Assurance
1.2b Embedding a Quality Culture

1.2.1 Quality Assurance Policy

Policy Statement

The following policy sets out a minimum entitlement for all students on courses with Guardian Safety. We are committed to ensuring that the quality of education and training we deliver is of a high standard that meets the identified needs of learners and associated stakeholders. To ensure a culture of continuous quality improvement is embedded throughout the organisation personnel at all levels are provided with appropriate information so they fully understand their role and can carry out their responsibilities consistently. To meet our commitments, we will:

1. Produce a quality assurance system for personnel to follow, which clearly defines how processes associated are to be carried out and provides for objective oversight of all education and training activities.

2. Develop clearly defined performance measures associated with all education and training activities.

3. Provide sufficient, appropriate learning resources and employ suitably competent and experienced personnel to ensure the quality of the student experience is consistently of a high standard.

4. Systematically collect and analyse the views of students. Information gathered will be used to bring about improvements to the services we offer. The results of actions taken will be shared with students.

5. Systematically collect, analyse and use feedback from all personnel and any other stakeholders. The results of actions taken to bring about improvements will be shared with personnel and stakeholders.

6. Systematically review key documents, processes and procedures to ensure they meet the needs of students, the organisation and, where appropriate the requirements of the legislation.

7. Systematically check that policies and procedures are up to date and reflect current practice and are being adhered to by all personnel.

8. Systematically collect and analyse of data on students' characteristics, retention, achievement and progression to identify areas for individual and organisational improvement.

9. Systematically monitor the performance of personnel and conduct regular appraisals which lead to the setting of targets and the identification of opportunities for continued professional development.

10. Maintain records associated with all education and training activities and make them available for internal and external review. Ensure records meet the requirements of the organisation, awarding bodies and any other internal and external stakeholders.

11. Conduct annual self-assessment, which will result in a quality improvement plan, which is used to guide quality improvement activity.

Purpose

To provide a quality improvement framework to ensure the quality assurance of education and training activities is carried out in a systematic, structured way, so any potential threat to the quality of our service is appropriately managed.

Scope

Applies to all education and training and support activities and all those who are involved in those activities.

Responsibility

The board of Guardian Safety have overall responsibility for ensuring the relevance, resourcing, implementation and compliance with the quality policy. Responsibility will be delegated to the relevant subgroup or individual. The relevant subgroups have responsibility for carrying out their activities in a timely, professional and objective manner. Responsibility for day-to-day activities associated with the policy will be delegated to the MD and TM who will ensure that staff members and associated stakeholders are made aware of their responsibilities associated with all relevant policies and procedures. Regular reporting of all activities will take place at all levels within the organisation.

1.2.2 Quality Improvement Framework

The following range of activities will be carried out to quality assure the education and training we provide and to bring about continuous quality improvement. Actions related to these activities are delegated to personnel across the organisation.

No.	Activity
1	Systematically collect, analyse and use feedback from learners.
2	Systematically collect, analyse and use feedback from staff.
3	Systematically collect, analyse and use feedback from other stakeholders.
4	Systematically collect and analyse information on learner participation, achievement (grade analysis) and progression.
5	Systematically monitor and review staff performance, including analysis of feedback forms, observation and annual appraisal.
6	Systematically review resources.
7	Internal audit of key processes.
8	Systematic review of policies and procedures.
9	Internal verification and external authentication.
10	External evaluation of the QAS.
11	Audit of learner and staff files.
12	Self-evaluation and quality improvement planning.

1.2.3 Quality Improvement Cycle (QIC)

The QIC is a series of interconnected activities ensuring a systematic approach to the continuous quality improvement of education and training activities and associated services.

- Plan the Work.

- Carry out the Work.

- Analyse the Work – Self-Evaluation & External Evaluation

- Develop a Quality Improvement Plan

- Implement the Quality Improvement Plan

- Ongoing Monitoring – Performance Measures

Figure 1: The QIC
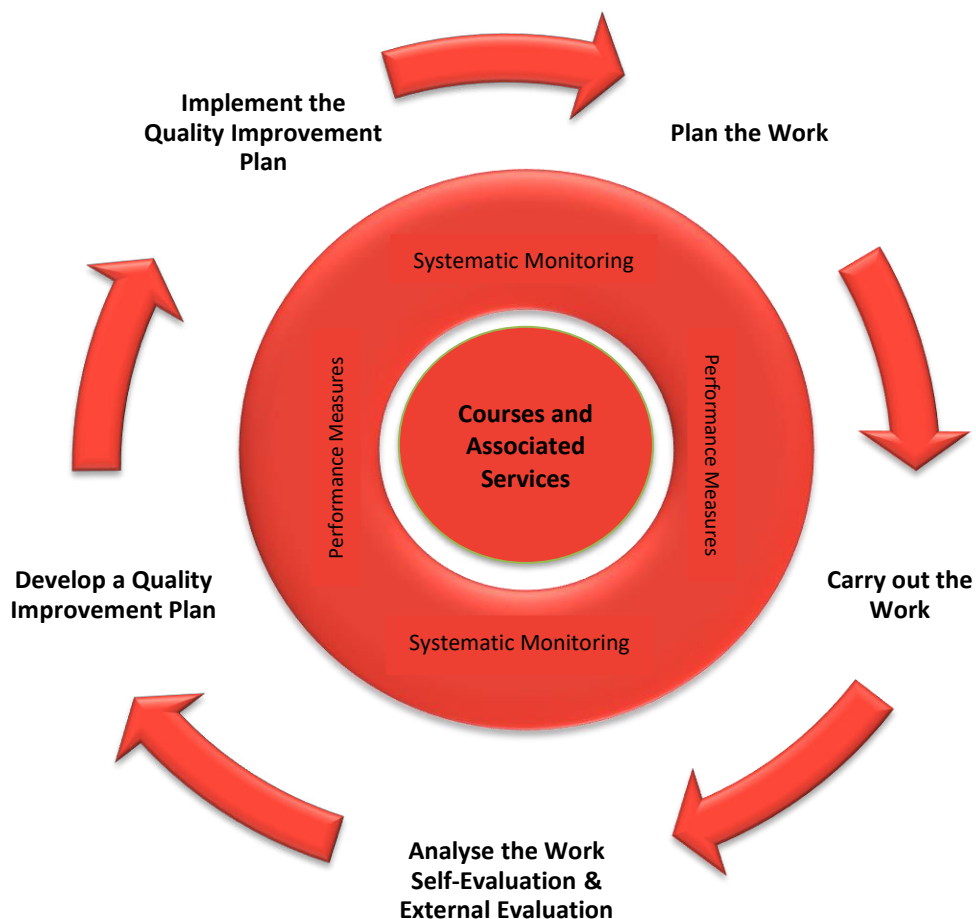
1.2.4 Performance Measures

Quality Area	Performance Measure	Monitoring	
		Responsibility	Frequency
1. Governance and Management of Quality	No. of quality improvement actions open	QC	Quarterly
	No. of high priority quality improvement actions open	QC	Quarterly
	% of risk issues exceeding risk tolerance with no mitigating actions	RMP	6 months
	% of business processes not covered by risk analysis	RMP	6 months
2. Documented Approach to Quality Assurance	No. of policies and procedures that are up to date and reflect current practice.	QC	Annually
3. Courses of Education and Training	No. of registered learners	MD, TM	6 months
	No. of new courses offered	CAP	6 months
	% of learners completing courses	MD, TM	6 months
	No. of complaints and areas for improvement highlighted	MD, TM	After each course
	Tutor and Course Ratings	MD, TM	After each course
	Tutor Rating	MD, TM	Quarterly

4. Staff Recruitment, Management and Development	% of staff/tutors who have gone through appropriate HR processes – e.g. induction, observation, performance review etc.	MD, TM	Annually
	% of staff/tutors who have up to date and appropriate qualifications.	MD, TM	Annually
	No. of new teaching personnel	MD, TM	Annually
	Personnel turnover rates	MD, TM	Annually
5. Teaching and Learning	Tutor and course ratings	MD, TM	After each course
		QC	Quarterly
	Tutor and Learner satisfaction with the facilities and resources	MD, TM	After each course
		QC	Annually
	No. of complaints and areas for improvement highlighted	MD, TM	After each course
		QC	Quarterly
6. Assessment of Learners	Learner achievement (grades), Pass/Fail rate	MD, TM	6 months
	No. Certified	MD, TM	6 months
	% of learners completing courses	MD, TM	6 months
	No. of reviews, rechecks and appeals	MD, TM	6 months

	% withdrawing or not submitting for assessment	MD, TM	6 months
	% of learners admitted through Recognition of Prior Learning	MD, TM	6 months
7. Supports for Learners	stating satisfaction % with supports	MD, TM	6 months
	% with supports needs achieving certification	MD, TM	Annually
8. Information and Data Management	No. of data breaches	RMP	Annually
	% of learner and personnel files with incomplete data	TM	6 months
	% of learner assessment portfolios incomplete	TM	6 months
	Website and Podio statistics	TM	6 months
	% of processes GDPR compliant	DPO	Annually
9. Public Information and Communication	Satisfaction rating with public information provision	QC	Annually
	No. of registered learners	TM	Quarterly
10. Other Parties involved in Education and Training	Appropriate arrangements are in place with all those contracted to act for or on behalf of the organisation.	MD, TM	Annually
	% of records complete for all those contracted to act for or on behalf of the organisation.	MD, TM	Annually
11. Self-Evaluation, Monitoring and Review	Up to date QIP in place.	QC	Quarterly
	No. of quality improvement tasks open	QC	Quarterly

	% of monitoring and review activities carried out.	QC	Quarterly

1.3 Monitoring and Review

Purpose	To ensure that the controls in place are effective.
Responsibility	Board, RMP, MD

Procedure

The following monitoring and reporting requirements apply:
1. The governance system will be reviewed annually by the board or sooner if required.
2. The risk register will be subject to a systematic review by the MD at regularly scheduled management meetings. These reviews will also enable updating should any changes have occurred since the last review. The MD will report to the board at the next scheduled meeting.
3. The RMP will meet every six months or sooner if required. They will formally review the risk register and management plan and will provide a report to the board at the next scheduled meeting.
4. Should an unexpected incident or event associated with identified risks occur, the RMP will meet to discuss and update the risk register and management plan as required.
5. The TM will have responsibility for monitoring activities on a day to day basis.
6. Regularly scheduled staff meetings will provide an opportunity for staff to highlight any issues.
7. The risk management policy will be reviewed by the RMP and the board every 3 years or sooner, if required.
8. The procedures will be reviewed annually by the RMP.

Records	Record of Meetings, Risk Register and Management Plan, Document Control Matrix.
Performance Measure(s)	• % of risk issues exceeding risk tolerance with no mitigating actions • % of business processes not covered by risk analysis

2. Documented Approach to Quality Assurance

Guardian Safety has documented a comprehensive QAS and is committed to providing learners and associated stakeholders with courses and services of the highest quality that comply with all legal, statutory, and awarding body requirements. While the QAS is structured under QQI guidelines and focused on education and training activities, it also covers the corporate domain in areas such as:

a) Governance
b) Human Resources
c) Data Protection
d) Health & Safety
e) Equality and diversity

The QAS is supported by additional policies, such as finance, with quality assurance embedded across all activities at all levels.

2.1.1 Structure of the QAS

Policies, procedures and supporting documents for education and training are maintained as controlled documents under the following headings.

Quality Areas			
1	Governance and Management of Quality	7	Supports for Learners
2	Documented Approach to Quality Assurance	8	Information and Data Management
3	Courses of Education and Training	9	Public Information and Communication
4	Staff recruitment, Management and Development	10	Other Parties involved in Education and Training
5	Assessment of Learners	11	Self-Evaluation, Monitoring and Review
6	Teaching and Learning		

All policies and procedures are systematically reviewed to ensure they are fit for purpose and reflect current practice. The document control matrix provides details of the review schedule.

a) Policies are reviewed every 3 years, or sooner if required.

b) Procedures are reviewed annually, or sooner if required.

In addition, personnel are encouraged to highlight any issues at regularly scheduled meetings and the relevant policy or procedure will be developed and/or updated, if required.

2.1.2 Quality Assurance System Policy

Policy Statement

Guardian Safety is committed to providing quality services that meet the needs of our stakeholders and satisfies the applicable regulatory requirements, legal obligations, and awarding body guidelines. Management provides an environment that encourages the achievement of excellence, demands integrity in all aspects of its operations and requires the active participation by all those involved in education and training in meeting its quality aims and objectives. The policies and procedures are informed by awarding body guidelines and organisation needs. They are documented to be fit for purpose, appropriate to our context and reflective of the day-to-day activities of the organisation. To meet this commitment, management has defined, documented and approved a QAS that:

- Is aligned to the mission and objectives of the organisation and the needs of learners.

- Includes all the activities that contribute to quality outcomes for learners and other stakeholders.

- Accurately documents the policies, procedures, systems and processes that support education and training activities.

- Is dynamic and subject to continual improvement resulting from critical review and stakeholder requirements.

- Is communicated to and understood at all levels in the organisation.

- Is systematically monitored and reviewed for continued suitability.

Purpose

To provide staff, learners and associated stakeholders with an overview of the QAS.

Scope

The QAS includes all aspects of our education and training activities.

Responsibility

Board	• Ensuring all the resources are in place to maintain the QAS. • Delegating authorities and responsibilities. • Reviewing and approving policy and procedures. • Providing oversight of the QAS and associated activities. • Reviewing the ongoing effectiveness QAS in achieving the organisation's objectives.
Quality Committee	• Interpret and maintain an overview of any external policies, awarding body guidelines or legislation that could impact the QAS. • Authorise the development and/or review of policies and procedures. • Ensure that policies and procedures are up to date and reflect current practice. • Schedule the review of policies and procedures. • Initiate the regular review of the QAS.
Management	• Development of robust, comprehensive QAS which reflects the day-to-day activities of the organisation. • Develop performance measures. • Ensure ongoing monitoring of performance measures. • Schedule and carry out regular management and staff meetings. • Carry out regularly scheduled internal QAS audits. • Establish a self-evaluation panel. • Engage in regularly scheduled external evaluation of the QAS. • Designate overall responsibility for quality to a member of management.
QAS Lead	• Ensuring that processes needed for the QAS are developed, implemented and maintained. • Scheduling internal and external audits. • Engaging an external evaluator. • Reporting to the QC on the performance of the QAS and any need for improvement. • Liaising with external stakeholders on matters relating to the QAS.
Staff	• All staff are responsible for working in accordance with the specific requirements of the documented QAS.

2.1.3 Structure of Policy and Procedure Documents

The policies and procedures are laid out in a simple format that captures a range of information that can be used for analysis and to inform practice. All policies must be supported by appropriate procedures.

Documents should be written up in the format below to capture basic activities.

Policy	Procedure
Policy Statement	Purpose
Purpose	Responsibility
Scope	Key steps to achieve the stated purpose that supports the policy.
Responsibility	Records – Evidence generated by the procedure.

