



Quality Assurance Policies and Procedures

Version 8.0 – December 2022

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Glossary

L&DI	Learning & Development Institute
QAS	Quality Assurance System
QQI	Quality and Qualifications Ireland
EC	Education Committee
EO	Education Officer
LR	Learner Representative
CQI	Continuous Quality Improvement
PAP	Programme Approval Panel
RAP	Results Approval panel
SEP	Self-Evaluation Panel
CEO	Chief Executive Officer
TM	Training Manager
UCC	University College Cork
NUI	National University of Ireland
HRD	Human Resource Development
CPD	Continuous Professional Development
L&D	Learning and Development
IT	Information Technology
IV	Internal Verifier
EA	External Authenticator
EE	External Evaluator
QIP	Quality Improvement Plan
LMS	Learner/Learning Management System
KB	Knowledge Base
PSI	Programme Standards Inspector
BL	Blended Learning

Section One: Introduction

1. Profile

The Irish Institute of Training & Development, trading as Learning & Development Institute (L&DI) founded in 1969, is the professional body representing members concerned with human resource training and development in Ireland. Our 1,500+ members work in business, industry, consultancy, voluntary, community, education, and the public sector. We have been delivering Quality and Qualifications Ireland (QQI) validated programmes since 2008. Since then, we have helped over 4,500 people achieve certification in the field of education. We currently offer the following validated programmes:

1. Training and Development – 6S3372
2. Training Delivery and Evaluation – 6N3326
3. Training Needs Identification and Design – 6N3325

In partnership and in collaboration with University College Cork (UCC), we offer a level 7 NUI Diploma in Learning and Development Practice, a level 8 NUI Higher Diploma in HRD (Human Resource Development), L&DI are the 2nd providers for these programmes and function under the QA system of the relevant organisation.

We are commencing a Level 9 Masters in Organisational Development & Learning in collaboration with DCU in September 2022.

As a professional body we also accredit our own CPD (Continuous professional development) programmes, which encompass all areas of research, development, and professional practice.

L&DI has developed its Quality Management System in response to the needs of its educational stakeholders as the organisation has evolved in terms of scale and product offerings. A core focus has been to ensure that all learners benefit through the delivery of a consistent, high quality training and education service by ensuring the quality of L&DI's staff, contractors and support services of academic council, quality review panels and external evaluators to ensure a consistent implementation of internal business processes.

2. Vision

- Authoritative source of industry knowledge, expertise, and opinions
- Membership community of choice for Learning and Development (L&D) professionals and interested parties.
- Contributors to national policy on L&D related matters
- Preferred providers of education and Continuous Professional Development (CPD) for L&D professionals
- Formulating and promoting best practice and standards

3. Purpose

Leading the learning and development profession in Ireland by inspiring excellence in practice to develop individuals and organisations to reach their full potential.

4. We Strive to:

- a) Support members by:
 - Providing professional education in L&D and a rich range of services, supports, events and resources.
 - Providing a basis for member certification, enhanced professional development and employment opportunities.
 - Organising members into active networks, regionally and nationally, to meet their needs.
- b) Ensure L&D best practice by:
 - Identifying, disseminating, and facilitating international best practice.
 - Keep up with the latest global trends, thinking and research.
 - Influence key stakeholders and policymakers.

5. Our Quality Assurance System

We have developed a Quality Assurance System (QAS) that; a) provides the organisation with a framework to operate within and b) supports the achievement of our vision and purpose. This document contains the policies, procedures and supporting information that underpins our commitment to providing a quality learning environment for our staff, trainers, Learners, and associated stakeholders. This manual has been further enhanced to include our progression for Blended Learning. Policies and procedures have been updated to reflect the change in the learner environment, and access to all resources.

The QAS 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 QAS apply to all education and training activities.

6. Context

The following documents were used provide context as a reference when developing the QAS.

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

- Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018.

In line with best practice for collaboration with other awarding bodies a subset of relevant documentation is reviewed in line with validation and awarding criteria

Section Two: Policies and Procedures

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

1. Governance and the Management of Quality

Our Framework for governance of our quality management system seeks to embed an individually owned approach to quality assurance (which extends to all staff) into the culture of the institution, with clear oversight, lines of reporting and accountability established.

This ensures that the institution is managed effectively and enables the organisation to deliver its strategic targets and operational objectives while maintaining clear lines of commercial and academic separation. These clear lines of separation ensure that L&DI govern the development and delivery of all programmes with a learner centred approach. The management of quality activities is central to that process and thus the separation allows for a formal balance of operational needs and effective learning environments.

1.1 Governance Policy

Document No.	GP1.1	Version:	6.0
Date Approved	Draft	Approved By	TBC
Next Review		Responsibility	Directors

