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 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, reporting system and policy effectiveness |  |  |  |
| 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 hold:Bikeability approved instructor qualificationDBS check, no older than 3 years1st aid training, no older than 3 yearsSafeguarding training, no older than 3 yearsSEND training completed onceAll details are up to date on Link |  |  |  |
| 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) |  |  |  |
| Instructor 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 therefore would be updated throughout the year. At annual registration renewal you will be required to input both your strengths from the previous financial year and your areas for improvement for the next financial year.

**STRENGTHS**

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**AREAS FOR IMPROVEMENT**

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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** | **Notes on action progress** |
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