Policies and procedures should be linked to relevant performance measures.

2.2 Monitoring and Review

Purpose	To ensure that the QAS is fit for purpose and reflects current practice.
Responsibility	Board, QC, MD, TM, All Personnel, External Evaluator

Procedure

The following monitoring and reporting requirements will apply:
1. There is an open-door policy for all personnel to highlight any quality concerns and recommend updates or amendments to the QAS to any member of management.
2. Regularly scheduled meetings will provide an opportunity for all personnel to highlight any issues with the QAS and make recommendations to the MD and/or TM for updates or amendments.
3. The MD and TM will have responsibility for monitoring the effectiveness of the QAS on a day-to-day basis. Any recommendations for updates or amendments will be reported to the QC at the next scheduled meeting or sooner if required.
4. The QAS will be subject to a systematic review by the QC at quarterly meetings or sooner, if required. These reviews will enable updates or amendments to be approved should any changes have occurred since the last review.
5. The QAS will be subject to external review annually and a report will be provided to the QC at the next scheduled meeting.
6. The QC will monitor the implementation of improvement actions documented in the QIP and provide a report to the board at the next scheduled meeting.
7. Policies will be reviewed every 3 years, or sooner if required, by the relevant sub-group and the board.
8. Procedures will be reviewed annually or sooner if required by the QC.

Records	Record of Meetings, QIP, Document Control Matrix.
Performance Measure(s)	- No. of policies and procedures that are up to date and reflect current practice. - No. of quality improvement actions open - No. of high priority quality improvement actions open

3. Programmes of Education and Training

3.1 Course Development and Approval

Policy Statement

Guardian Safety is committed to best practice in the design and approval of courses to meet the needs of our learners, awarding body guidelines and in line with the organisations' mission, strategic aims and objectives. This policy will inform the work of those designing and approving courses so that they are constructed to allow learners to achieve the learning outcomes required for a specified award, enhance their employment opportunities or progress on to further education. To achieve this we will ensure that:

- Learning activities are designed to allow learners to draw on their previous education or life experiences.
- Courses are developed and reviewed in consultation with the relevant industry, professions and professional bodies.
- Courses comply with awarding body guidelines.
- Course design takes stakeholder feedback and data from quality assurance activities into account.
- Courses provide opportunities and pathways to other courses, both at the same level and at higher levels, where possible.
- Where one course is a pathway to another, both courses are designed to ensure that learners can make a successful transition between the courses.
- Courses are designed to enable positive employment prospects for learners.
- Provide learners with a work integrated learning experience, where applicable.
- Are consistent with industry and/or professional standards.

Purpose

A guide to the development and approval of new courses or substantial changes to existing courses.

Scope

This policy applies to all courses developed by Guardian Safety.

Responsibility

The board is responsible for approving any proposal for new course development. The MD and TM are responsible for ensuring all activities associated with course development and approval are carried out.

3.1.1 Needs Assessment

Purpose	To ensure evidence is available for the board to make a well-informed decision on whether to approve the proposed course for development.
Responsibility	OM, TM, HT, Admin Staff

Procedure

1. The suggestion for a new course may come from:
   a) Enquiries from local agencies, business, prospective learners etc.
   b) Local and national advertising, word of mouth etc.
   c) Networking with industry and national agencies.
   d) Feedback from learners, staff and other stakeholders.
2. Once a potential course is identified, it is entered into our CRM APP for "Potential New Courses" https://podio.com/guardiansafetyie/meetings/apps/potential-new-courses
3. Appropriate market research is undertaken; legislation, regulatory requirements, sectorial needs, etc.
4. Management/Staff meetings to determine the need for each course and engage with outside expertise, as appropriate.
5. Needs analysis completed, based on established criteria being met for new course development i.e., labour market demands, learner needs, capacity to deliver etc.
6. Detail discussion with staff to establish if it is a potential runner
7. Present to senior management/board for approval of further research by design team.

Records	Record of Meetings, Evaluation Forms, Needs Analysis Document

3.1.2 Course Design

Purpose	To ensure that course structure, delivery, and assessment methodologies reflect the needs of learners and associated stakeholders.
Responsibility	Design Team (MD, ID, HT)

Procedure

1. Courses are designed based on the learning outcomes specified by the awarding body to facilitate the learner in achieving the specific award.

2. The design team meet and engage with outside expertise, stakeholders, clients, etc. as appropriate.

3. The 'guidelines on preparing component specifications will be followed.

4. Establish the learner profile and capacity for each course.

5. The design team will establish if the course can be delivered as blended learning or if it will be face to face.

6. The design team will then decide what instruction design model will be used based on the course content. The two-design model preferred by Guardian Safety are "ADDIE", "Gagnes Nine Events of Instruction" & Blooms Taxonomy" any model can be used for in person, blended learning or fully online courses.

7. Assessment methodology will be established, formative and summative assessment will be designed for each course.

8. Prior learning requirements will be detailed.

9. An estimation of price and delivery time will be provided by the design team to the Board.

10. Board give go-ahead.

11. Build and test course

12. Internal peer review

13. Submit to CAP

Procedure Explained

Once we decide on the title of the course to be delivered, we will follow the **ADDIE** model of instructional which will encompass the **Who, Why, What and How** of learning. Addie is an acronym for **Analysis, Design, Development, Implementation and Evaluation**.

We will start the analysis and design stage of our course based on **Who, Why, What** of learning**.** The **How** of learning will be the development and implementation of the course.

The Who

The **Who** is our target audience. These are depicted based on our theoretical learner personas. This will enable us to decide our target audience and how training should be delivered to best suit their needs and abilities. (Learner personas will be

developed based on our experience with past learners, this will enable us to develop how the training will be delivered).

The image below is an example of a learner persona.
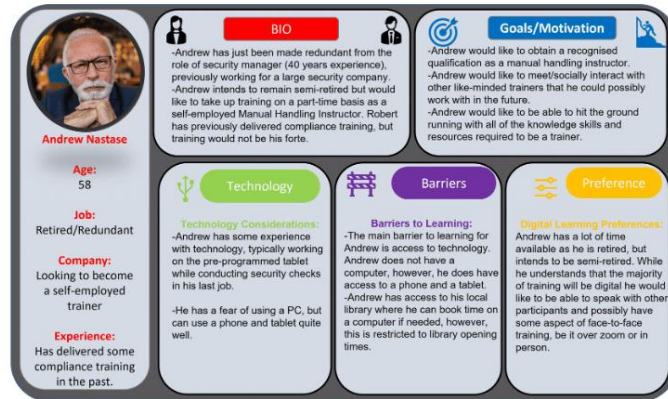
The Why

The **Why** is the business problem or learning gap. We use Bloom's you Taxonomy to identify learning gaps. This helps us set down the learning objectives, using **SMART** outcomes (this means they must be **Specific, measurable, attainable, realistic and Time-Bound**).
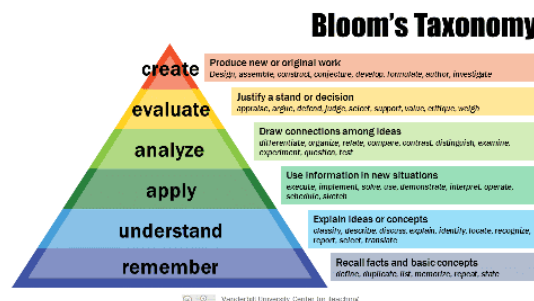
The What

The **What** is the content that needs to be covered. This is mapped out in a framework of modules and topics. See example below.
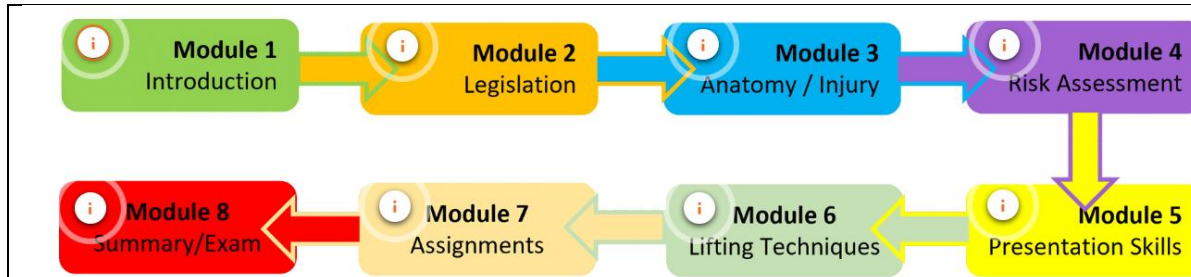
The How

The How deals with the learner experience design. This is the mode of delivery, for example, face-to-face synchronous learning, or asynchronous remote learning using multimedia. We will use Gagne's 9 principles when developing our program.

- Gain the attention of the learners. ...
- Inform learners of the objectives. ...
- Stimulate recall of prior learning. ...
- Present the content. ...
- Provide learning guidance. ...
- Elicit performance (practice). ...
- Provide feedback. ...
- Assess performance. ...

Please click on the link to see this process in action. It is too lengthy and complicated a process to put this process into a quality document in detail.

Click Here to See an Example of A submission that encompasses the pedagogical and andragogical approaches to learning and how they will apply it to our course submissions.

Once a course is developed it will be implemented on our LMS (learning management system) for analysis and review by internal and external subject matter experts, stakeholders, employees and instructional designer. This will lead to improvements and the final product which will be submitted to the awarding body for approval.

Records	Record of Meetings, Course Outline, Course Action Plan, Course Timetable, Lesson Plans.

3.1.3 Course Approval

Purpose	To ensure that all courses are checked and approved by management prior to being submitted to the awarding body for validation.
Responsibility	CAP

Procedure	
	1. Ensure the new course covers all learning outcomes.
	2. Ensure the new course meets the needs of the learners.
	3. Determine if the course is sustainable over a period of time.
	4. Ensure courses meet qualification specifications.
	5. Make recommendations for changes to existing courses.
	6. Ensure that the teaching and learning methods are appropriate to course content and learning outcomes.
	7. Ensure assessments are appropriate to the learning outcomes.
	8. Report required on needs assessment, Internal/External Reports when making recommendations for changes to existing courses.
	9. Carry out a quality review
	10. Approve course for submission to awarding bodies.
	11. MD Signs off on course once approved by the CAP
	12. Submit course to awarding bodies for validation
Records	Course Material, Record of Meetings, Records of Correspondence.

3.1.3.1 Course Development and Approval Flow Chart

Phase 1
Course Idea
(All employees)

Course suggestions will be based on customer demand and/or employee suggestions. This will be confirmed by market research, benchmarking and the option of available exisrting awarding body descriptor or becoming a new specific purpose award. Senior management will approve before going to the board.

Presented to the Board for preliminary approval.

Course Idea Shelved

Phase 2
Course Development
(Design Team)

The Addie instructional design model is used to develop the course. This will include the Who What Why and How of learning. This also encompasses Cagney's Nine Principles and Bloom's Taxonomy in developing objectives and lesson plans.

Phase 3
Initial Review

Install on LMS and Submit for review by employees, stakeholders, SME and ID.

Back to design team

Phase 4
Approval Panel

Presented to the course approval panel for approval.

Back to design team

Phase 4
Approval Panel

Presented to the MD for Approval

Back to design team

Phase 5
Awarding Body

Submit for Validation.

Back to design team

Phase 6
Release

Trial on the LMS with 10 live learners. Implement any reasonable feedback. Launch full course.

3.1.4 Course Planning

Purpose	To ensure the scheduling of courses and that resources for the delivery of a course are coordinated.
Responsibility	TM, Tutor(s), Administration

Procedure

1. The TM develops a calendar of courses.
2. Schedule of courses advertised on the website and promotional material.
3. The training administrator will book and confirm all tutors via the CRM System (this needs to be accepted), venues and take bookings from prospective learners.
4. Course resources, supporting materials, equipment, learner induction pack/presentation, feedback forms, etc. all prepared and checked by the training administrator.
5. The tutor is responsible for double checking that all the required resources are in place before the course starts.
6. All venues must meet the organisations selection criteria and be approved prior to selection.
7. All changes to a course (venue, presentation, lesson plan, special requirements) will be communicated via the CRM to tutors. This also needs to be accepted by the tutor.

Records	Calendar of Events, Resource Checklist, Premises Selection Criteria, Premises Selection Checklist, Course Material, Feedback Forms.

3.1.5 Course Delivery Face to Face

Purpose	To ensure that all courses are delivered in a consistent manner so learners can maximise their learning experience while allowing for innovation by individual tutors.
Responsibility	TM, Tutors, Administration

Procedure

1. At the beginning of each course (face to face or over live video link) the tutor delivers a comprehensive learner induction to include an introduction to the organisation, an overview the course, an overview of the exams and assessment and a detailed overview of our LMS.
2. Learners must sign an attendance sheet (or verbally confirm who they are on video) and provide all relevant information to enable us to process the course.

3. Learners are provided with login in details for our LMS where they will be provided with course materials, videos, presentations and supplementary reading materials and other support material. Learners will create their own passwords.

4. Tutors(s) use a variety of delivery styles, a blend of power point teaching, video, demonstration, interactivity, discussion groups, games, etc.

5. The tutor is responsible for ensuring all relevant course documentation is distributed to learners and completed e.g., daily sign-in sheets, feedback forms etc. All relevant documentation is returned to the training administrator.

6. Where training takes place in a classroom, paper-based exams will be released at a specific time on the final day of the course.

7. Where training takes place over video link, exams are released through the LMS at a pre-programmed time on the last day of the course; exams will shut down automatically to prevent late submission.

8. All exams are proctored, and learners must provide a photographic ID to the Camera and leave their camera on for the duration of the online exam.

9. Project submission dates (if applicable) will be confirmed before the end of the course, projects will be submitted electronically via our LMS.

10. The tutor is responsible for ensuring all assessment activities are carried out according to the component specification.

11. Learners are requested to complete an appraisal form at the end of the course. A second appraisal form is sent electronically and the user is encouraged to fill this out again after they receive their cert to ensure there is no bias.

12. The LMS will record all login details and durations for exams and any other access to the LMS so self-directed learning can be recorded.

13. The tutor is responsible for ensuring all assessment (face to face or online) activities are carried out according to the component specification.

Records	Learner Induction Checklist, Tutor Declaration, Course Material, Reasonable Accommodation Form, Sign In Sheets, Feedback Forms.

3.1.6 Course Delivery Blended Learning

Purpose	To ensure that all courses are delivered in a consistent manner so learners can maximise their learning experience while allowing for innovation by individual tutors.
Responsibility	TM, Tutors, Administration
Procedure	

1. At the beginning of each blended learning course an induction will take place (face to face or over live video link). the tutor delivers a comprehensive learner induction to include, an

introduction to the organisation, overview the course, overview of the exams and assessment and a detailed overview of our LMS.