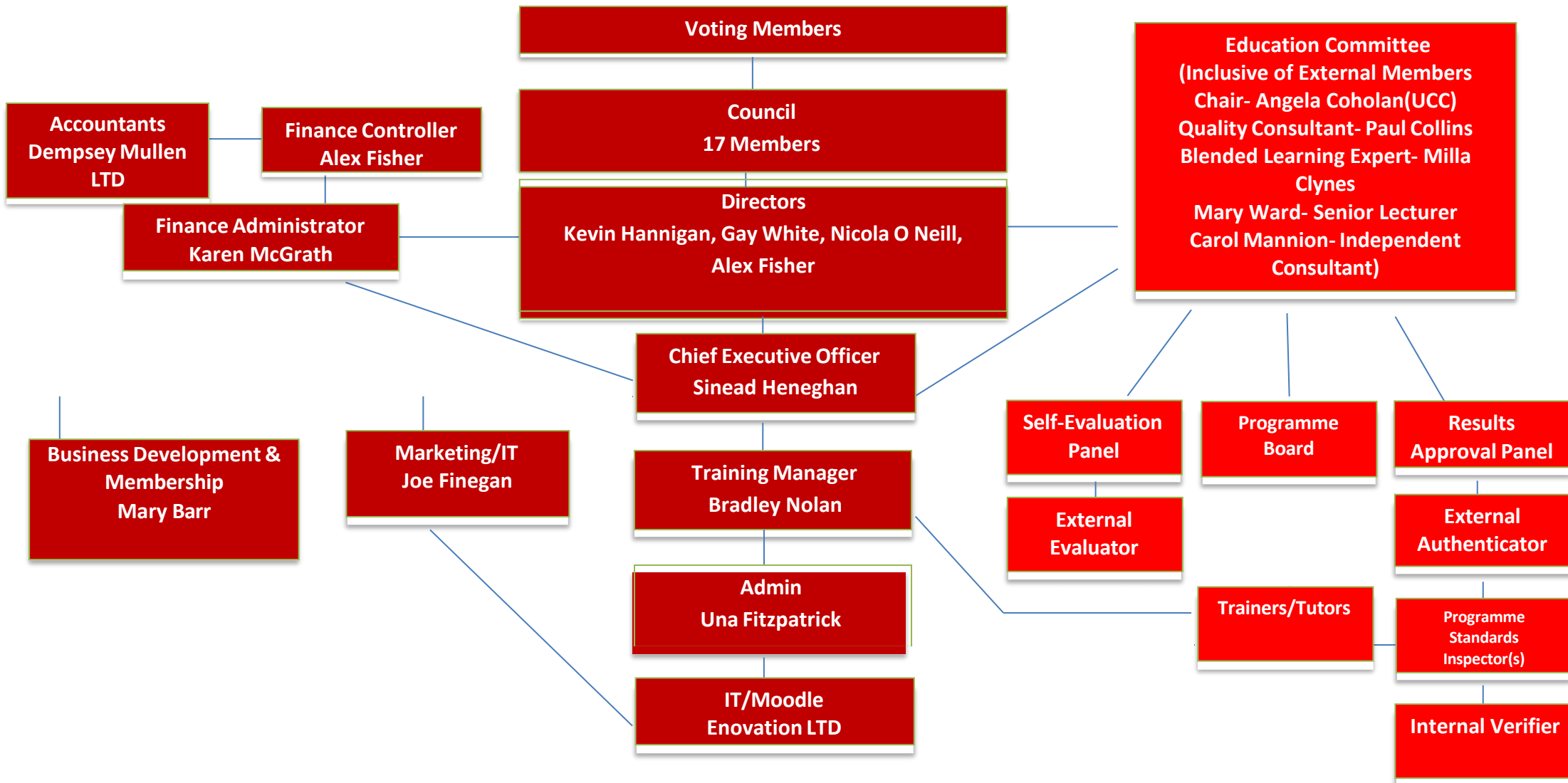
It is the policy of L&DI to operate a governance system that provides objective oversight to ensure we are managed effectively, with clear lines of accountability. This will enable the organisation to deliver its strategic aims and operational objectives. We are committed to safeguarding and enhancing the quality of our education and training activities. To meet this commitment, we will have the following in place:

1. Council – To provide strategic planning, oversight and support to the directors.
2. Directors – To provide support to the Chief Executive Officer (CEO) in running the organisation.
3. Education Committee (EC) – Promoting and supporting education and training activities and devising, updating, and implementing procedures and standards for Programme Design, Development, Approval and Review
Inclusive of:
 - A Results Approval Panel (RAP) – To approve results prior to submission for progression, certification etc.
 - Self-Evaluation Panel (SEP) – To carry out and complete a self-evaluation report and complete relevant Quality Improvement plans
4. Education Committee Chairperson- An independent Chair will be elected for a set term, to lead the function of the education committee and bring externality to all processes.
5. External membership of the Education committee to include leaders and senior/

<p>experienced Learning & Development Professionals</p> <ol style="list-style-type: none"> External expertise to ensure optimum development and innovations on technology and appropriate resources to support blended learning experience A term of reference for all of the above. Roles and responsibilities for all those involved in education and training documented and communicated.
Purpose
To ensure effective management and objective oversight of education and training and support activities at all levels of the organisation.
Scope
All education and training activities.
Responsibility
The council are 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. The Education Committee will be given oversight of the Educational/ Academic Provision within the organisation. Responsibility for the day-to-day activities will be delegated to the CEO. All employees and associated stakeholders are expected to facilitate this.

1.1.1 Sub-Group Selection			
Document No.	SGS1.1	Version:	6.0
Date Approved	Draft	Approved By	TBC
Next Review		Responsibility	Directors/EC
Purpose			
<p>To ensure that appropriate structures are in place to provide support and independent objective oversight of education and training activities.</p> <p>To adhere to the highest standards of service provision, subgroups are often formed and administered with a specific task and function that are established by the Directors or Education Committee as agreed/ approved by council. The purpose of a subgroup could be for the procurement of expert knowledge on a certain topic, for quality assurance purposes, to undertake and complete a project, to inform technology to support blended learning, or to diversify opinion and ensure objectivity on a certain subject matter.</p>			
Responsibility			
Directors, EC			
Procedure			
<ol style="list-style-type: none"> Draw up selection criterion. Develop terms of reference. Identify individuals with appropriate qualifications and experience, either internal or external. Contact individuals to ascertain their availability for inclusion on the relevant panel. Circulate terms of reference/ Finalise panel membership 			
Records			
Selection Criteria, Terms of Reference, CVs, Correspondence, Records of Meetings.			

