IQA Self- Assessment and Action Plan

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| **Training provider name and ID no** |  | **Date of self-assessment** |  |
| **Name of IQA Lead/ training provider manager** |  |

 **IQA SELF- ASSESSMENT**

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|  **(IQA) LEAD** | **Evident** | **Not evident** | **Details** |
| 1-year minimum experience delivering high-quality Bikeability at all levels |  |  |  |
| 1-year minimum experience observing, mentoring and developing Bikeability instructors |  |  |  |
| Participation in annual relevant IQA CPD |  |  |  |

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| **POLICIES AND ASSOCIATED DOCUMENTS**All policies and forms need to fulfil all requirements as specified on the Bikeability website. | **Evident** | **Not evident** | **Details** |
| **Complaints Policy** fulfils the latest requirements |  |  |  |
| **Equality and Diversity Policy** fulfils the latest requirements |  |  |  |
| **Safeguarding Policy**fulfils the latest requirements |  |  |  |
| **Health and safety**fulfils the latest requirements |  |  |  |
| **Emergency Procedures** fulfil the latest requirements |  |  |  |
| **Incident Report Form** fulfils the latest requirements |  |  |  |
| **Training Sites and Routes Risk Benefit Assessment** fulfils the latest requirements |  |  |  |
| Communication of current policies and procedures to all instructors |  |  |  |

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|  |  **Good** |  **Needs improvement** | **Details** |
| Quality of completed **Training Sites and Routes Risk Benefit Assessments** |  |  |  |
| Quality of completed **Rider Progression and Assessment Records** |  |  |  |

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| **COMMUNICATION** |  **Works** |  **Needs improvement** | **Details** |
| School bookings system  |  |  |  |
| Feedback collection system for Instructors/School/Riders/Parents/carers |  |  |  |

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| **MANAGEMENT OF COMPLAINTS AND INCIDENTS** |  **Works** |  **Needs improvement** | **Details** |
| Complaint response and recording system |  |  |  |
| Health and Safety incident response and reporting system |  |  |  |
| Safeguarding response and reporting system |  |  |  |

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| **LEARNING FROM FEEDBACK, COMPLAINTS, HEALTH & SAFETY AND SAFEGUARDING INCIDENTS** | **Details (What happened, what actions did you take, what was the outcome)** |
| Learning from feedback received from riders, schools, parents and guardians  |  |
| Learning from complaints received |  |
| Learning from Health and Safety incidents |  |
| Learning from Safeguarding incidents |  |

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| **EQA VISITS/ SUPPORT AND MENTORING** (na if none were completed) | **Evident** | **Not evident** | **Details** |
| Date of last EQA visit |  |
| Date of support and mentoring |  |
| Implementation of actions identified |  |  |  |

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| **INSTRUCTOR MANAGEMENT** | **Evident** | **Not evident** | **Details** |
| All instructors holdBikeability approved instructor qualificationDBS check, no older than 3 years1st aid training, no older than 3 yearsSafeguarding training, no older than 3 years |  |  |  |
| Plan for 1st4sport qualification of existing instructors |  |  |  |
| New instructors are recruited in accordance with safer recruitment policies and procedures as laid out in the Safeguarding Policy |  |  |  |
| Plan for recruiting new instructors meets forecasted Bikeability delivery needs |  |  |  |

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| **INSTRUCTOR DEVELOPMENT** |  **Evident** |  **Not evident** | **Details** |
| Total number of instructors |  |
| Number of instructor observations completed in the past year |  |
| Observations are accurately recorded |  |  |  |
| Instructor observation sampling plan |  |  |  |
| Actions from instructor observations and mentoring inform instructor CPD planning |  |  |  |
| Informal peer instructor observation and mentoring (optional) |  |  |  |
| All instructors have a CPD plan |  |  |  |

**IQA ACTION PLAN**

The internal quality assurance plan should be completed using the IQA self-assessment form above and a review of your instructor observations. If you have identified that elements of the self-assessment are not evident or need improvement, then these should be included as areas for improvement in your IQA plan. This is a working document and you will be required to submit the information below during annual registration renewal.

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| **Goal**List the SMART changes you will make (**S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**imebound) | **Actions to be taken**  | **Delivery strategy*** Who? - How?
* Cost? - External support required?
 | **Timescale** |
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