2. Learners are required to sign in and provide all relevant information to enable us to process the course.

3. Learners are provided with login in details for our LMS where they will be provided with additional learning modules, course materials, videos, presentations and supplementary reading materials and other support material. Learners will create their own password.

4. Training will consist of Face to Face, Live Webinars and self-directed online learning. Each Course programme will detail the format of the course, indicating which elements will be delivered face to face, by live webinar and online learning.

5. Tutors(s) use a variety of delivery styles for face-to-face training, a blend of power point teaching, video, demonstration, interactivity, discussion groups, games, etc.

6. The tutor is responsible for ensuring all relevant course documentation is distributed to learners and completed e.g., daily sign-in sheets, feedback forms etc. All relevant documentation is returned to the training administrator.

7. Online exams are released through the LMS at a pre-programmed time, and shut down after a specified time to prevent late submission.

8. All online exams are proctored, and the learner must provide a photographic ID to the Camera and leave their camera on for the duration of the exam.

9. Project submission dates (if applicable) will be confirmed before the end of the course, projects will be submitted electronically via our LMS.

10. The tutor is responsible for ensuring all assessment activities are carried out according to the component specification.

11. Learners are requested to complete an appraisal form at the end of the course. A second appraisal form is sent electronically and the user is encouraged to fill this out again after they receive their cert to ensure there is no bias.

12. The LMS will record all login details and durations for seminars/webinars and online training. Each participant will use their email address and a password which they will have created to gain access. This will be accepted as an alternative to sign-in sheets.

13. The tutor is responsible for ensuring all assessment activities are carried out according to the component specification.

| **Records** | Learner Induction Checklist, Tutor Declaration, Course Material, Reasonable Accommodation Form, Sign In Sheets, Feedback Forms, LMS Reports. |

3.2 Learner Admission, Progression and Recognition

3.2.1. Access, Transfer and Progression Policy

Policy Statement

It is the policy of the Guardian Safety to ensure that learners can avail of fair and transparent access, transfer and progression to courses, which will include recognition of prior learning, where appropriate. This will be achieved by:

- Providing potential learners with sufficient information to make an informed choice about course participation.
- Developing clear entry criteria for each course.
- Providing learners with accurate, reliable and timely information.
- Identifying transfer and progression opportunities, where applicable.
- Ensuring learners are aware of the transfer and progression options available to them, if applicable.
- Ensuring that selection procedures are transparent, fair and consistent.
- Ensuring that learners are made aware of the process involved in selections.
- Providing learner supports to facilitate as diverse a selection of learners as possible.

Purpose

To ensure fit for purpose learner access and progression opportunities

Scope

All courses offered by Guardian Safety.

Responsibilities

The design team are responsible for developing clear entry criteria and associated information for each course. The TM is responsible for ensuring all course information is communicated to the training coordinator who in turn is responsible for providing information to potential learners.

3.2.1.1 Access & Information for Learners

Purpose	To ensure that current and prospective learners have enough information to make an informed choice about course participation.
Responsibility	OM, TM, Tutor(s), Administration

Procedure

1. Course brochures and promotional material are produced for all courses.
2. Course information published and distributed, which outlines entry requirements and arrangements, transfer, progression, learner resources, the outline of assessment and learner supports etc.
3. Up to date, relevant and accurate information is displayed on the website.
4. Calendar of Events (dates, locations, durations, costs)
5. Oral communication, electronic communication, one to one meetings with prospective/current learners.

6. Attendance at conferences, seminars, recruitment events, educational events and organisation of industry specific events.
7. Learner induction.
8. Learners will be supplied with a handbook (if applicable), course outline, course action plan.
9. English Language: Unless specified in the course description all training will be delivered in English.

To access courses leading to QQI level 5 and 6 programs (or equivalent) learners will require a good level of English, both oral and written. The minimum standard required for learners of whom 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 CEFRL.

Evidence of competence and certification to this standard can also be demonstrated by means of the following assessments:

IELTS (International English Language Testing System) – Minimum overall band score of 7.0

TOEFL (Test of English as a Foreign Language) - High Intermediate level required on 4 skills.0

5N1632 QQI Level 5 English as a Second Language

Records	Promotional Material, Calendar of Events, Record of Meetings, Learner Induction Checklist, Course Outline, Course Action Plan, Learner Handbook.

3.2.1.2 Recognition of Prior Learning (RPL)

Purpose	To provide learners with prior learning experience, the opportunity to get recognition for that learning gain entry to a course and/or gaining an award.
Responsibility	TM, Tutors, Administration

Procedure

1. RPL criteria developed for each course on offer and approved by the TM.
    -   Consideration given to formal and experiential learning.
2. RPL can be used to:
    a) Gain admission to a course.
    b) Gain admission to a course with exemptions.
    c) Gain exemptions from a course after admission.
    d) Gain transfer from one course to another.
3. RPL criteria for each course made available to prospective learners.
4. To accommodate those wishing to avail of RPL the following applies:
    a) All applicants must complete the application form.

	b) The applicant's documentation is reviewed by the relevant course tutor to ensure sufficient information has been provided so that an informed decision can be made. Where insufficient information has been made available, the tutor may request additional information to process the request. c) Once the tutor has checked all the information, it is forwarded to the TM, who will decide to grant the request or not. d) The applicant will be informed of the decision and their right to appeal (if necessary) by the training manager.
Records	Learner Application, Learner Portfolio, Record of Meetings, Records of Correspondence.

3.2.1.2.1 RPL Chart

RPL Procedures	
Applicant expresses interest in RPL through the training administrator or tutor.	
The applicant meets with or is contacted by the relevant tutor to discuss and advance the process either through recognition of certified training or experiential learning.	
Certified Training	**Experiential Learning**
Learning outcome evidence for exemption submitted to the tutor.	Learning portfolio submitted by the learner to the relevant tutor.
Tutor checks that there is sufficient evidence and forwards to the TM for consideration.	Tutor checks that there is sufficient evidence and forwards it to the TM for consideration.
An exemption granted or refused.	An exemption granted or refused.

3.2.1.3 Transfer and Progression

Purpose	To ensure that learners are informed of the transfer and progression opportunities available to them, should they choose to pursue further courses.
Responsibility	TM, Tutor(s), Administration
Procedure	

1. Include transfer and progression options in the promotional material.

2. Transfer and progression opportunities (if applicable) included in learner induction.

3. In preparing courses for validation, investigate transfer and progression options available, maximising opportunities where possible.

4. Learner handbook to include next level course.

5. For the course review, invite learners to suggest further training they would like to attend.

Records	Promotional Material, Learner Induction Checklist, Learner Handbook, Record of Meetings.

3.3 Course Monitoring and Review

3.3.1 Course Review

Purpose	To provide an opportunity for learners, personnel, associated stakeholders to highlight any areas for improvement and strength and make recommendations.
Responsibility	QC, TM, Tutor(s), Administration

Procedure

1. Learner feedback forms are reviewed and summarised after each course.

2. Tutor reports – mid and end of the course – reviewed and summarised after each course – reports will include a self-reflection on own performance and overall course effectiveness.

3. End of course review meeting – including content and structure, learner achievements, disciplinary procedures, safety issues, and communication with learners.

4. Stakeholder meetings – agencies, employers etc.

5. The QC will carry out periodic course reviews over a 12-month period.

6. Annual Review – An annual course review is carried out by the self-evaluation panel using a combination of methods, as outlined above. The outcome of this review will be a detailed report and an action plan for course improvements (Quality Improvement Plan). Any modifications identified during the review cycle will be classified as minor or major changes. Any minor changes must be approved by the QC and major changes must be approved by the board. The TM will notify the appropriate awarding body of any major changes before offering the modified course to learners.

Records	Learner Feedback Forms, Tutor Reports, Record of Meetings, Quality Improvement Plan, Result's Summary Sheets.

3.4 Monitoring and Review

Purpose	To ensure that education and training activities are meeting the needs of all stakeholders.
Responsibility	Board, QC, OM, TM, All Personnel

Procedure

The following monitoring and reporting requirements will apply:

1. There is an open-door policy for all personnel to highlight any quality concerns and recommend updates or amendments to a course.
2. Regularly scheduled meetings will provide an opportunity for all personnel to highlight any issues with a course and make recommendations to the MD and/or TM for updates or amendments.
3. The OM and TM will have responsibility for monitoring courses on a day-to-day basis. Any recommendations for updates or amendments will be reported to the QC at the next scheduled meeting or sooner if required.
4. Management and QC meetings will consider the following:
   - Learner, personnel and other stakeholder feedback
   - Learner performance and achievement
   - Tutor and course ratings
   - External authenticator evaluator reports
   - Any quality improvements actions in the QIP
5. Annual review of the outcomes from monitoring activities by the QC and any required improvements will be implemented.

6. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required. 7. Procedures will be reviewed by the QC annually or sooner, if required.	
Records	Record of Meetings, QIP,
Performance Measure(s)	• No. of registered learners • Tutor and Course Rating • No. of new courses offered. • % of learners completing courses • No. of complaints and areas for improvement highlighted

4. Staff Recruitment, Management and Development

Policy Statement

Guardian Safety is committed to ensuring that all staff, whether engaged in instructional or support activities are competent and in possession of the appropriate skills and knowledge to be able to fulfil their occupational requirements. To meet this commitment, we will:

1. Employ a systematic approach to recruitment, ensuring staff employed will have sufficient experience and expertise to fulfil their designated roles.
2. Advertise, interview and appoint staff in a fair and transparent manner in accordance with our equal opportunities culture.
3. Ensure that when recruited, new staff members will be exposed to supportive management, open communication and proactive personal development structures.
4. Develop a staff training plan for each member and encourage them to take control of their own development, once their requirements are broadly in line with the strategic goals of the company.
5. Select for employment, promotion, training or any other benefit based on aptitude and ability.

Purpose

To ensure that appropriately qualified, skilled and experienced staff are in place to maintain high standards of education and training.

Scope

This policy applies to the recruitment, management and development of all staff associated with education and training activities.

Responsibility

It is the responsibility of senior management to highlight the need for a new recruit(s) and the developmental needs of existing staff members, in line with the organisation's operational plans and budget. The Office Manager (OM) will be responsible for organising the recruitment process and any essential staff development activities. The MD has overall responsibility for recruitment and ratifying any new appointments.

4.1 Staff Recruitment

Purpose	To ensure that appropriately qualified and experienced staff are recruited to fulfil designated roles.
Responsibility	MD, OM, Administration
Procedure	

Once a recruitment need has been identified and approved the following will apply:
1. Management meeting to agree the recruitment and selection plan and draw up the job and person specification.
2. Advertise the position on recruitment websites, social media, in print media and utilise a recruitment agency, if required.
3. 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.
4. Once the deadline for applications has passed administration will compile all applications and make them available to the recruitment panel.
5. 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)
6. Administration will notify all applicants – those who were unsuccessful in getting to the next phase and those who have been selected for interview – of the decision of the recruitment panel and their opportunity to receive feedback.

7. The recruitment panel carry out all interviews and score each candidate accordingly. If necessary, a second round of interviews may take place.
8. Once a candidate is selected the chair of the recruitment panel calls all those who interviewed and informs them of the decision. The successful candidate is verbally offered the position subject to agreement on the terms and conditions of employment.
9. Once agreement has been reached the prospective employee is issued with a contract of employment along with the staff handbook and other relevant documentation.

Records	Record of Meetings, Job Description, Advertisements, Interview notes, Scoring sheets, Interview Questions, Interview Schedule, Correspondence (emails, letters etc.), Personnel files, Employment contract

4.2 Staff Communication

Purpose	To ensure that information is provided to and collected from staff, analysed and acted upon and used to inform improvements to training activities.
Responsibility	OM, TM, Tutors, Administration

Procedure

Common communication channels include meetings, email, phone, website, social media, notice boards etc.

- Induction:
    - Into the organisation, including: organisational overview, responsibilities within the QAS, introduction to staff.
    - Role and responsibilities, including: Code of Conduct, QAS, Reporting lines, accountability, administration etc.
    - Systems and Resources
    - Personal development
    - Course delivery, management and administration.
    - Mark as read and understood of any related policies and procedures.
- Staff meetings – formal and informal,
    - Staff will be provided will information about course activities, including any updates from awarding bodies.
    - They will be encouraged to provide feedback on any issues arising from course activities.

- Course review meetings, including:
  - Review of learner feedback forms.
  - Review of tutor course reports.
  - Review of any other stakeholder feedback.
- Annual staff workshop
  - To discuss the organisations training mission and objectives and how it relates to their training activities.
  - Issues regarding the QAS and awarding body updates.

Records	Induction Checklist, Emails, Record of Meetings, Learner Feedback Forms, Tutor Course Reports, Stakeholder Feedback.

4.3 Staff Management and Development

Purpose	To maintain the quality-of-service provision through the systematic management and development of staff (contracted or employed).
Responsibility	OM, TM, Tutors

Procedure

The procedure for all staff is as follows:

1. Induction (outlined in 4.2)
2. Probationary Period:
   a) All newly employed staff will have a six-month probation from the date they start.
   b) All contracted staff will be on probation until they have completed solo delivery of ten courses.
3. Regular scheduled formal meetings (outlined in 4.2)
4. Informal discussion and feedback - The MD and/or TM will meet informally with staff members for discussion and feedback. They will:
   a) Discuss the progress in achieving the annual work and development goals set in the current plan.
   b) Discuss any support required by the staff member in order to meet the specified targets.

    c) Where relevant, discuss and note updated goals to reflect any changes to organisational objectives.

    d) Following the discussion(s), any changes will be noted in the performance plan, including the reason for the agreed changes and formalised during the next review meeting.

5. Co-delivery:

    a) All new tutors will be required to co-deliver with an experienced tutor on their first two courses before delivering solo for PHECC courses and where we see fit.

    b) During this delivery, the experienced tutor will provide support and supervision and document a report for the MD which will indicate if additional co-delivery is required.

    c) Experienced tutors will be given the opportunity to co-deliver with another tutor if they have highlighted any areas, they would like support on or to observe new methods of delivery.

6. Observation (Tutors)

    a) The MD and/or TM carries out one in class observation of experienced tutors during the year and more if required.

    b) For new tutors, the MD and/or TM will carry out an observation during the first solo delivery of a course. A further two observations will be carried out during the first 12 months.

    c) The MD and/or TM provides tutors with constructive feedback verbally after each observation and documents the observations.

    d) If there are obvious areas for improvement the tutor will be asked to address them with immediate effect and will receive the appropriate support.

    e) Where required and where requested additional training and/or continuous professional development opportunities are made available.

    f) Observation forms are maintained for monitoring and review purposes.

7. Annual Performance Review

    a) The formal performance review will take place annually for established staff.

       - For new staff members there will be an additional interim review at the end of their probation period.

       - For contracted staff there will be a formal review after: (a) co-delivery, (b) first solo delivery, (c) at the end of the probation period and (d) annually thereafter.

    b) The review process will be a collaboration between the staff member and the manager.