1.1.2 Organisational Structure



1.1.3 Terms of Reference

Body	Function	Membership	Quorum	Timing	Meetings
Council	<p>The overall responsibility of Council includes current & future practice of the organisation.</p> <p>Noted for practice that the Council is the institutes advisory body , elected by the members and provides the vision for the institute and oversees the work of the directors Collaborate with Thought leaders on future trends and insights for the Industry</p> <p>Develop the Vision for the Institute by</p> <ul style="list-style-type: none"> - Being consistent with the views of members - Understand Future Trends for the Industry and L&D Professionals - Seek & Promote Best Practice for the Industry - Establish 1 Year, 3 Year, and 5 Year Goals - Define and Approve Policy - Empower Directors to Conduct their Role and oversee their performance - Collaborate with Directors on Strategy Development - Contribute to Special Interest Groups (SIGS) 	<ul style="list-style-type: none"> - President - Vice - Hon Treasury - Hon Sec - 7 co-opted members (inclusive Education Director) - 5 Elected members of council - CEO-nonelected member - 	Min 9	4 per Year	Council Meetings (CM)

	<p>Roles & Responsibilities of individual council members will include:</p> <ul style="list-style-type: none"> • Lead/Participate in a minimum of 1 SIG • Engage with a 'solutions-focused' mindset in the best interests of the Institute • Attend all Council meetings and SIG meetings as appropriate • Contribute a level of Expertise • Respect confidentiality on all Council matters • Declare all potentially conflicted interests as appropriate • Maintain professional credibility • Engage high levels of professional standards and practices • Never use information or position for inappropriate personal or professional gain • Promote and act as ambassador of Institute at all times • Commitment for minimum of 2 years 				
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Education Committee (EC)	<p>The overall responsibility of the Education Committee includes the results approval panel and self-evaluation panel, members will be co-opted on to these panels as required.</p> <ul style="list-style-type: none"> - Promoting and supporting education and training activities and devising, updating, and implementing procedures and standards in this regard. - Monitoring and verifying programme standards. - Approving the development, revision and updating of programmes as required. - Ensuring that an appropriate level of standardisation is maintained across all programmes. This applies in particular to coverage of syllabi, assessment procedures and the grading of Learners. - Ensuring up to date innovation in technology and tools to support the Institute's blended learning offer in order to optimise learner and tutor experience - Organising review meetings at appropriate intervals. - Overseeing adherence to the QQI quality assurance agreement. <p>Supporting the institute on the following:</p> <ul style="list-style-type: none"> - Devising, updating, and applying procedures for the administration and organisation of programmes. - Reviewing and approving all programmes and assisting in programme validations. - Approving programme trainers. - Appointing external authenticators for programmes. - Organising trainer and external authenticator induction sessions. - Reporting to Council and Director's meetings on 	<ul style="list-style-type: none"> - Independent Chair - Education Director - Programme Standards Inspector - Training Manager - External Evaluator - Industry Stakeholders - Trainer(s) Rep - Administrator - Learner Rep 	Min 6	4 per Year Plus Non set. Meetings for reviews etc	Education Committee (EC)
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	Academic Affairs				
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Results Approval Panel (RAP)	<ul style="list-style-type: none"> • 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 final results and request for certification from the awarding body. 	<ul style="list-style-type: none"> - Training Manager - Internal Verifier - External Authenticator - Programme Standards Inspector - Independent Chair(not engaged with any educational provision of learner cohorts- selected from EC external Membership) - Trainer – If required 	Min 3	Per assessment period	Results Approval Panel (RAP)
Self-Evaluation Panel (SAP)	<ul style="list-style-type: none"> • Scrutinise all relevant evaluation documents and materials and report on the activities and associated services of internal and external personnel. • Provide an opportunity to identify and recommend improvements to the QAM. • Complete yearly self-evaluation of all organisational activities and provides recommendations of quality improvement plans and risk management updates. • Ensure compliance with all legislation, by reviewing incident/ complaints reports. • Review internal and external audit reports. 	<ul style="list-style-type: none"> - Education Director - Programme Standards Inspector - Training Manager - Trainer(s) - Administrator 	Min 3	Twice yearly for formal reviews Non set meetings approved as required	Self-Evaluation Panel (SAP)

	<ul style="list-style-type: none"> • Complete review reports and quality improvement action plans. • Identify extra resources required for organisational activities as aligned to current and further practice of L&DI 	<ul style="list-style-type: none"> - CEO (reporting purposes) 			
Programme Board	<ul style="list-style-type: none"> • Lead in the development of all programmes of learning for the organisation • Lead programme reviews updates and revisions • Lead the planning of new programmes and Liaising with industry experts, including in the field of learning technologies to support Blended learning • Provide reports to Education committee and Council on the current programmes. Feedback from design processes and update any programme delivery methodologies. • Complete full review of educational processes as mapped to effective procedures 	<ul style="list-style-type: none"> - Education Director (as required) - Lead Tutor - Tutor Representative - Industry Advisors - IT Supports - Training Manger - Learner Representative 	Min 5	Per requirements Plus 2 pre-set meetings a year for programme evaluations	Programme Board (PBP)

