**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 | | | | | | | | |
| **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. | | | | | | | | |
|  | | | | | | | | |
| **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**  Names  Signatures  Date | | | **Quality consultants**  Names  Signatures  Date | | | | | |