       - Staff member completes annual appraisal form.

       - Manager reviews end of year performance and achievements.

       - Staff member completes performance development plan.

       - Manager reviews and approves performance development plan.

    c) The performance development plan will include:

       - Annual work goals.

       - Identified training needs – Internal or External.

d) A copy of the staff member's performance plan will be retained by management and the staff member for the next performance review meeting.

e) Department heads are responsible for scheduling and carrying out performance reviews in their area in an agreed timeframe.

8. Continuous Development

a) All staff are encouraged to attend seminars, training courses, conferences in the areas of employment to facilitate new ideas.

b) College courses will be financed once approved by the MD. Time off for study and exams will be facilitated. The course must be in the area of employment.

c) Tutors need to be a member of IOSH and obtain CPD to maintain this.

d) All tutors/staff are subject to mandatory training in new learning platforms/techniques. EG Blended Learning changes, CRM assessment, Teams/Zoom, Staff are facilitated with time to avail of video-based training supplied by our CRM/LMS suppliers. As well as Zoom/Teams

Records	Induction, Schedule, Induction Checklist, Record of Meetings, Employment Contract, Tutor Observation Form, Performance Appraisal Form, Learner feedback forms.

4.4 Code of Conduct

This code of conduct applies to all staff (employed or contracted) and associated stakeholders carrying out activities on behalf of GS. It is the responsibility of all to familiarise themselves with it. This code should be read in conjunction with the disciplinary procedures, health and safety procedures and the contract of employment.

Staff members and representatives are expected at all times 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 GS.
- Preserve the confidentiality of all information attained by them in the course of their work.
- Continue to develop their effective contribution by participating in opportunities for continuing professional development.
- 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 service users.
- Avoid inappropriate physical contact unless in an emergency situation.
- Dress in a way which is appropriate to their position and duties.
- Be absent from work only when authorised or when ill and notify management in a timely manner.
- Be punctual to demonstrate respect for others and to 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.

4.5 Monitoring and Review

Purpose	To ensure that education and training activities are meeting the needs of all stakeholders.
Responsibility	OM, TM, All Personnel

Procedure

The following monitoring and reporting requirements will apply:
1. The OM and TM will have responsibility for monitoring courses on a day-to-day basis.
2. Management will monitor the following:
   - Weekly review of the learner, personnel and other stakeholder feedback forms
   - Continuous professional development records
   - Learner performance and achievement
   - Tutor and course ratings
   - Internal verifier and external authenticator reports
   - Personnel feedback on any CPD events attended.
   - Any quality improvement actions identified from feedback.
3. Regularly scheduled meetings will provide an opportunity for all personnel to highlight any issues with a course and make recommendations to the MD and/or TM for updates or amendments.
4. Annual review of the outcomes from monitoring activities will be carried out by management and any required improvements will be implemented.
5. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.
6. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP,
Performance Measure(s)	• No. new personnel • Tutor and Course Rating • % of personnel who have gone through all relevant HR processes

	• % of personnel who have up to date and appropriate qualifications • No. of complaints and areas for improvement highlighted

5. Teaching and Learning

5.1 Teaching and Learning Policy

Policy Statement

Guardian Safety 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 pedagogical approach to training in which we strive to achieve high-quality teaching and learning practices. Neil Fleming's VARK model of learning states that there are 4 learning styles which must be taken into account when teaching and learning:

- Visual learning - this is where the learner prefers to see information presented in a visual form such as pictures, movies and diagrams.
- Auditory (Aural) learning - this is where the learner learn best by hearing information these type of learners get the best out of lectures and are good at remembering things they are told.
- Reading and writing -these learners prefer to take in information for example, bullet points, making lists, reading textbooks and taking notes.
- Kinaesthetic learning -also known as tactile learners, learn best by hands on experience for example practical exercises, movement, experiments and hands-on activities.

If we incorporate all four learning styles into our teaching it will allow learners to reach their maximum potential while achieving the best possible assessment results. Face-to-face and blended learning can enable us to deliver very effective training taking account of the different learning styles

We will achieve this by:
- Working with instructional designers to ensure that all courses are visually engaging with graphics, video, sound and text and have a practical element. This applies to learning material that is presented both face-to-face and through online training.
- Working with subject matter experts to ensure the content meets course descriptors
- Working with trainers to ensure that the material is delivered in a friendly and informative manner.
- Providing facilities and appropriate resources that are conducive to a high-quality learning environment.
- Ensuring teaching and learning activity is professional, positive, engaging and a rewarding collaboration between learners and tutors.
- Ensuring learners fully understand the learning objectives of their course 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 learners with the resources and support they need to fulfil their potential.
- Encouraging tutors to be reflective, assess their own performance and development needs, and to work together to share best practice and support each other's development.

- Using formative techniques like quizzes, drag and drop interactions, clicker questions, animated scenarios, and group work as a means of education and informing progress where appropriate.

- Providing discussion forums where social interaction is encouraged to promote learning amongst peers.

- Ensuring that tutors are both subject matter experts and trained trainers, understanding the pedagogical approach to training.

Purpose

To promote an active commitment from all staff to work towards excellence in teaching and learning.

Scope

This policy applies to all courses and to all staff, tutors and associated stakeholders involved in education and training activities.

Responsibilities

The board are responsible for ensuring resources are in place to ensure a quality teaching and learning environment for staff and learners. The OM will monitor and review teaching and learning activities at regularly scheduled meetings. The TM is responsible for the day-to-day resourcing of education and training activities. Tutors are responsible for creating an environment for learners to maximise their potential.

5.2 A Provider Ethos that Promotes Learning

5.2.1 Facilitating Diversity

Purpose	To ensure we provide training which is suitable to all learners, including those individuals or groups with additional support needs. To enable them to successfully participate in training, assessment, transfer, and course progression.
Responsibility	OM, TM, Tutors, Administration

Procedure

1. Diversity training for all employees incorporated into induction.

2. Email sent to learners prior to commencing their course requesting information on any additional support and reasonable accommodation needs.

3. Application form to have a section for learners to state request for additional support and reasonable accommodation needs.

4. Learner interviews will be used to ascertain support needs. These will be managed and/or facilitated where possible to allow learners to participate on courses.

5. Course content/delivery/assessment adapted to support individuals or groups with special requirements.

6. Learner induction, One to One meetings, Oral Communication.

7. Individual tuition – learners with additional support needs identified during delivery and ongoing assessment will be afforded as much individual attention, facilitation, assistance and encouragement as possible within the constraints of course delivery.

8. Additional guidance may be provided between sessions and or modules if this is deemed to be necessary.

9. Consultation with relevant local agencies to reference support for groups/individuals with specific training needs.

Records	CPD Records, Emails, Application/Registration Form, Record of Meetings, Induction Checklist

5.2.2 Learner Complaints

Purpose	To ensure that complaints are dealt with effectively and efficiently while providing valuable information to improve services.
Responsibility	OD, TM, Administration, Tutor(s)

Procedure

1. Complaints can be made verbally or in writing using our customer complaints form.
2. Complaints can be made to any member of staff.

Once a complaint is received, the following applies:

Stage 1 – Informal Resolution

1) Where possible, attempt to resolve the issue at the first point of contact.
2) Discuss the complaint with the complainant and attempt to agree a way forward or a solution that suits both parties.
3) Agree, with the complainant, sufficient time to investigate or remedy the issue.
4) If resolved details should be recorded on the tutor's report and/or a complaints form.
5) If unresolved stage two applies.

Stage 2 – Formal Resolution

If the complaint cannot be resolved informally to the satisfaction of the complainant, or if they feel that they cannot make an informal complaint to a member of staff, the following applies:

1) Inform the complainant that the complaint must be submitted in writing within 5 working days, using the learner complaints online form (available on our website), this will automatically notify the training manager when submitted. Learners should provide a detailed account of the complaint.
2) The TM will contact the learner within 10 working days to acknowledge receipt of the complaint and outline the course of action to be taken.
3) A representative will undertake an investigation of the complaint. The investigation may take different forms depending on the nature of the complaint. This process is completed within 30 days of receipt of the complaint. (Where the investigation takes greater than 30 days, the complainant will be notified).
4) Once complete the complainant will be notified in writing of the outcome.
5) Where the complainant is not satisfied with the outcome, they can ask for a final review to be carried out.
   - The request for a review must be submitted in writing to the MD within 10 working days.
   - A senior member of staff will be appointed to carry out the review. The decision from the review will be final.

Records	Records of Correspondence, Complaints Form, Tutors Report

5.2.3 Learner Appeals

Purpose	To provide learners with a fair and transparent system to appeal decisions made by Guardian Safety which includes access to learning, the assessment process, approval result and outcome of complaints.
Responsibility	OM, TM, Administration, Tutor(s), IV
Procedure	

Requesting a Review of an Awarded Grade

1. If the learner feels they that there have been any mistakes, irregularities or inequalities in awarding a grade, they can request a review of their results. This must be in writing using the online "Grade Review Form" indicating why they are dissatisfied with the grade

awarded. Learners are notified of the Grade Review process in the learner handbook, a link to the Grade Review form can be found in the handbook and on the Guardian Safety website.

2. Provisional results will be issued by email 15 working days prior to submission of final results, learners must lodge an appeal within 5 working days of receiving their provisional results subject to extenuating circumstances (for example, serious illness). **There will be no charge to lodge an appeal.** Only evidence that has been previously submitted by the learner as part of the assessment process will be considered. No new evidence can be submitted (for example, revised project work).

   -(Final results are submitted to the QQI 12th of every 2nd month Starting February each year)

3. The Training Manager and Head Tutor will be notified via the CRM immediately upon submission of any requested review. The Training Manager will appoint an internal tutor/assessor to re-mark all aspects of the assessment, within 5 working days of the request being made.

4. Both sets of results (original and reviewed) will be examined by the TM/HT and a decision will be taken.

5. Results will be communicated with the learner within 10 working days of the original review being completed.

6. If the learner is still dissatisfied with the reviewed result, the TM/HT will meet with the learner (either in person or over video chat) and allow them to view the submitted assessments, together with the allocated marks awarded for the specific assessment work, based on the designated marking scheme.

7. Following this review of the assessment materials, the learner will either:

   a. Accept the grade awarded and withdraw from the review process.

   b. Request that their case be brought to appeal status where a full review committee will be asked to adjudicate on the case.

   Appealing an Awarded Grade

8. If the learner continues to be dissatisfied with the reviewed result, they will complete a Grade Appeal Form stating the grounds for appeal, submitted within 5 working days of the review result.

9. Appeals review committee will be convened to determine the outcome of the appeal. This will comprise of:

   a. Operations Manager/Training Manager

   b. Evaluator (chair)

   c. Head Trainer/Trainer (if not involved in marking)

   d. Independent Subject Matter Expert

10. The learner can address the appeal committee (either in person or via live video link) on the circumstances of the appeal and they may be accompanied by a person of their choice.

11. Any amendment to results will be made collectively by the appeals review committee, a majority vote will apply. In the event of a tie the Chair will have a casting vote.

12. All appeal results are final.

13. Guardian Safety will then make any required amendments to provisional grades on QBS before final grade submission.

Appealing a decision relating to access

14. If a learner has been refused access to a course for any reason they have the right to be told that reason.

15. The only reason a learner might be refused entry is if they do not meet the access requirement based on English language requirements, recognition of prior learning or course pre-requsites (for example educational requirements or completing a mandatory course that preceeds the course you wish to attend (e.g. you must have completed Manual Handling Instructor Level 6 before you complete People handling Instructor level 6)).

16. If an employer is organising training for an employee and that employer does not meet our credit terms, the learner will not be permitted entry. However the learner can apply for access on a personal basis.

17. If a learner has been refused access to learning and they wish to make a complaint they will follow the customer complaints procedure.

Records	Records of Correspondence, Grade Review Appeal Form, Record of Meetings, Appeals Report, Customer Complaints Form.

5.3 National and International Effective Practice

To enhance service provision and keep up to date with national and international practice, we will:

1. Actively engage with awarding bodies.

2. Attend sector specific events.

3. Maintain membership of representative bodies and organisations.

4. Participate in online communities of practice.

5. Provide staff members with the opportunities to engage with peers.

6. Engage in knowledge sharing activities, internally and externally.

5.4 Learning Environments

5.4.1 Learning Resources

Purpose	To ensure that resources necessary for the successful participation of learners, are allocated, up to date and maintained.
Responsibility	Board, MD, TM, Tutors, Administration, Course Approval Panel, Design Team

Procedure

1. Assess facilities/resources needed for each course.
2. Ensure that learner feedback is incorporated into needs analysis.
3. List of resources for each course compiled at design stage.
4. Budget allocated for necessary resources.
5. Staff/learner representative meetings to discuss facility and resources issues.
6. Course material review at regularly scheduled meetings.
7. Provision of back up equipment for all tutors.
8. Maintenance contract with an external IT provider.

Records	Resource Checklist, Supplier Contracts, Budget Request Form, Record of Meetings, Learner Feedback Forms, Tutor Course Report, Maintenance Records.

5.4.2 Selection of Premises

Purpose	To ensure the premises and facilities are accessible and maintained in such a manner to ensure the health and safety of staff and learners.
Responsibility	Board, MD, TM, Tutors

Procedure

1. For GS own premises:
   - A maintenance review is carried out annually.
   - A safety statement and risk assessment are developed.
2. A suitability check is carried out on the premises for each course, including own premises and external venues.

3. Premise's criteria will reflect course requirements and the access needs of potential learners.
4. Where premises are rented a copy of the premise's safety statement and risk assessment of car park, route to training room and all ancillary areas that learners may use during the training will be requested and viewed.
5. External premises will be reviewed before use to ensure suitability, including a review of learner feedback.

Records	Safety Statement, Premises Selection Criteria and Checklist, Suitability Checklist.