Education Committee Chairperson

	Function	Criteria	Meetings
Education Chair	<p>L&DI welcomes Industry leads to support our educational practices in Further Education Training. To this end, our governance criteria requires an Independent Chair of our Education Committee to lead and oversee all academic planning and decision making.</p> <p>An Education Chair will be nominated and elected by Council, this person will hold an independent role external to all L&DI activities but will be both academically and experientially qualified to hold this office for the term laid down.</p> <ul style="list-style-type: none"> • Oversee all academic activity of the organisation. • Lead the final approval of new developments, programme review, and learner supports for all programmes. • Lead the final approval of the development of new programmes. • Provide feedback on assessment tools, evaluation processes, new technologies, and recommendations for future. • Bring to the attention of L&DI any shortcomings in our practice in relation to all educational practices. • May be asked to attend meetings to provide another level of stakeholder engagement. 	<ul style="list-style-type: none"> - Volunteer role - Duration max 2 years - 10 years plus in educational practice - Knowledge of awarding body QA processes 	<p>Education Committee Meetings (EC)</p> <p>Programme Board (PB)</p>

External Education Committee Membership

	Function	Criteria	Meetings
External Committee Members	<p>L&DI welcomes Industry leads to support our educational practices in Further Education Training. To this end, our governance criteria requires membership of senior levels of L&D organisations or professional individuals to assist in the oversight of all academic activities.</p> <p>These membership roles will be nominated and elected by Council, ensuring that they hold an independent role external to all L&DI activities but will be both academically and experiential qualified for the term laid down.</p> <ul style="list-style-type: none"> • Contribute to the oversight of the academic activity of the organisation. • Review and approve the final approval of new developments, programme review, and learner supports for all programmes. • Review and approve tools and technologies to support blended learning methodologies to ensure optimum learner and tutor experience. • Review and approve the final approval of the development of new programmes. • Provide feedback on assessment tools and evaluation processes and recommendations for future. • Bring to the attention of L&DI any shortcomings in our practice in relation to all educational practices. • May be asked to attend meetings to provide another 	<ul style="list-style-type: none"> - Volunteer role - Duration max 2 years - 10 years plus in educational practice - Knowledge of awarding body QA processes 	Education Committee Meetings (EC)

	level of stakeholder engagement.		
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	<ul style="list-style-type: none"> • Support the academic functions of the organisation as led by the External Chair. • Bring Industry experience and guidance on best practice and future developments in educational practices. • Provide support in RAP ensuring that external oversight is provided of assessments and submissions for certification. • N.B expanded in 1.1.4.3 pg. 22. 		
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Learner Representative

	Function	Criteria	Invites as required to
Learner Rep	<p>L&DI welcomes the feedback from all learners on both their personal experience and application of the learning outcomes from programmes they have undertaken</p> <p>A Learner Rep will be nominated to provide feedback on these experiences and to assist in the review and development of current and future programmes.</p> <p>This representative will add the learner voice to all academic processes and support the updating and development of programmes.</p> <ul style="list-style-type: none"> • Provide feedback on the education and training activities for all Learners. • Assist in the development of new supports for all learners. • Assist in the development of new programmes. • Provide feedback on tools and technologies to support blended learning methodologies to ensure optimum learner experience. • Provide feedback on assessment tools and evaluation processes. • Bring to the attention of L&DI any shortcomings in our practice in relation to learner experience. • May be asked to attend other meetings to provide another level of stakeholder engagement e.g., evaluation processes. 	<ul style="list-style-type: none"> - Current or past Learner within 2 years - Volunteer role - Duration max 2 years 	<p>Education Committee Meetings (EC)</p> <p>Programme Board (PB)</p>

1.1.4 Individual Roles and Responsibilities

1.1.4.1 Chief Executive Officer

- Planning, Development & Implementation in areas of:
 - Finance
 - Human Resources
 - Influencing & Advocacy
 - Services to Members
 - National Training Awards
 - National Conference
 - Trainers Learning Skillnet
- Co-ordinate and participate in relevant sub-groups.
- Engage with a 'solutions-focussed' mindset in the best interests of the Institute.
- Co-ordinate and attend all Director, Council, and sub-group meetings as appropriate.
- Contribute a level of expertise.
- Respect confidentiality on all L&DI matters
- Declare all potentially conflicted interests.
- Maintain professional credibility.
- Engage high levels of professional standards and practices.
- Never use information or position for inappropriate personal or professional gain
- Promote and act as an ambassador of L&DI at all times.
- Carry out other duties as outlined in job description.

1.1.4.2 Training Manager

- To manage programme development, quality assurance, self-evaluation and the ongoing monitoring of programmes 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 training programmes developed by the organisation.
- To develop and co-ordinate 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, maintaining appropriate records.
- To oversee the collection of data for evaluation, analysis, and reporting purposes.
- To oversee the effectiveness of learning technologies and the management of SLAs with external vendors.
- 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.

- To ensure that personnel involved in training, assessment and internal quality assurance co-ordination 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 staff.
- Draw up a panel of Programme Standards Inspectors.
- To appoint a Programme Standards Inspector (AD) to each approved programme.
- Provide guidance to administration to ensure that trainers are linked in with L&DI prior to the commencement of programme, this would include:
 - Discuss programme details (i.e., venue, dates, class size, assignments, technologies and project details).
 - Act as overall arbiter (in liaison with the programme trainer / Programme Standards Inspector) in allocation of overall programme mark/grade for each student.
 - Sign final results sheet.
 - Ensure Learners have complete end of programme evaluation form.
 - Check with head office that all policies and procedures relating to programme approval/delivery have been adhered to.

