**Management quality: EQA visit**

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| **Visit details** |
| Bikeability training provider name |
| Date of meeting |
| Training provider representative(s) (names and roles) |
| Quality consultant(s) |
| Visit focus/trigger (as communicated by the Bikeability Trust) |
| **Background information** |
| **Please include:*** Geographical area of operation
* Number of training places delivered (levels and plus modules)
* Number of instructors actively delivering for the training providers and their qualifications (NSIP, NSIQ, L2AICT P or L2AICT Q)
* Whether they have a manager, IQA lead, H&S lead and Safeguarding lead appointed
* Grant Recipient(s)
* Whether they have had any support and mentoring and what specific actions they worked on
* Sessions observed and instructor/rider ratio, i.e. 2 sessions of Level 2 with a ratio of 2:12
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| **IQA lead** |  **Evident / good** |  **Not evident / improvement needed** | **Evidence** |
| A named person is appointed to this role |  |  |  |
| 1-year minimum experience delivering high-quality Bikeability at all levels |  |  |
| 1-year minimum experience observing, mentoring and developing Bikeability instructors |  |  |
| Participation in relevant IQA CPD |  |  |
| Accuracy of IQA lead’s instructor observations in comparison with the National Standard and EQA team observations |  |  |
| **IQA self assessment and action plan**  | **Evident / good** |  **Not evident / improvement needed** | **Evidence** |
| An IQA action plan is in place |  |  |  |
| The IQA action plan is used as a living document |  |  |
| Strengths have been identified |  |  |
| Areas for improvement have been identified |  |  |
| Actions are **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**imebound (SMART) |  |  |
| The plan is informed by feedback from instructors, schools, parents/carers, riders |  |  |
| The plan is informed by the most recent review of policies |  |  |
| The plan is informed by the most recent review of delivery observations |  |  |
| The plan is informed by the most recent EQA or support and mentoring report if applicable |  |  |
| **Instructor recruitment and registration** |  **Evident** |  **Not evident / improvement needed** | **Evidence** |
| Safer recruitment measures are in place (check safeguarding policy and ask for proof of candidate interview and references) |  |  |  |
| All instructors are DBS checked, no older than three years (appropriate qualification etc.) |  |  |
| Plan for 1st4sport registration of existing instructors |  |  |
| All instructors have safeguarding training, no older than three years |  |  |
| All instructors have 1st aid training, no older than three years |  |  |
| **Instructor management** |  **Evident / good** |  **Not evident / improvement needed** | **Evidence** |
| Instructors with provisional qualification are deployed only together with fully qualified instructors |  |  |  |
| Proof of instructors implementing policies and procedures (also refer to delivery quality form) |  |  |
| Quality of completed training site and route risk assessments |  |  |
| Quality of completed rider progression and assessment records |  |  |
| **Instructor development** |  **Evident/good**  | **Not evident / improvement needed** | **Evidence** |
| Training provider has a CPD plan for workforce |  |  |  |
| Instructors have completed CPD over the last year |  |  |
| Instructor observation sampling plan is in place |  |  |
| All instructors get observed each year and mentored where necessary |  |  |
| Observations are accurately recorded |  |  |
| Actions from observations and mentoring are recorded and inform instructor CPD planning |  |  |
| Peer instructor observation and mentoring is in place (optional) |  |  |
| **Feedback collection****Complaint management****Incident management****Data protection** |  **Evident / good** |  **Not evident / improvement needed** | **Evidence** |
| Feedback collection system for Instructors/Schools/Riders/Parents/carers |  |  |  |
| Complaint response and recording system (Register of Stage 1 complaints; referral of complaints) |  |  |
| Health & Safety incident response and reporting system  |  |  |
| Safeguarding incident response and reporting system  |  |  |
| GDPR statement which is published  |  |  |
| Procedures for protecting riders’ personal information |  |  |
| **Training provider comments** on how visit was conducted and any additional points they’d like noted. |
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| **Oral feedback from quality consultants**on examples of good practice and areas for improvement discussed.  |
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| **Actions for training provider and recommendations for further support**. Please note here if the training provider is considered a serious risk. |
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| **Both, the delivery and management forms (please strike through as appropriate) have been discussed and seen**  |
| **Training provider**NamesSignaturesDate | **Quality consultants**NamesSignaturesDate |