5.5 Monitoring and Review

Purpose	To ensure that education and training activities, facilities and resources are meeting the needs of all stakeholders.
Responsibility	OM, TM, All Personnel

Procedure

The following monitoring and reporting requirements will apply:
1. There is an open-door policy for all learners and personnel to highlight any quality concerns and recommend changes to teaching practice, facilities and resources.
2. Regularly scheduled meetings will provide an opportunity for all personnel to highlight any issues and make recommendations to the MD and/or TM for updates or amendments.
3. The OM and TM will have responsibility for monitoring courses on a day-to-day basis will monitor the following:
   a) Learner, personnel and any other stakeholder feedback
   b) Tutor and course ratings
   c) External authenticator evaluator reports
   d) Any quality improvements actions in the QIP
4. Annual review of the outcomes from monitoring activities by management and any required improvements will be implemented.
5. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.
6. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP,
Performance Measure(s)	• Tutor and Course Rating • Tutor and learner satisfaction rating of facilities and resources • No. of complaints and areas for improvement highlighted

6. Assessment of Learners

Policy Statement

It is the policy of Guardian Safety to ensure that all learners are facilitated to take part in fair, transparent and consistent assessments. We are committed to carrying out assessments that are consistent across all tutors and in line with awarding body guidelines. We recognise that learners will be diverse and will have differing needs and have therefore developed reasonable accommodation provisions that are available to support learners with their assessments. To meet this commitment, we have:

1. Designed and implemented an assessment framework that is fair and consistent and is designed with the learner's achievement as a priority.
2. Ensured all assessments are aligned to the learning outcomes for each course and includes, formative and summative assessment, where appropriate.
3. We provide learners with information about the methods of assessment and their responsibilities for achieving and demonstrating the required knowledge and skills.
4. Coordinate assessment activities.
5. We have ensured the integrity of the assessment process through the security of assessment-related material.
6. Take the circumstances of each student into consideration and facilitate those with additional support needs. Study Buddy available through the booking APP, the learner can confidentially request the assistance of an employee.
7. Carry out activities to ensure consistency across tutors.
8. Ensure the assessment activities are internally verified, externally authenticated, and approved before being submitted for certification.
9. For programs delivered through blended learning, assessments and projects are stored on a secure LMS and can be deployed at specific times and for specific durations. Access can be revoked once assessments are submitted to avoid the potential for learners to share assessment.

Purpose

To ensure the effective and efficient management of assessment and provide learners with the opportunity to get the most from their assessment activity.

Scope

Applies to all assessment activities.

Responsibility

The course design team are responsible for ensuring assessment practices are fit for purpose and in line with awarding body guidelines. The OM has overall responsibility for ensuring the assessment process is sufficiently resourced, including the allocation of an internal verifier and the appointment of an external authenticator. The tutor is responsible for ensuring all assessment activities are carried out as per awarding body requirements and internal guidelines regarding assessments. The internal verifier and external authenticator are responsible for carrying out their tasks as per agreed guidelines. The results approval panel will be responsible for approving results and recommending the final approved results for certification.

6.1 Assessment of Learning Achievement

6.1.1 Information for Learners

Purpose	To ensure learners have access to information necessary for them to successfully participate in the assessment and to highlight learners' responsibilities.
Responsibility	TM, Administration, Tutor(s)
Procedure	

1. Pre-Course information outlines assessment details.
2. Provision of assessment information in appropriate media: website, emails, texts, information sessions with learners, provision of component specification on request.
3. Learner handbook/information pack distributed to all learners.
4. Assessment brief distributed to all learners.
5. Learner induction.
6. Group briefing prior to each assessment activity and during the delivery of each course.
7. Online assessment will include a full description on how to complete the assessment.
8. Details of assessment to be carried out as part of a blended learning program will be advised at induction onto the program. Comprehensive instructions will also be provided on our Learner Management System prior to any assessment taking place.

Records	Assessment Brief, Learner Handbook, Induction Checklist, Course Outline, LMS instructions.

6.1.2 Coordinated Planning of Assessment

Purpose	To ensure that assessments are planned and scheduled to facilitate learners to maximise the value of their assessment activity.
Responsibility	Course Design Team, OM, Tutors, Administration

Procedure

1. The course design team consider and plan for the integration of assessment where appropriate. All leaning including face to face Blended learning and online with comprise of summative and formative questioning.
2. All courses will have a bank of questions which will be randomly drawn upon prior to the assessment being issue to the examiner
3. Staff meetings – to plan and coordinate assessment in line with requirements.
4. Review of learner application to ascertain additional support needs and make necessary adjustments, if possible, without compromising the integrity of the assessment process.
5. Dates scheduled to provide an even spread of assessment throughout the course.
6. Tutor meeting midway through the course to review integration of modules and review course assessment plan.
7. For blended learning and online assessments that are delivered through our LMS the suitability of the LMS will be tried and tested by employees and then by someone that does not have good IT skills. Potentials issues are identified at this stage and remedied before the assessments can go live.
8. All online elements of a course will have formative and summative assessments built in to enable the learner to monitor their own progress as the proceed throughout their training experience.

Records	Record of Meetings, Assessment Schedule and Plan, Application Forms

6.1.3 Security of Assessment Related Processes and Material

Purpose	To ensure the security and integrity of assessment materials, the assessment process, learner's work and records.
Responsibility	MD, TM, Administration, Tutor(s)
Procedure	
Face to Face Exams	

1. All courses will have a bank of exams. On the morning of the exam the TM will randomly pick an exam and deliver this to the tutor in a sealed envelope.
2. Proctor/ Invigilator and a learner sign for exam.
3. Proctor/Invigilator releases the exam at a set time and will supervise exam.
4. Proctor/Invigilator returns completed exams to lockable storage area, where assessments are placed once we verify that they are completed and accounted for. The key to this locked box is held by the TM.
5. For external courses, the learner assessment material is sealed immediately in an envelope and sent by registered post.
6. Learners are required to confirm authorship by signing a statement as part of each submission stating that the work submitted has been generated by themselves.
7. Validity of authorship – learner interviews regarding the content of their submission may take place if required.
8. Receipt system in place for all assessment material received by hard copy.
9. Random observation of assessment activities may be carried out by the OM.
10. Exams are then marked according to our grading system.

Online Exams

1. A bank of exams is securely kept on the LMS, the TM will select a random exam from the LMS.
2. Exams are released at a specified time and for specific durations (preventing late submission). All exams will be proctored; learners must leave their mic and camera on for the exam duration.
3. When completing exams, online all learners will verify their presence verbally and visually over Zoom, holding up ID to confirm who they are. The proctor will record for evidence/proof. The proctor/invigilator will remain on zoom with the learners throughout the exam. It is a mandatory requirement the learner always has a camera and microphone on.
4. The assessor will use Grammarly which integrates with the LMS to check a selection of each learner's work for plagiarism.
5. Our LMS complies with GDPR. Assessments carried out on the LMS can only be accessed by the granted permission.
6. Our LMS will record all activity and date stamp all-access, preventing any risk of tampering with assessments.
7. Original files on our LMS cannot changed or modified by any member of staff, they can only be marked according to the marking scheme, this eliminates the potential risk of tampering by tutors or members of staff.

Project Work

1. All learners will be instructed on how to complete project work at the induction stage of their course.
2. Projects will be released via the LMS on the first day of training in line with any supplementary material used for self-directed learning.

3. Learners will have four weeks from the start of the course; a submission date will be agreed with the instructor and a deadline for closure will be entered into the LMS.
4. Participants can discuss project work amongst their discussion group on the LMS community group.
5. Learners will be required to submit their work on or before the deadline, and complete a declaration stating that all work is their own.
6. Once a project is submitted, the LMS will notify the tutor/training manager.
7. The assessor will use Grammarly, which integrates with the LMS to check a selection of each learner's work for plagiarism.
8. Our LMS complies with GDPR. Assessments completed on the LMS can only be accessed by permission.
9. Our LMS will record all activity and date stamp all-access, preventing any risk of tampering with assessments.
10. Original files on our LMS cannot be changed or modified by any member of staff, they can only be marked according to the marking scheme; this eliminates the potential risk of tampering by tutors or members of staff.

Records	Daily Sign-in Sheets, Attendance Register, Learner Declaration, Assessment Material Receipt. CRM and LMS. Video evidence from live classroom and zoom session.

6.1.4 Reasonable Accommodation

Purpose	To provide learners with additional support needs with the opportunity to demonstrate their achievement of the standards being assessed.
Responsibility	OM, TM, Tutor(s), Administration, Design Team

Procedure

Guardian Safely strives to ensure that all learners have an equal opportunity to fully complete training and provide any support needed to reasonably accommodate learners in the completion of assessments.

An example where Reasonable Accommodation for completing assessments may be required can include the following:

- disabilities
- learning difficulties
- religious grounds
- breast feeding
- mental health

This is not an exhaustive list; each request will be based on its merits.

1. Learners are invited to advise any support needs/requirements that they may have via the course booking form, which suggests they can contact us confidentially. They do not need to discuss their specific need at this time.
2. A study buddy is assigned using our Study Buddy notification App built into the booking system. At this stage the learner can explain their requirements in confidence to their assigned study Buddy.
3. The learner can meet with the study buddy on a one-to-one basis if they wish.
4. The following supports will be available to learners.

   - Physical modifications can be made to the assessment location, e.g., seating arrangements.

   - Test materials can be provided in an accessible format where possible.

   - Practical assistance

   - Support from a scribe to help with exams.

   - Support from a reader to help with exams.

   - Support from an ISL interpreter if required and available.

   - All online training includes subtitles for hard of hearing

   - All online training provides voice over for the visually impaired.

   - For the hard of hearing, a loop system is available.

5. If we are not notified of a request for reasonable accommodation ahead of time or where a need suddenly arises, the tutor will have the authority to adjust assessment methods if they are informed of needs during course delivery.
6. **Extra Time for Assessments/Projects**: If learners require additional time to complete projects/assessments, allotted time can be allowed. This will be judged on a case-by-case bases.
7. **Compassionate Consideration:** Guardian Safety recognises that circumstances can arise where learners may not be able to attend a course or submit an assessment on the set date due to events outside of your control. Where this occurs, please contact the Training Manager on info@guardiansafety.ie directly to discuss the circumstances. We will make every effort to accommodate you.

   All learner requests will be considered on an individual basis. Guardian Safety will endeavour to provide the learner with an equal opportunity to complete their course/assessment.

Records	Record of Meetings, CPD Records, Reasonable Accommodation Form, Application Form. Study Buddy system.

6.1.5 Consistency of Marking between Assessors

Purpose	To ensure: • A consistent level of instruction and adherence to course content. • The maximum degree of consistency in evaluation and grading. • The protection of tutors from charges of prejudice. • The protection of learners from prejudicial treatment at the hands of individual tutors.
Responsibility	OM, TM, Tutor(s)

Procedure

1. Tutor Induction – Inclusive of training in assessment methods and marking.
2. Unambiguous marking guidelines are in place for all assessments.
3. Staff/Tutor meetings – All aspects of assessment are planned to include fair and consistent marking.
4. Assessment guidelines are documented in line with course requirements, including sample answers, and marking schemes guidelines.
5. Random observation of tutors by OM and/or the TM during assessment events leading to mentoring as appropriate.
6. Comprehensive internal verification and external authentication processes look at a sample of marginal results.
7. Review of learner feedback forms.
8. Cross-moderation will be organised where appropriate.
   a) When scheduling assessment and certification periods, cross-moderators will be identified by the TM.
   b) Where there are multiple courses, in any certification period, the tutor of one course may serve as the cross-moderator for a course delivered by another tutor.
   c) Cross moderators will carry out the moderation separately from the first marker.
   d) Cross moderated markings should be clearly identified by using a different colour to the original markings.
   e) Any changes should be recorded on the cross-moderation log, which will be made available for internal verification and external authentication. (tutors must be available to speak to the EA if necessary)
   f) Method & Sampling – The method of the cross-moderation will be determined by the TM. One of the following mechanisms may be used:
      • All distinctions and fails will be second-marked.
      • All borderline marks will be second-marked.
      • A random sample of papers from each course (25% + 1) will be second marked.

Notes:	
a) In any case where there is a difference in marking to the detriment of the learner a third marker will be asked to review the evidence. b) In instances where there is only one course for certification, all learner results will be cross moderated. c) For any new courses, the first two deliveries will be fully moderated (all learners). d) For any new tutors, the first two deliveries of any course will be fully moderated (all learners).	
Records	Induction Checklist, Record of Meetings, Cross Moderation Log, Internal Verification Report, External Authentication Report, Learner Feedback Forms.

6.1.6 Feedback to Learners

Purpose	To ensure learners receive timely and constructive feedback.
Responsibility	Tutor(s)
Procedure	

1. Feedback is given on request or if a participant has failed an assessment.

2. A summative feedback sheet is developed for learners and completed by their tutor.

3. Records of learner feedback is retained.

Records	Record of Meetings, Assessment Feedback Form

6.1.7 Internal Verification (IV)

Purpose	To ensure that assessment procedures have been applied consistently across our assessment activities, the accuracy of assessment results is verified internally, and that GS is awarding fair & consistent marks to all of our learners.
Responsibility	TM, Internal Verifier (IV), Administration, Tutor(s)
Procedure	

1. IV training provided for all relevant staff.
2. The TM will appoint an IV for each assessment activity.

3. The MD will ensure that the authority of the IV is clearly recognised within the organisational structure.
4. The TM will ensure that the IV is given sufficient time to complete IV related activities.
5. The following sampling strategy will apply for each certification period:
    – Samples will be taken from each learner group.
    – Be representative of all awards 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 learners who have only just achieved within the grading band.
    – Ensure new assessor decisions are sampled at least once during the assessment cycle.
6. The IV will check the selected sample to ensure:
    – Marks have been allocated in line with guidelines.
    – Marks are calculated correctly.
    – Marks are transferred correctly from learner evidence to marking sheet.
    – Percentage marks and grades allocated are consistent with grading bands.
7. The following will be appropriate for internal verification for each certification period:
    – A minimum of 12 portfolios included in the sample for each award.
    – If there are 12 or less portfolios for an award, all portfolios will be internally verified.
    – If there are more than 12 portfolios for an award, the sample will normally be greater than 20% and will not be less than 13 assessment portfolios, as per the following table:

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

8. Assessment portfolios selected by the IV must include the following in the sample to determine the cut-off points between the grades:
    – The lowest pass

- – The highest unsuccessful
- – The lowest distinction
- – The highest merit
- – The lowest merit
- – The highest Pass

9. The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached.
10. All tutors will be sampled over a defined period of time.
11. Sampling from new tutors will be 100% of learners who present for certification from their first two courses.
12. Having completed the IV process, the internal verifier completes the IV report confirming the outcome of the process.
13. The report will be retained and made available to the external authenticator and the results approval panel. The report provides an auditable trail for monitoring. It captures evidence that the internal verification process has taken place, acknowledges strengths, any gaps and areas for improvement.

Records	IV Checklist, IV Report

6.1.8 External Authentication

Purpose	To ensure that there is independent, authoritative confirmation of fair and consistent assessment of learners which is in accordance with national standards.
Responsibility	TM, External Authenticator (EA), Internal Verifier, Administration, Tutor(s) Reporting to Operations Manager

Procedure

1. A suitably qualified EA is selected by the OM and/or the TM who meets the following criteria:
   - – Broad subject matter expertise within the appropriate award area/field of learning.
   - – Have the required knowledge and expertise to confirm that policies and procedures in relation to awards and assessment are being implemented.
   - – Experience of carrying out assessment or work in the industry/field.
   - – Have administrative and IT skills e.g., report writing.
   - – Be able to operate within the code of practice and/or guidelines issued by the awarding body.
   - – Be independent of our organisation.
   - – Carry out their role as EA with integrity and professionalism.
2. External authentication will take place in line with the assessment and certification schedules.