1.1.4.3 Education Committee Member

The overall role of the Education Committee is to monitor academic standards so that they adhere to all L&DI and awarding body standards. See TOR Pg.19

These roles are awarded to those with educational academic and experiential backgrounds in the field of Further Education Training. Minimum of 2 Independent Industry leads in educational provision required for the effective functioning of this committee. The committee will consist of 9 members at a minimum and hold a term of 3 years. The chair of this committee will be independent of all L&DI functions either operational or academic.

- Assist in setting the criteria of the training panel and Programme Standards Inspectors, internal verifiers, external authenticators, and evaluators.
- Monitor National & International standards, trends and research and provide guidance on new programme development.
- Provide support on the design, development, and approval of all training programmes.
- Monitor developments in learning technologies and provide support on same for programme design, development and review
- Review programme outcomes, using trainer programme review document.
- Review I.V and E.A reports and provide recommendations where necessary.
- Review Programme Standards Inspector reports as part of self-evaluation processes.
- EC to provide oversight of Programme Standards Inspectors whose roles include:
 - Produce final evaluation report of learner experience and submit to head office and copy to programme trainers.
 - Participate in cross moderation of project marks as directed by training manager.
 - Participate in appeals process as outlined in the appeals policy.

1.1.4.4 Education Director

To form part of the Education Committee and Provide Operational Oversight and Support to the

educational activities of the organisation.

To Support Company/Corporate Educational Requirements in areas such as:

- Support in decision making and implementation of strategy
- Respect confidentiality of all member matters
- Support the resource plan for educational provision is in place
- Engage with a 'solutions-focussed' mindset in the best interests of the Institute
- Attend a meeting every 4-6 weeks and as required
- Assume appropriate role/action in the event of complaints/grievance
- Liaise with Programme groupings on Programme Development, Design & Approval
- Support training team in the undertaking of all QA Policy & Procedures for educational provision
- Support the recruitment, Induction and mentoring of all tutors
- Provide reports to Council/Directors on all functions of the Education Committee

Core Competencies Required

- Must have been a Fellow member for minimum of two years
- Special Expertise in Educational Provision, Quality Assurance and Statutory Requirements for Accreditation.
- Ensure Delivery of Key Activities on Time & Accurately
- Collaborative Approach
- Team based approach to identifying Solutions

1.1.4.5 Administration

- Responsible for carrying out general administrative work including data entry, filing, and maintaining and collating information.
- Liaising with Learners, trainers, and associated stakeholders on a regular basis.
- Prepare Programme materials for Learners.
- Guide Learners through the registration process and ensure all required documentation and IT guidance and support is in place.
- Ensure contact details are correct, so that in the event of the cancellation of a session that Learners can be contacted.
- Generate reports, standard letters, and correspondence.
- Revise, maintain and update all filing systems.
- Attend to and respond promptly to all initial enquiries.
- Conduct pre programme virtual induction with learners prior to commencement of the programme
- Provide IT support throughout the programme
- Maintain and update all information resources.
- Minute taking and attending meetings.
- Ordering of equipment, materials, and office supplies.
- Manage face to face, email and telephone enquiries.

- Responsible for receiving and processing mail and incoming and out-going phone calls.

- Maintain confidentiality and understand data protection guidelines.
- Follow-up on payment / invoice tracking.
- Setting up and coordinating meeting and events.
- As directed by the training manager, assist in any other administrative duties that may be required to ensure full administrative service is provided.

1.1.4.6 Internal Verifier

The IV checks assessment procedures and confirms:

- Adherence to assessment procedures across all Programmes.
- 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.
- All learner evidence was uploaded to the LMS (Moodle) as required
- Appropriate documentation was used to record Learner results.
- Evidence is available for all Learners presented, results are recorded, and grades are assigned, on the LMS, according to Programme requirements.
- Percentage marks and grades awarded are consistent with grading bands.
- Provisional results are available.
- Results are recorded/available through the LMS 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.
- Liaise with external vendors on any issues arising on the LMS for learners or tutors
- Complete an IV report.

1.1.4.7 Trainers/ Tutors

- Conduct 2 stage virtual induction with learners prior to commencement and the first day of the programme
- 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 Programme outline and how it will be delivered, including, when appropriate, delivery technologies and relevant teaching, learning and assessment strategies and supports in a blended context
- Advise Learner what they can expect as well as 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 the application/registration forms are completed 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.
- Inform learners that all briefs, marking sheets and submission areas are hosted on the

Centre's LMS (Moodle) and, should any queries or issues arise, this must be directed, firstly to the programme tutor, and then to the training administrator, if required.

- Provide Learners with sufficient notice of deadlines for return of assignments and/or 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 if assessments are in need of adapting or reasonable accommodation is required, Learners with support needs are accommodated without compromising the assessment and agreed in advance with Training Manager.

Administration

- Ensure all Learners material is checked and complete before submitting it to the administrator.
- Complete and return the trainer report form(s) to the administrator highlighting any issues, problems or challenges and make recommendations that will enhance the delivery of quality training and the learner experience.
- 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 Programme, the trainer should refer to and follow the guidelines on how to conduct an examination.
- Adhere to policies and procedures.
- Maintain records of any supports given to a Learner and return these records with the Learner portfolio.
- Ensure all Learner details and portfolios are confidentially and securely uploaded to the LMS.

1.1.4.8 External Authenticator

The external authenticator will:

- Confirm the fair and consistent assessment of Learners.
- Access the LMS and complete all authentication through the platform
- Review internal verification report(s) and authenticate the findings/outcomes.
- Apply a sampling strategy to moderate assessment results.
- Moderate assessment results in accordance with the standards outlined in the component specification.
- Meet with relevant staff members.
- Participate in the results approval process, if requested.
- Identify any issues/irregularities in relation to the assessment process.
- Recommend results for approval.
- Produce an external authentication report.

1.1.4.9 External Evaluator

The External Evaluator will:

- Provide support to the self-evaluation panel.
- Design a QAS evaluation process compatible with the centre's activities.
- Carry out an annual evaluation of the QAS.
- 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.
 - Communicate regularly with the TM concerning the evaluation process.
 - Conduct on-site observations and consultations with trainers and staff.
- Review data collection, analysis, and recording processes and recommend areas for development.

1.1.4.10 Programme Standards Inspector

This role has been created as an internal role for L&DI to assist in the continuous evaluation of the learner journey, their experience of our programmes and the benchmarking of both delivery standards and awards to learners.

- Evaluate the assessment of Learners, both grading and general experience of assessment methods
- Review internal verification report(s) and compare these to the learner evaluation reports and any possible recommendations.
- Apply a sampling strategy to moderate assessment results across all programmes in line with our current IV processes, choosing learners from all programmes and across all tutor delivery.
- Benchmark assessment results in accordance with the standards outlined in the component specification and industry standards.
- Meet with relevant staff members to provide feedback and support on practice.
- Participate in the results approval process, if requested.
- Provide monitoring and observations of tutor panel and engage in the induction of new tutors to the panel.
- Provide peer support on practice, in the delivery methodology and assessment of learners on an ongoing basis.

1.0 Risk Management

It is the objective of L&DI risk management policy to provide a framework of risk management within the institution to assist in effective identification, measuring, management, monitoring and reporting of risks in order to ensure that the institution can achieve its commercial and academic objectives.

This risk management policy (the policy) forms part of the Institution's internal controls and corporate governance arrangements. Effective risk management is an essential element in the framework of good corporate governance in higher education institutions.

The Statutory Quality Assurance Guidelines developed by Quality and Qualifications Ireland (QQI) for use by all Providers has specified that a system of governance should be in place that considers risk and that the system of governance has procedures in place to ensure that the provider is not engaged in activities or partnerships that might undermine the integrity of the education and training offered or the awards in the National Framework of Qualifications to which they lead, either in Ireland or abroad.

Risk extends to the mode of provision, for example, alternative modes of delivery not embraced by the QA system.

1.1.5 Risk Management Policy

Document No.	RMP1.1.5	Version:	6.0
Date Approved	Draft	Approved By	TBC
Next Review		Responsibility	Directors/CEO

The L&DI is committed to establishing and maintaining a systematic approach to the identification, assessment, and management of risk. It is our policy to adopt best practice 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:

1. Embed full and effective consideration of risk in the planning and management of new and existing activities.
2. Engage with our stakeholders and use our knowledge and understanding to identify our risks.
3. Determine the level of risk for our organisation by considering the likelihood and impact of identified risks and rank those risks will in order of importance.
4. Ensure that acceptable net risk thresholds are clearly defined and managed.
5. Effectively manage risk to ensure that our objectives, goals, and purpose are achieved.
6. Create and maintain a risk register and management plan.
7. Monitor and review the risk register on a regular basis.
8. 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.

Scope

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

Responsibility

Council / Directors	<ul style="list-style-type: none"> • Determining the level of risk that the organisation is willing to accept. • Ensuring that the organisation has effective 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.
CEO	<ul style="list-style-type: none"> • Ensuring the development of the risk management policy and procedures and the risk register and management plan. • Ensuring the development of 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.

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

1.1.5.1 Identification			
Document No.	NID1.1.5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	Directors/CEO
Purpose			
To ensure that risks are identified that may have an impact on the organisation achieving its objectives.			
Responsibility			
CEO, Directors			
Procedure			
<ol style="list-style-type: none"> Consider risk under the following headings: <ol style="list-style-type: none"> Strategic Reputation Compliance Finance Technology Operational (including Health and Safety) 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: <ul style="list-style-type: none"> 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' effect 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? Identify the risk factors associated with stakeholders and activities. For each risk factor, consider the following questions: <ul style="list-style-type: none"> 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 against 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? Complete the stakeholder and other risk factor form. Include any newly identified risks on the risk register and management plan under the appropriate category. 			
Records			

Record of Meetings, Stakeholder and Other Risk Factor Form, Risk Register and Management Plan.

1.1.5.2 Analysis and Evaluation

Document No.	AAE1.1.5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	Directors/CEO

Purpose

To establish the probable Impact of risks on organisational objectives.

Responsibility

CEO, Directors

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 consistency of scores. Record the level under the column heading (Likelihood “L”) on the risk register and management plan.

Likelihood Criteria

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

- Remote – The event may only occur in exceptional circumstances.
- Unlikely – The event will probably not occur.
- Possible – The event might or could occur at some time.
- Likely – The event will probably occur in most circumstances.
- Highly Likely – 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 under the column heading (Impact “I”) the risk register and management plan.

Impact Criteria

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

- Insignificant – Low level impact with negligible consequences on the objectives that can be controlled by routine management procedures.
- Minor – The consequences would threaten the efficiency or effectiveness of achieving some aspects of the objectives, requiring management effort to minimise impact.
- Moderate – A significant/medium potential of affecting the achievement of the objectives with moderate financial loss or medium-term loss of some essential infrastructure/data).
- Major – An extremely 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).