3. The OM/TM will ensure all relevant staff are available for EA and time is allocated for the necessary preparations.
4. The following should be agreed and/or made available in advance of the EA:
   – Date, time and venue.
   – Sampling strategy.
   – 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.
5. The following documents to be made available:
   – Assessment briefs, Examination papers, Marking schemes, Outline solutions.
   – Assessment plan(s), Learner assessment evidence
   – Learner assessment results (recorded on a provisional results sheet).
   – Component specification, Internal Verification Report(s).
6. EA will be carried out in line with the organisations sampling strategy (Ref: 6.1.7).
7. Complete the EA report – This report is available to the results approval panel and provides an auditable trail for monitoring. It provides evidence that the external authentication process has taken place. It comments on the outcomes of results moderation against national standards, acknowledges strengths, any gaps and areas for improvement.

Records	EA Checklist, EA Report

6.1.9 Results Approval

Purpose	To ensure that assessment results are fully quality assured and signed-off by the organisation prior to submission to the awarding body for certification.
Responsibility	<u>Results Approval Panel (RAP)</u> Reporting to Operations Manager
Procedure	

1. A results approval process is scheduled for each certification period.
2. The RAP is convened to approve results with the following agenda:
   a) Provisional results for consideration.
   b) Internal Verification Report.
   c) External Authentication Report.
   d) Tutor Report.
   e) Grade Changes.
   f) Corrective Actions.
   g) Appeals Processed.
   h) AOB.

3. A report of the meeting is prepared and signed electronically by the chairperson. This report will be retained for auditing and monitoring purposes. It forms evidence that the authentication process has taken place. It acknowledges strengths, any gaps and areas for improvement in the authentication process. The RAP report will include:
   a) Panel membership.
   b) Agenda for meeting.
   c) Proposals to the meeting.
   d) Minutes of meeting.

Proposals recorded in the minutes may include decisions:
   – To adopt the recommendation of the IV report.
   – To adopt the recommendations of the EA report.
   – To approve the provisional results.
   – Request for certification.
   – To issue results to learners flagging the opportunity to appeal.

Records	Record of Meetings, Final Approved Results, Results Summary Sheet

6.2 Monitoring and Review

Purpose	To ensure that assessment activities are being carried out in a transparent, fair and consistent manner for all learners.
Responsibility	Quality Committee
Procedure	

The following monitoring and reporting requirements will apply:

1. The OM and TM will have responsibility for monitoring the implementation of the assessment policy and procedures. Management will monitor the following:

   - Learner feedback forms

   - Tutor course reports

   - Learner performance and achievement

   - Internal verification and external authenticator reports

2. Management will provide a summary report to the QC at the next scheduled meeting.

3. The QC will monitor the implementation of any quality improvement actions arising from the monitoring and review and provide a summary report to the board at the next scheduled meeting.

4. There will be an annual review of outcomes from monitoring activities carried out by the QC and any required improvements will be documented in the QIP and implemented.

5. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.

6. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	- Learner achievement (grades, pass/fail) - No. certified % of learners completing courses - No. of reviews, rechecks, appeals

7. Supports for Learners

Policy Statement

Guardian Safety is committed to providing learners with adequate and sufficient supports and resources to maximise their learning experience. To meet this commitment, we will:

1) Systematically monitor and review resources to ensure they are up to date, fit for purpose and accessible.
2) Ensure learners are fully informed of the supports and resources available to them.
3) Actively collect learner feedback on resources and supports to inform practice.
4) Provide sufficient information about the content, assessment and demands of each course to enable potential learners to make an informed choice about participation.
5) Provide information on the range of supports available and how to access these supports.
   - The level of support provided will be in accordance with an individual's needs, the type of course and the resources available.
6) Provide prospective learners with an opportunity to disclose any additional support needs on application and/or at any time during their course.
7) Provide learners with the opportunity to highlight concerns they have during their course.
8) Ensure learners have access to tutors and administrative support throughout their course.
9) Provide reasonable accommodation to ensure that learner needs are met at every stage of their course.

10) Provide access to our LMS where they will have access to presentations, videos, legislation and administrative resources. All our course videos include subtitles for the hard of hearing and voice over for the visually inpalred.

Purpose

To provide an effective and productive learning environment for staff and learners.

Scope

This policy applies to all learners. It also applies to all staff and associated stakeholders involved in education and training activities.

Responsibility

The board are responsible for ensuring the resources – finance and human – are in place. The MD is responsible for ensuring that all supports, and resources are considered at the design stage and implemented. The OM is responsible for ensuring all course information is current, up to date and accurate and that potential learners have the opportunity to inform staff of any additional support needs prior to choosing a course. Tutors are responsible for monitoring learners during their course and providing additional support when required. The TM will be responsible for monitoring the progress of learners through their course and ensuring resources are made available to provide additional support if required.

7.1 Supports for Learners

Purpose	To ensure those with additional support needs have the opportunity to access our courses and maximise their learning opportunity.
Responsibility	TM, Administration, Tutor(s)

Procedure

1. All quotes and booking forms will advise learners that we have support available to them if they need them and that a study buddy will be appointed to assist with meeting their needs. All information provided is confidential and will only be discussed with those appointed to help provide support.

2. All applicants are requested to advise a staff member if they need support; this can be verbally or by email. Applicants **are not** asked to disclose what those needs are as it is personal to the applicant.

3. Once a request is made a study buddy is assigned, who will make direct contact with the applicant to establish what supports are needed.

4. Learners will be provided with the opportunity to meet with the study buddy in a one-to-one meeting and will be offered the choice to view the premises before they sign up for training.

5. Once the applicant and the study buddy agree on the support required, the applicant can sign up to become a learner.

6. The study buddy will then arrange any support required before training.

7. The following supports will be available to learners.

    - Physical modifications can be made to the training and assessment location, e.g., seating arrangements.

    - Learning materials are provided in an accessible format where possible.

    - Support from a scribe to help with coursework and exams.

    - Support from a reader to help with coursework and exams.

    - Support from an ISL interpreter if required and available.

    - All online training includes subtitles for hard of hearing

    - Voice over for visually impaired.

    - For the hard of hearing, a loop system is available.

8. Where the building is not suitable, the study buddy may request that the face-to-face training is conducted in the local hotel. This will depend on the profitability of the course.

9. Where we cannot meet the needs of the learner, with the permission of the learner we will contact another provider to see if the learner can be accommodated elsewhere.

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.

Records	Reasonable Accommodation Form, Records of Correspondence, Premises Selection Checklist, Record of Meetings, Induction Checklist, Website, Promotional Material.

7.2 Monitoring and Review

Purpose	To ensure that the supports in place for all learners are adequate and accessible.

Responsibility	OM, TM

Procedure
The following monitoring and reporting requirements will apply: 1. The OM and TM will have responsibility for monitoring the implementation of learner support policy and procedures. Management will monitor the following: - Learner feedback forms   - Verbal feedback from relevant stakeholders   - Tutor course reports   - Reasonable accommodation forms   - Learner performance and achievement   - Internal verification and external authenticator reports   2. Management will provide a summary report to the QC at the next scheduled meeting.   3. The QC will monitor the implementation of any quality improvement actions arising from the monitoring and review and provide a summary report to the board at the next scheduled meeting.   4. There will be an annual review of outcomes from monitoring activities carried out by the QC and any required improvements will be documented in the QIP and implemented.   5. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.   6. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	• Learner achievement (grades, pass/fail) • Course rating for supports and resources. • % of learners with additional support needs completing courses

8. Information and Data Management

Policy Statement

Information is a valued asset of Guardian Safety and as such we are committed to managing the information we generate in an effective and efficient manner. It is a key resource required to deliver our business objectives and to meet the expectations of our stakeholders. We are committed to creating, managing and retaining records which provide a comprehensive account of our activities and a valuable resource for continuous quality improvement. This commitment is underpinned by the following principles.

1. We manage information effectively as a strategic resource.
2. Information regardless of where it is held is an organisational resource and hence the property of the organisation and not the property of individual employees.
3. We are all responsible for the information we generate. Those with specific responsibility for managing information are clearly identified. However, all users are accountable for their use of information.
4. We share information responsibly with our colleagues and associated stakeholders.
5. Staff 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.
6. We protect information, especially personal information, which cannot be shared for legal reasons, e.g., in relation to privacy, security or due to commercial sensitivity.
7. We produce accurate information to meet our stakeholder expectations.
8. Information generated will be timely, relevant and consistent.
9. Information will be managed to comply with relevant legislation.

Purpose

To provide a framework for managing information which will enable the organisation to:
- Deliver quality services by having timely access to meaningful and appropriate information.
- Make informed decisions.
- Be open and transparent.
- Respond appropriately to information requests from associated stakeholders.
- Protect vital records.
- Comply with the law.
- Protect our reputation and provide accountability over time.

Scope

It applies to:

- All staff, contractors, agents and representatives and temporary staff working for or on behalf of the organisation.
- All information created within the organisation.
- All information received by the organisation.

Responsibility

The board is responsible for setting strategic direction and ensuring that policies and processes are in place for the safe management of information. All staff, contractors, consultants and agents are responsible for documenting their actions and decisions accurately in the organisations records and for managing information in accordance with procedures and related policies. When leaving the organisation all those mentioned above must ensure that key records for which they are responsible remain accessible.

8.1 Information Systems

8.1.1 Data Collection

GS collects and generates a wide range of data from staff, learners and associated stakeholders. This data is used to inform daily practice, continuous quality improvement and reporting within all functional areas. Data is collected through various methods, including:

- Course Applications.
- Feedback Forms.
- Staff and Learner meetings.
- Email and Phone.
- Surveys.
- Assessments.
- Awards and progressions.

The data collected and generated is analysed and used to generate a variety of reports. Including:

- Internal and External Verifiers Reports
- Cost analysis reports
- Attendance reports
- Award received reports.

8.2 Learner Information System

It is also used to benchmark the organisation against internal and external performance measures.

Purpose	To provide comprehensive learner information to track performance and generate reports to enhance service provision.
Responsibility	TM, Administration
Procedure	

1. Check the system to ascertain if the learner is already registered.
2. If not assign a unique number when they enrol on a course for the first time.
3. This number is to be inputted into the system with their personal information to include:
    - Name, Address, Contact Detail, Gender, Date of Birth, PPSN Number, Emergency Contact Person, Prior Learning, Additional Support Needs.
4. Information collected during and after each course is to be inputted into the system to include:
    - Attendance Additional Support Provided, Progression, Drop Outs, Assessment Results, Certification.
5. Check the system weekly to ensure records are up to date and accurate and clean up the system as per data retention.	

Records	Record of Meetings,

8.3 Management Information System

GS have a customised electronic management information system (MIS) which is accessible to all management and administration staff. The system provides:

a) A data repository and reporting function for all organisational activity.
b) For the creation of databases, i.e., learner details, certification details per learner, assessment details, application and completion rates per course etc.

Additional details:

- Customer-uploaded data is hosted through Amazon Web Services in Dublin
- HTTPS Encryption on all data between the Podio service and the client web browser. Login without encryption is non-optional. Podio servers are firewalled and only those services which are required to be running are listening. Connections between servers are made using encrypted secure tunnels.
- Podio employees do not access customer uploaded data in Podio without prior customer consent.
- No super-user account exists in the organization. All accounts are private to each individual user.
- Read our privacy policy here: https://podio.com/site/privacy-policy
- All data is backed up nightly and copied to another off-site location.
- Access all your uploaded data programmatically via the Podio API: https://developers.podio.com/
- Multiple client libraries are available
- Import/export data or connect external services to Podio via the API.
- Regular security audits are carried out by internal Citrix security team.

The system is monitored through:

a) Day-to-day use.
b) IT and staff meetings.
c) External evaluation – An external IT support company provide support and to maintain the system.
   - Identified improvements and necessary updates are carried out in a timely manner.
   - The system is backed up daily and is updated on a regular basis.

8.4 Information for Further Planning

8.4.1 Data Analysis

Purpose	To provide up to date accurate and reliable data to enhance service provision.
Responsibility	OM, TM, Administration
Procedure	
1. The MD and/or the TM will carry out an analysis of data quarterly to inform practice. 2. Reports will be presented at regularly scheduled weekly, monthly and quarterly staff meetings. 3. Regularly scheduled course review meetings, Ref. Completion rates, grade analysis, learner satisfaction rates, enrolment rates (numbers per course), target groups (learner profile details, per course).	
Records	Records of Meetings, Data Reports

8.5 Completion Rates

The administrator will maintain records of course completion rates and report to the MD and TM every month. The TM will complete a summary report of completion rates annually and maintain records for internal and external review.

8.6 Records Maintenance and Retention

8.6.1 Records Management

Purpose	To ensure the creation and management of complete, up to date and reliable records which support the continuous quality improvement of education and training activities.
Responsibility	Board, Subgroups, All Staff

Procedure

1. Records must be managed through their lifecycle: from creation, storage and use to disposal.
   a) **Creation and Maintenance -** Information users will:
   - Create, keep and manage records which document the organisations principal activities.
   - Maintain records the organisation requires for business, regulatory, legal and accountability purposes.
   - Create records with meaningful titles so that they can be retrieved quickly and efficiently.
   - Create and maintain records in accordance with version and document control.
   - Make sure records are authentic, reliable, have integrity and remain usable.
   - Ensure appropriate backup arrangements are in place for electronic records (including restoration of backups and disaster recovery if electronic records are damaged).

   b) **Storage -** To maximise efficiency, enable sharing and minimise risks, information users will:
   - Store key business information in shared filing systems (e.g., CRM System)
   - Store information securely, appropriate to its classification.
   - Avoid storing duplicates (e.g., avoid paper/electronic duplication and store a single copy of electronic information to be shared through use of links).
   - Use the organisations records centre for storing and managing semi-current paper records not required on a regular basis rather than offices or other locations.
   - Not store information permanently on removable media (e.g., memory sticks)

   c) **Using Information -** In order to balance the organisations commitment to openness and transparency and a desire to exploit our information with our responsibility for privacy and sensitivity requirements, information users will:
   - Ensure all records are subject to appropriate security measures.
   - Document decisions regarding access so that they are consistent and can be explained and referred to.
   - Proactively publish information, where it is considered to be in the interest of stakeholders.

Records	Learner Records, Staff/Tutor Records, Centre Activity Report, Record of Meetings, External Audit Report, Internal Audit Reports

8.7 Data Protection and Freedom of Information

Policy Statement

Guardian Safety is committed to the protection of the rights and privacy of individuals and organisations whose data is held by the organisation. This commitment is underpinned by full compliance with the statutory measures that ensure these rights, namely the Data Protection Act 1988, the Data Protection (Amendment) Act 2003 and the General Data Protection Regulation 2016. 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.

Purpose

1. 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.
2. To provide good practice guidelines for staff and associated stakeholders.
3. To protect GS from the consequences of a breach of its responsibilities.

Scope

Applies to all staff, contractors and representatives handling data for or on behalf of the organisation who have access to data in all formats i.e. paper, electronic or audio-visual.

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. • Designating a Data Protection Officer (DPO). • Ensuring the DPO has the autonomy and resources necessary to carry out their role effectively and efficiently.

MD	- Assisting the Board to develop, review and approve the policy and procedures. - Ensuring the organisation is fully compliant with legislation in its day-to-day activities. - Ensuring only authorised personnel engage in activities associated with providing the service. - Monitoring the implementation of this policy and associated procedures. - Dealing with concerns arising out of the implementation of this policy.
Staff	- Complying with the requirements of the policy and associated procedures. - Creating and maintaining complete 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 manager's attention that may require updates to the policy and procedures.
Data Protection Officer	- Monitor compliance with the General Data Protection Regulation. - Collect information to identify processing activities. - Analyse and check the compliance of processing activities. - Inform, advise and issue recommendations. - Provide support, assistance and training.

8.7.1 Obtaining and Processing Data

Purpose	To ensure that all data is obtained and processed in a transparent and effective manner.
Responsibility	All Staff

Procedure

Collecting:
1. Data may only be collected for the following reasons:
    a) Provide services including, but not limited to, training and consultancy.
    b) Provide personnel, payroll and pension administration services.
    c) To gather statistical information that may include sensitive personal data.
    d) To undertake marketing, promotion and public relations exercises.
    e) Update databases.
    f) Provide online services.
2. The data subject must be made aware of the following before 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 DPO.
    7) Their right to:
        - Be informed.
        - Access.
        - Rectification.
        - Erasure.
        - Restrict processing.
        - Data portability.
        - Object.
        - Be informed about automated decision making and profiling.
        - Withdraw consent at any time.
        - Make a complaint.

Processing:
1. Personal data should only be processed for the specific purpose(s) notified to the data subject(s) and for which it was gathered in the first place.
    a) If it is requested to be used for any other purpose consent must be obtained from the data subject(s).
    b) Any 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 data.
   b) Written consent must be obtained for the disclosure of sensitive data.
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 DPO and/or management.

Records	IT System, Personnel Files, LMS, Retention Schedule, Disposal Log, Emails, Written Correspondence

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

Purpose	To ensure all individuals have access to their personal data
Responsibility	All staff, DPO, OM

Procedure

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 OM using the organisation's data request form (email a form on request).
2. Once the written request is received, the OM will:
   - Verify or delegate a person who will verify the individual's identity using reasonable means – e.g., request a copy of a current photo I.D.
3. Once verified, the OM will process the request or delegate someone to process it.
   - Processing the request should be completed within one month of receiving the request in writing.
   - This time period can be extended to two months where requests are complex or numerous.
   - If the time period is to be extended, inform the individual.
4. The OM 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 within 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, Written Correspondence

8.7.3 Data Portability Requests

Purpose	To ensure that individual requests are dealt with in a timely and effective manner.
Responsibility	OM, All Staff

Procedure

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 OM using the organisation's data request form detailing all data requested (email a form on request).
2. Once the written request is received the OM 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 OM 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 to 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 period can be extended to two months where requests are complex or numerous.
   - If the time period is to be extended, inform the individual.
4. The OM 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 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.

8.7.4 Confidentiality and Security

Purpose	To ensure that information is managed in a consistent, secure and confidential manner.
Responsibility	All Staff

Procedure

Security measures include the following:

1. Access to the IT system 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 staff.
3. Access to any staff personal data is restricted to authorised personnel for legitimate purposes only.
4. 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.
5. Information on computer screens and manual files to be kept out of sight from callers to our offices.
6. Backup procedures in operation for information held on computer servers, including off-site backup.
   - Data is backed up by the OM every quarter following data cleansing activities.
7. Computers are protected by anti-virus software.
8. Computers have automatic screen savers should the user fail to log out.
9. Personal manual data is to be held securely in locked cabinets, locked rooms, or rooms with limited access.
10. Staff are provided with data protection information and training relevant to their role.

Records	Training Records, Computer Audit Trail, Log-In Details.

8.7.5 Data Cleansing

Purpose	To ensure accurate, up to date data is available to the organisation and that it is in line with data protection legislation and guidelines.
Responsibility	All Staff

Procedure

1. To ensure data is clean, all fields must be complete at the time of initial entry on any systems.
2. Quality checks are carried out quarterly on a random selection of:
   - Learner Records
   - Organisation Records
3. Log any issues identified.
4. Create a clean-up plan with responsibility clearly assigned.
5. Contact all organisations annually to verify and update information.
6. Maintain the database:
   - Assign responsibility for systematic cleansing.
   - Update policies and procedures.
   - Seek external expertise, if required.
   - Keep staff informed and upskilled.
   - Carry out random spot checks.
   - Discuss issues with relevant staff members.
   - Ensure consistency of data entry among all staff.

Other Data

1. All policies and procedures are reviewed annually, as per the document control matrix.
2. Staff records are updated annually in line with performance reviews or sooner if required.
3. Information on the website and social media is reviewed and updated weekly.
4. All data is reviewed annually for relevance and updated or disposed of as required.

Records	Quality Reports, Quality Improvement Plan, Record of Meetings, Document Control Matrix

8.7.6 Managing a Data Breach

Purpose	To ensure a standardised management approach is implemented in the event of a data breach.
Responsibility	MD, TM, DPO

Procedure

A data breach may happen for several reasons, including:
- Loss or theft of equipment on which data is stored.
- Inappropriate access controls allowing unauthorised use.
- Equipment failure.
- Human error, e.g. send an email to the wrong address.
- Unforeseen circumstances such as a flood or fire.
- Computer hacking.
- Access where information is obtained by deception.

Should a breach occur, it is to be managed in the following way:
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.

   Internal Notification
   - A data breach must be reported without delay to the senior manager, who will immediately notify the DPO and MD with the incident details.
   - The DPO 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 are many individual's data 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 that adverse consequences will materialise?

   External Notification

- It is best practice to inform the office of the data commissioner immediately for advice on how best to deal with the aftermath of a data breach.
- The DPO will be responsible for contacting the office of the data commissioner.
- The management team 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 individuals, management 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 DPO will be the contact person for further or ongoing information.
- The management team 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.

3. Evaluation and Response
    - After any breach, a review of the incident will be made by management. 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 that are to be implemented as soon as possible after that.

Records	Record of Meetings, Emails, Quality Improvement Plan

8.7.7 Internal Data Protection Audits

Purpose	To ascertain if our systems ensure we are operating under the data protection acts and regulations and identifying any risks or possible non-compliance.
Responsibility	DPO

Procedure

Internal audits will be carried out annually by the DPO, who will.

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

Records	Audit reports, Quality Improvement Plan, Corrective Action Log

8.7.8 Awareness Training and Support

Purpose	To ensure that staff have the necessary knowledge and skills to carry out their activities, giving due care to the data they have access to.
Responsibility	Senior Management, DPO
Procedure	

1. Initial data protection information will be provided at induction.

2. All new staff members will receive training on the IT system provided by their supervisor.

3. The DPO will provide periodic updates and awareness training as required.

4. Upskilling workshops will be held annually.

5. Manuals will be reviewed and updated annually or sooner if required.

6. Updates will be communicated to stakeholders electronically.

7. The IT department will provide ongoing advice and support.

Records	Training Attendance Sheets, Login Details, Induction Checklist, Staff CPD Records

8.7.9 Data Retention and Disposal

Purpose	To provide assistance and guidance to staff in meeting their obligation in relation to the retention and disposal of data.
Responsibility	All Staff
Procedure	

1. Management will:
   - Ensure all staff 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.

2. Information users will:
    -   Review records in accordance with the retention schedule when they are no longer required for ongoing business or specific legal or regulatory purposes.
    -   Review records at the end of their retention period and arranges 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.
3. All data created and/or received by staff in the course of their duties are retained for as long as they are required to meet the legal, administrative, financial and operational requirements.
4. The final disposal, either through transfer to archives or destruction, is carried out according to the retention schedules.
5. 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.
6. 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.
7. In conjunction with the retention periods included in this Policy, the following principles should also be observed:
    -   Be conservative and avoid inordinate degrees of risk.
    -   Consider the consensus of opinion of knowledgeable/experienced people.
    -   Retain a record if it is likely to be needed in the future, and if the potential consequences of not having it would be substantial and are foreseeable at the time.
    -   Apply common sense.
8. Disposal of records must be authorised by a senior manager or the DPO.
    -   Where hard copy records are to be destroyed after the retention period has expired, they should be destroyed using a shredder, or 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.
    -   A record in the form of 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 to whom the record relates.
    -   The register should be signed and dated by the person who authorised the destruction of the records. This register should be held in a secure location.
    -   Electronic records should be disposed of as per the retention schedule.
    -   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, Staff CPD Records, Emails

8.7.10 Retention Schedule

This is a list of common types of information showing how they should be classed and the duration of their retention period. The retention period for ephemeral information should not be exceeded; however, such information can be destroyed before the specified date.

Information Type	Retention Period	Disposal
Staff Documentation		
Personal Details	6 years after they cease employment	Shredding and certified disposal and delete from our CRM
Professional Details (CV, Contract of Employment etc.)	6 years after they cease employment	Shredding and certified disposal and delete from our CRM
CPD Records	6 years after they cease employment	Shredding and certified disposal and delete from our CRM
Learner Documentation		
Personal Details (Such as contact information: phone address, email)	7 years after Certificates expire	Shredding and certified disposal and delete from our CRM
Course Details	7 years after Certificates expire	Shredding and certified disposal and delete from our CRM
Assessment Details	7 years after Certificates expire	Shredding and certified disposal
Course Documentation		
Course Content	10 Years	Shredding and certified disposal and delete from our CRM
Course Information	10 Years	Shredding and certified disposal and delete from our CRM
Course Material (Hard Copy and Soft Copy)	10 Years	Shredding and certified disposal and delete from our CRM

8.8 Monitoring and Review

Purpose	To ensure that assessment activities are being carried out in a transparent, fair and consistent manner for all learners.
Responsibility	RMP, MD, TM, DPO, Administrator

Procedure

The following monitoring and reporting requirements will apply:

1. The RMP, MD and TM will have responsibility for monitoring the implementation of the information and data management and data protection policies and procedures.

2. The DPO, MD, TM and administrator will monitor the following:

    - Internal Data protection audit reports

    - QAS audit report

    - Weekly system usage

2. The administrator will monitor systems through day-to-day use

3. The DPO will provide management with a summary report at the next scheduled meeting.

4. The RMP will monitor the implementation of any quality improvement actions arising from monitoring and review and provide a summary report to the board at the next scheduled meeting.

5. There will be an annual review of outcomes from monitoring activities carried out by the RMP and any required improvements will be documented in the QIP and implemented.

6. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.

7. Procedures will be reviewed by the RMP annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	• No. of data breaches • % of learner portfolios incomplete • % of processes GDPR compliant • Website and IT system (podio) statistics

9. Public Information and Communication

Policy Statement

Guardian Safety is committed to providing clear, accurate, objective, up to date and easily accessible information for all stakeholders about the education and training we offer. We will:

1. Work to provide sufficient and appropriate information to the public and all stakeholders in an open and transparent manner.

2. Provide potential learners with sufficient information to make an informed choice about course participation.

3. Provide information about our quality assurance systems.

4. Publish reports from awarding bodies and external agencies about our education and training activities.

Purpose

To ensure the external communications provide an accurate description of the organisations education and training activities.

Scope

This policy applies to all personnel who are responsible for external communications. It applies to information related to courses on offer and quality assurance activities.

Responsibility

Customer relations and administration are responsible for ensuring that information on the website and promotional material is accurate and up to date. The MD and TM are responsible for monitoring information. The MD is responsible for ensuring quality assurance information is made available for publication.

9.1 Public Information

Purpose	To ensure that course information is made available to the public and that it provides potential learners with enough information to make an informed choice about participation on a course.
Responsibility	TM, Administrator

Procedure

Sources of Information
- Website, Annual Calendar
- Social Media, Promotional Material
- Local Media, Emails
- Quotes
- Electronic Learner Handbook emailed out will all bookings.

Information to be Provided.
- Course Title, Award Type, Awarding Body
- National Framework of Qualifications Level (if applicable)
- Entry Criteria, Course Outline
- Transfer and Progression Opportunities (if applicable)
- Assessment Details
- Details on Protection for Enrolled Learners (if applicable)

Publication of Other Information

The following will be made available:

- Quality Assurance Policies and Procedures
- Awarding Body Reports and Evaluations
- Learner Award Information (Assessment Statistics)

Records	Promotional Material, Website, Centre Activity Report.

9.2 Learner Information

The main source of course information is the organisation's website. The OM and TM are responsible for ensuring that there is up to date, accurate and sufficient information on the website for prospective learners to make an informed choice about course participation. The information provided will include:

- Whether or not the course leads to an award, the award title, type and level.
- The name of the awarding body
- Any access, transfer and progression requirements
- Protection for learner's information

Website information and learner handbooks will be monitored by the MD and updates or amendments made as required.

9.2.1 Protection for Enrolled Learners

All the training courses run by Guardian Safety will be less than 3 months duration.

If a course for any reason cannot be completed, then we will attempt to reschedule it at a time and place that is suitable and agreeable to all parties.

We do not refund learners who fail to turn up or give adequate notice of withdrawal from a course, with the exceptions of medical grounds or unexpected personal incidents.

9.3 Publication of Quality Assurance and Evaluation Reports

Guardian Safety will publish the following on its website.

- Awarding Body Reports
- Quality Assurance Policies and Procedures
- Summary Reports from Internal Self-Evaluation
- External Evaluation Reports

9.4 Monitoring and Review

Purpose	To ensure that information is provided to the public, learners and associated stakeholders is as stated in the policy and procedures.
Responsibility	OM, TM

Procedure

The following monitoring and reporting requirements will apply:

1. The OM and TM will have responsibility for monitoring the implementation of the public information and communication policy and procedures. Management will monitor the:

   - Website

   - Learner registrations

   - QAS audit reports

2. The MD will monitor the implementation of any quality improvement actions arising from the monitoring and review and provide a summary report to the board at the next scheduled meeting.

3. There will be an annual review of outcomes from monitoring activities carried out by the MD and TM and any required improvements will be documented in the QIP and implemented.

4. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.

5. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	• No. registered learners • Satisfaction rating with public information provision

10. Other Parties Involved in Education and Training

10.1 Peer Relationships

Guardian Safety 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 awarding bodies.

- Engaging with other training providers

Guardian safety has professional relationships with:

1. Quality and Qualifications Ireland, who:

    – Approve programmes which are listed on the national framework of qualifications.

    – Regulate and promote the quality of programmes for the benefit of learners, employers and other interested parties.

    – Inform the public about quality assured education and training programmes through a database of programmes and register of providers.

    – Carry out external review of our courses and associated services.

10.2 External Partnerships and Second Providers

Guardian Safety does not engage with any secondary providers.