<ul style="list-style-type: none"> - Extreme – An extreme potential to threaten the sustainability of activities, huge financial loss or political impact, profoundly serious occupational health, safety and welfare incident/s, permanent loss of critical infrastructure/data).
2. Calculate the gross risk
<ul style="list-style-type: none"> - 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.
Records
Record of Meetings, Risk Register and Management Plan

1.1.5.3 Mitigation/Control			
Document No.	MAC1.1.5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	Directors/CEO
Purpose			
To identify the appropriate response to mitigate/control the risk.			
Responsibility			
CEO, Directors, Training Manager			
Procedure			
<ol style="list-style-type: none"> 1. Consider each risk and discuss the options to mitigate/control it. Questions to assess risk mitigation/control options: <ul style="list-style-type: none"> - 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: <ol style="list-style-type: none"> a) Avoid the risk. b) Reduce the risk. c) Share the risk. <ol style="list-style-type: none"> a) Avoid the Risk. <p>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:</p> <ol style="list-style-type: none"> a) Not undertaking the activity that would create the risk. b) Engaging in an alternative activity. c) Removing the source of the risk. <p>Note: If a decision is to avoid the risk, consider what the potential consequences of that decision are for the organisation.</p> b) Reduce the Risk. <p>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:</p> <ul style="list-style-type: none"> - 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 considering the following thresholds:
 - a) Acceptable – Yellow, green, or blue on the matrix.
 - b) Marginal – Amber on the matrix.
 - Activities deemed marginal can only be undertaken after detailed scrutiny, additional controls (if applicable) and with the approval of the Board.
 - They will also be subject to enhanced monitoring.
 - c) Unacceptable – Red on the matrix.

Risk Matrix

	Likelihood	Remote	Unlikely	Possible	Likely	Highly Likely
Impact	Rating	1	2	3	4	5
Extreme	5	5	10	15	20	25
Major	4	4	8	12	16	20
Moderate	3	3	6	9	12	15
Minor	2	2	4	6	8	10
Insignificant	1	1	2	3	4	5

6. Record the net risk rating for each risk on the risk register and management plan and submit 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. Present to the Board for review.

Records

Record of Meetings, Risk Register and Management Plan

1.1.5.4 Monitoring and Review			
Document No.	MAR1/1/5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	Directors/CEO
Purpose			
To ensure that the controls in place are effective.			
Responsibility			
Council, Directors, CEO, TM			
Procedure			
<p>The following monitoring and reporting requirements will apply:</p> <ol style="list-style-type: none"> 1. The risk register will be subject to systematic review by the CEO at regularly scheduled management meetings. These reviews will also enable updating should any changes have occurred since the last review. The CEO will report to the Council/Directors at the next scheduled meeting. 2. The Directors will formally review the risk register and management plan 6 months or sooner if required and advise the council. 3. Should an unexpected incident or event associated with identified risks the Directors will meet to discuss and update the risk register and management plan as required. 4. The TM will have responsibility for monitoring activities on a day-to-day basis and report any incidents to the CEO. 5. Regularly scheduled staff meetings will provide an opportunity for staff to highlight any issues. 6. The risk management policy will be reviewed by Directors every 3 years, or sooner if required. 7. The procedures will be reviewed annually by the CEO and TM. 			
Records			
Record of Meetings, Risk Register and Management Plan, Document Control Matrix.			
Performance Measure(s)			
<ul style="list-style-type: none"> • % of risk issues exceeding risk tolerance with no mitigating actions • % of business processes not covered by risk analysis 			

1.2a Management of Quality Assurance

1.2b Embedding a Quality Culture

L&DI, as the leading provider in the provision of Learning & Development Supports to educational providers, places our learners at the heart of our institution and ensures that all programmes are delivered in a quality assured manner.

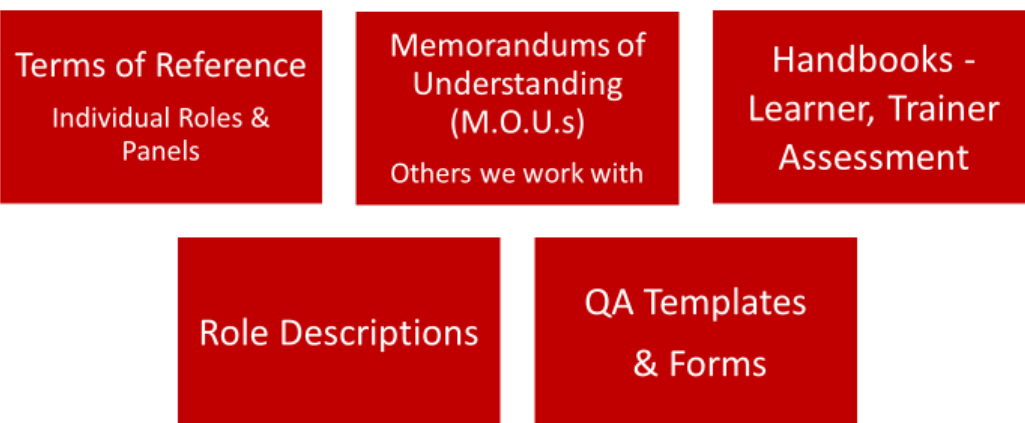
Quality Assurance is an integral part of L&DI as an academic institution and as a commercial enterprise. We provide a service that is second to none and are recognised as industry leaders.

Quality assurance is embedded in the culture of the company and in its business model through the assembly of an individually owned quality assurance system.

As an independent institution it is essential that we adopt a holistic approach to quality that extends to all stakeholders and that is in line with L&DI core values.

Specific and measurable quality objectives are established and reviewed during the management review process. It is the quality policy of the institution ensure that all requirements for quality are recognised by all personnel and that effective, consistent control of these requirements is achieved to enable client satisfaction.