10.3 Expert Panellists, Examiners and Authenticators

When engaging external expertise, the OM will ensure that all individuals are:

- Appropriately qualified and competent 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.

The organisation will engage experienced and competent personnel to carry out external authentication to meet awarding body guidelines and provide independent oversight of the assessment process. (Reference 6.8 for more detail).

An external evaluator will be engaged annually to carry out of review of the QAS and provide independent oversight of the effectiveness of the quality assurance of education and training activities (Reference 1.1.5.5 and 11.3.1 for more details).

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

10.4 Monitoring and Review

Purpose	To ensure that the procedures for engaging external expertise is being consistently applied.
Responsibility	Board, MD, OM

Procedure

The following monitoring and reporting requirements will apply:

1. The OM will have responsibility for monitoring the implementation of the engagement of external expertise and will monitor the following:

    a. Personnel records
    b. Management reports
    c. QAS audit reports
    d. Internal verification and external authenticator reports

6. The OM will monitor the implementation of any quality improvement actions arising from monitoring and review and provide a summary report to the board at the next scheduled meeting.

7. There will be an annual review of outcomes from monitoring activities carried out by the QC and any required improvements will be documented in the QIP and implemented.

8. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.

9. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	• Appropriate arrangements are in place with all those contracted to act for or on behalf of the organisation. • % of records complete for all those contracted to act for or on behalf of the organisation.

11 Self-Evaluation, Monitoring and Review

Policy Statement

Guardian Safety is committed to the systematic monitoring, review and evaluation of its courses and services with the objective of:

a) Assessing the effectiveness of our policies and procedures in achieving a consistent and high-quality service in line with our organisation's goals and objectives.

b) Ensuring we are meeting our commitments to and the requirements of our learners, external stakeholders, awarding bodies and staff.

c) Identifying opportunities for improvements.

Internal monitoring and self-evaluation will involve learners (past and current) and other various stakeholders involved in our services and will involve formal and informal processes. We will also engage competent external evaluators to contribute to the process of self-evaluation to allow for objective and independent feedback on the effectiveness of our quality management system, courses and services. External evaluations will be carried out by individuals who are:

- Competent in the activity of self-evaluation.
- Independent of the activity or course under evaluation to allow for objectivity and impartiality.
- Professional and systematic in their approach.

Evaluations will be scheduled and carried out annually and at an appropriate frequency. The results of self-evaluation including quality improvement plans will be published and submitted to the relevant awarding body.

Purpose

To provide a framework for a robust model of organisational monitoring and self-evaluation which meets the requirements for an evaluative quality assurance system. Strengths and weaknesses will be identified which will facilitate a culture of continuous quality improvement.

Scope

Applies to all activities associated with education and training focusing on the achievements of learners.

Responsibility

The board will have responsibility for reviewing self-evaluation reports and approving the quality improvement plan. The training manager will have responsibility for convening the self-evaluation (SE) panel and for appointing the self-evaluation coordinator for each evaluation event. (Reference: Governance for SE panel membership and responsibilities). The training manager will be responsible for the ongoing monitoring and review of all courses and associated services. Responsibility will be delegated to all staff members as appropriate.

11.1 Provider owned Internal Review, Self-Evaluation and Monitoring

Guardian Safety carries out a comprehensive and systematic range of monitoring and review activities of its organisational activities resulting in the continuous quality improvement of its courses of education and training. The quality improvement plan is a live working document that is continuously updated and monitored by the Board, MD and OM.

11.2 Internal Monitoring

Purpose	To specify the method for conducting internal monitoring of courses and services on a defined frequency.
Responsibility	OM, TM, Administration, Tutor(s)

Procedure

Internal monitoring plays a key role in making meaningful and beneficial improvements to our education and training provision. Summarised below are the main ongoing 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 is further detailed throughout each area)

- Ongoing Reviews – Ongoing reviews of course content, teaching practices and assessment of learning achievements are carried out by the TM on an ad-hoc basis through informal discussion with tutors and learners. Any relevant observations or comments are recorded and presented to the MD.
- Regular Meetings – Staff will meet daily, weekly, monthly, quarterly and annually formally and informally within their functional areas and cross functionally when required.
- Staff Appraisal – All staff participate in an annual cycle of prospective and retrospective 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.
- Course Evaluation – Key course 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 course 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 annually.
- Review of Documentation – Learner feedback forms and training reports are viewed mid and at the end of courses.
- Course Reviews – Following each course the MD and/or TM will meet with the relevant tutor to review activities.
- Internal Audits – The MD and/or TM will schedule and carry out a range of internal audits on different aspects of activities throughout the year.

Records	Record of Meetings, Internal and External Audit Reports, Learner feedback forms, Tutor Reports, Annual Survey.

11.2.1 Internal Audits

Purpose	To specify the method for conducting internal quality audits of courses and services.
Responsibility	OM, TM, Administration, Tutor(s)

Procedure

1. Internal audits are carried out across each operational area at least once a year but may be carried out at a greater frequency depending on requirements, the effectiveness of the process or any other issues deemed to be important.
2. The frequency of audits can be adjusted depending on the results of previous audits, feedback, new processes or the importance of an identified issue.
3. The internal audit schedule specifies the areas and or processes to be audited, the auditor, the audit criteria and scope of the audit. Areas specified in the schedule are audited against relevant documentation and standards (audit criteria).
4. Stakeholder feedback will be gathered and evaluated during audits; this will include:
   - Learner feedback gathered via evaluation forms and conversations.
   - Management and staff feedback and/or input gathered through meetings.
   - Other stakeholder feedback gathered via reports, emails, surveys and other communications.
5. The internal audit schedule is date controlled and approved by the MD.
6. All auditors are independent of the area/process being audited.
7. Where an issue is discovered it is recorded on the corrective action log. This log details the issue, where it occurred, the quality procedure which it contravenes, the corrective action and the person responsible for the corrective action. The corrective action should be agreed between the auditor, MD and/or TM and the actioned person.
8. A completion date is assigned to the corrective action and the person responsible signs the report to indicate acceptance of the corrective action. Corrections are checked at the end of each month by the MD and/or TM to verify completion.
9. A summary internal audit report is completed by the auditor outlining any strengths and areas for improvement.
10. Copies of internal audit report together with any checklists or notes used by the auditor during the audit will be maintained.
11. Where no issues are found in a particular area, a record is retained to signify that an audit has been carried out, i.e., an audit report must still be completed.
12. The TM is responsible for ensuring that audits are carried out and that the findings are made known to the MD and the Board.

13. Internal audit reports are to be maintained for a period of three years.	
Records	Audit Schedule, Audit Reports, Corrective Action Log, Quality Improvement Plan

11.3 Self-Evaluation, Improvement and Enhancement

Purpose	To review, evaluate and report on education and training activities and related services and the effectiveness of the quality assurance system.
Responsibility	Self-Evaluation Panel - Reporting to the Quality Committee

Procedure

1. Scope and Frequency

Self-evaluation of courses and services will take place annually or as the awarding body directs. The frequency of evaluation may also consider any changes in legislation or sectorial requirements. An evaluation may be carried out on an individual course or a group of related courses. There may be a combined evaluation of all courses across several awarding bodies (if applicable).

2. Structure

The accumulation of data from ongoing monitoring processes is a key input to the self-evaluation. Each evaluation will involve:

- Engaging Stakeholders.
- Gathering credible evidence from a range of sources.
- Drawing and justifying conclusions.
- Making recommendations for improvement.
- Ensuring the use and sharing of lessons learned.
- Ensuring that courses are relevant to learner needs.
- Complying with all the requirements of the awarding body(s).
- Contributing to the development of a culture of continuous quality improvement in which all participants are aware of their respective roles and actions are taken to address any weaknesses in the quality assurance system.

3. Self-Evaluation Stages
1. Planning and Preparation
2. Complete Self-Evaluation Checklist
3. Document all Evidence.
4. Self-Evaluation Review
5. Prioritise Areas for Improvement
6. Complete Improvement Plans
7. Circulate finalised SE Report and Improvement Plans

8. Implement Actions

Roles and Responsibilities

The MD will have responsibility for appointing members to the self-evaluation (SE) panel and for appointing the self-evaluation coordinator for each evaluation event. (Reference: Governance for SE panel membership and responsibilities)

Self-Evaluation Coordinator Responsibilities

A member of management will be assigned to coordinate the self-evaluation process. Their responsibilities will include the following:

1. Planning and Preparation
    a) Set an appropriate schedule and timeline.
    b) Inform the Self-Evaluation Panel members.
    c) Draw up the self-evaluation checklist.
    d) Ensure the self-evaluation checklist is completed in line with the schedule and timelines.
    e) Gather all other relevant evidence for review.
2. Post Review
    a) Collate all information from panel review.
    b) Ensure that the self-evaluation report is complete and signed off.
    c) Ensure that the Improvement Plan is complete and signed off.
    d) Submit all relevant reports and plans to the relevant stakeholders.

Outputs

1. Self-Evaluation Report.
2. Updated Quality Improvement Plan.
3. Completed self-evaluation checklist.
4. Updates to the Quality Assurance System.
5. Revised Documentation (as required).

Records	SE Report, Quality Improvement Plan.

11.3.1 Selection of External Evaluator

Purpose	To describe the process of appointing an independent External Evaluator who understands evaluation procedures and methodologies and an ability to contribute to the development and enhancement of the organisational education and training activities.
Responsibility	OM, TM - Reporting to MD

Procedure

1. Create criteria to assess and choose the most qualified evaluator.

2. Compile and keep a current list of professional qualifications and relevant experiences of evaluators of various courses, i.e., recommendations to add to pool already listed.

3. Choose suitable candidate based on agreed criteria. Selection Criteria:

   - Not involved with course delivery.

   - Course Knowledge, external to GS.

   - Broad subject matter expertise.

   - No current professional or business interest with GS.

   - Experienced in training and development processes.

   - Experienced in quality assurance in education and training.

Records	Personnel Records, Conflict of Interest Register and Form, Contract

11.3.2 Learner Involvement

Purpose	To ensure that information is collected from learners and that it is analysed and acted upon and used to inform improvements to education and training activities.
Responsibility	OM, TM, Tutors, Administration

Procedure
When appropriate the following methods will be considered: – Course Representatives. – Representation on the Self-Evaluation Panel – Structured Feedback Sessions (group). – Informal Conversations (Individual and Group). – Questionnaires. – Surveys. – Feedback Forms. 1. Mid-course and end of course feedback forms will be distributed and collected – hard copy or electronic. 2. Feedback session with learner representative(s), if appropriate. 3. An open-door policy will be in place for learners to approach any member of staff to make recommendations or highlight areas of concern. (Documented in the course report) 4. Questions (formal and informal) and feedback forms will be structured to allow for quantitative and qualitative analysis.   – Short term feedback (daily and/or mid-course) will be dealt with immediately and an action plan communicated to all learners via emails or verbally. 5. Learner feedback forms will be summarised following each course. 6. Course reviews will be held to discuss and analyse feedback and inform areas for improvement. 7. Improvements identified will be included in the QIP.

Records	Emails, Mid-Course Feedback Form, End of Course Feedback Form, Record of Meetings, Tutor Course Reports

11.3.3 Management and Staff Involvement

Purpose	To describe how management and staff are involved in the self-evaluation process
Responsibility	OM, TM, Administration, Tutor(s)
Procedure	

1. Management facilitates the formation of a self-evaluation panel and appoint a self-evaluation coordinator.
2. Engagement with an external evaluator.
3. Allocation of time, finance and personnel to the process.
4. Staff, group meetings and individual meetings.
5. Tutor reports.
6. Internal verification.
7. External Authentication.

Records	Record of Meetings, Tutor Reports, IV Report, EA Report

11.4 Provider owned Quality Assurance Engages with External Quality Assurance

The ongoing development and management of the QAS is informed by stakeholder needs, awarding body guidelines and statutory and legal requirements. The QAS was informed by:

- Qualifications and Quality Assurance (Education and Training) Act 2012

- Policy on Quality Assurance Guidelines – QQI, April 2016

- Core Statutory Quality Assurance Guidelines – QQI, April 2016

- Sector Specific Quality Assurance Guidelines for Private Providers – QQI, April 2016

- Policy on Monitoring – QQI, December 2014

- Reengagement with QQI, Overarching Policy for all Providers – QQI, June 2014

- Reengagement with QQI, Policy and Criteria for Renewed Access to QQI Validation for Providers of Further Education and Training – QQI, June 2014

- Policies and Criteria for the Validation of Programmes of Education and Training – QQI, November 2017

- Effective practice for External Examining – QQI, February 2015

- Statutory Quality Assurance Guidelines for Providers of Blended Learning Programmes March 2018.

- Assessment and Standards, Revised 2013 (QQI).

11.5 Monitoring and Review

Purpose	To ensure that information is provided to the public, learners and associated stakeholders in as stated in the policy and procedures.
Responsibility	Board, QC, OM

Procedure

The following monitoring and reporting requirements will apply:

1. The OM will have responsibility for monitoring the implementation of the self-evaluation, monitoring and review policy and procedures. Management will monitor the:

    - QAS audit reports (internal and external)

    - Personnel records

    - SEP report

    - IV and EA reports

    - QIP

2. The QC will monitor the implementation of any quality improvement actions arising from monitoring and review activities and provide a summary report to the board at the next scheduled meeting.

3. There will be an annual review of outcomes from monitoring activities carried out by the QC and any required improvements will be documented in the QIP and implemented.

4. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.

5. Procedures will be reviewed by the QC annually or sooner, if required.

Records	Record of Meetings, QIP, Summary Reports
Performance Measure(s)	• % of monitoring and review activities carried out • Satisfaction rating with public information provision

11.6 Benchmarking

Purpose	To keep up to date with current and best practice in the training industry and recognise where we can learn from other training and education organisations and peer companies to help achieve best practices in business, training and education.
Responsibility	OM MD – To be conducted before the annual self-evaluation panel meeting.

Procedure

Formal:

Guardian Safety will review national statistics, which are available from the QQI website. Information reviewed will include that of organisations that are delivering similar training programs to Guardian Safety. The information reviewed when benchmarking will include:

- Programmes delivered each year
- Learner numbers and profiles, year-on-year
- Numbers achieving certification, plus grade averages

This information will be recorded in our benchmarking APP located in Quality control Workspace on a 6 monthly basis.

Informal:

Guardian Safety works closely with peer training providers in keeping each other up to date with advances in training, technology, legislation and business development. These discussions usually take place by way of informal conversations. Where relevant, information will be put into the benchmarking App provided it does not affect the confidentially of our peer companies. This information allows us to benchmark against other companies, introduce new technology and keep informed about law/policies/developments etc

Records	Bench Marking App, located in Quality Control Workspace
Performance Measure(s)	- Review of QQI Website: pass rates, number of programs, number of Learners - Informal discussion with peers can be recorded so long as it does not affect the confidentially of our peer companies.