Documented Processes



1.2.1 Quality Assurance Policy

Document No.	QAP1.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI is committed to providing education and training to a consistently high standard. To meet this commitment and ensure a culture of Continuous Quality Improvement (CQI) is embedded throughout the organisation, we will:

1. Produce a quality assurance system for personnel to follow, which clearly outlines how processes are to be carried out, responsibility and provides for objective oversight of all education and training activities.
2. Ensure the complete separation of decision-making processes for creation and approval of all documents within education provision.
3. Develop clearly defined performance measures associated with education and training activities.
4. Provide sufficient, appropriate learning resources, and employ and appoint suitably competent and experienced personnel, including relevance IT skills and competencies required for the delivery of programmes in a blended learning environment.
5. Systematically collect and analyse the views of Learners and/or trainers. Information gathered will be used to bring about improvements to the services we offer. The results of actions taken will be shared with Learners and/or trainers.
6. 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.
7. Systematically review key documents, processes, and procedures to ensure they meet the needs of Learners, the organisation and where appropriate the requirements of legislation.
8. Systematically check that policies and procedures are up to date and reflect current practice and are being adhered to by all personnel.
9. Systematically collect and analyse of data on Learners' characteristics, retention, achievement, and progression to identify areas for individual and organisational improvement.
10. 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.
11. 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.
12. 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 Directors have overall responsibility for ensuring the relevance, resourcing, implementation, and compliance with the quality policy. Responsibility will be delegated to the relevant sub-group or individual. The relevant sub-groups 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 CEO and TM who will ensure that personnel 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 The Quality Improvement Framework

The following activities will be carried out to quality assure the education and training programmes 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.

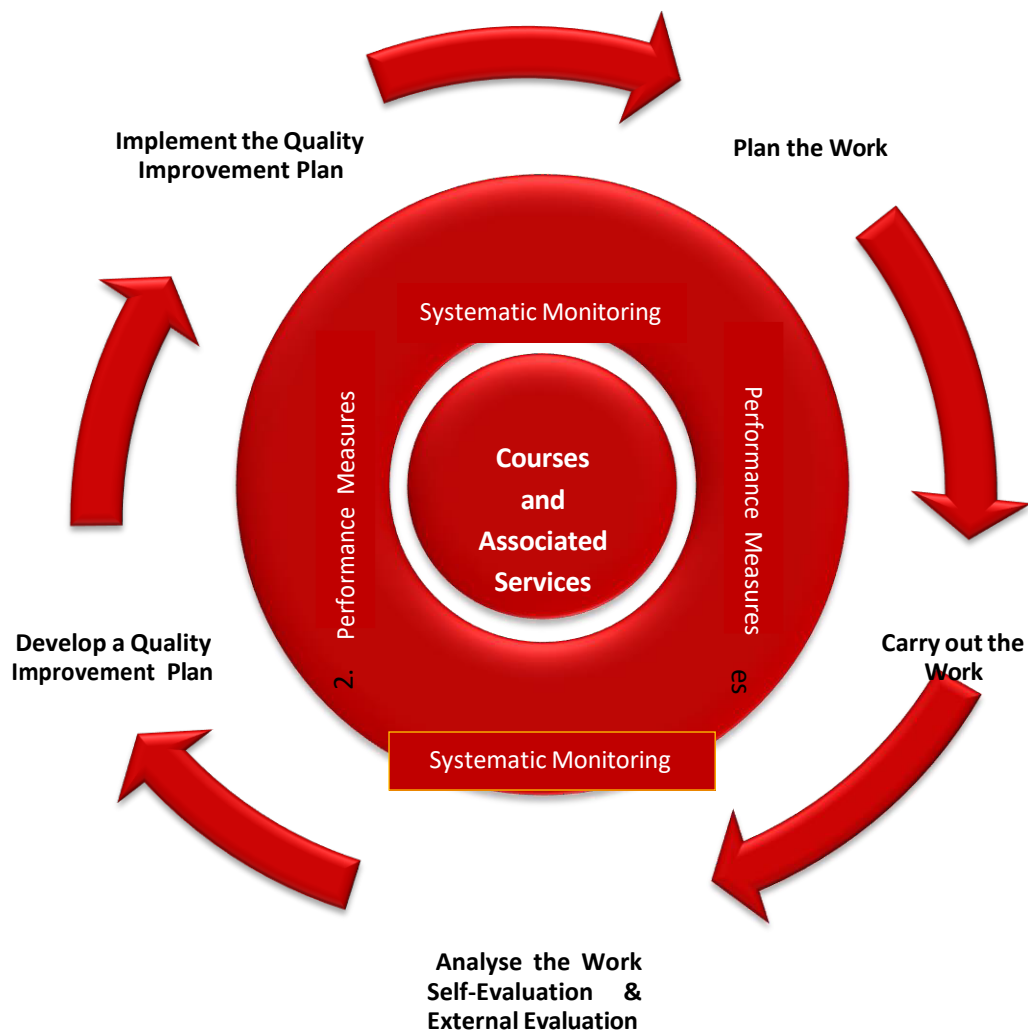
12	Self-evaluation and quality improvement planning.
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1.2.3 The Quality Improvement Cycle (QIC)

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



Performance Measures Overview

Illustrated in the below table are the various qualitative and quantitative information systems that correspond to each quality area that is covered within this Quality Assurance Manual and their respective key performance indicators.

Performance indicators are an integral part of the L&DI Quality Improvement Framework, and they are the tool we use to monitor how all quality areas within L&DI's Quality Assurance System are performing.

It is important that all performance indicators used to measure quality result in a tangible output. It is important that the output is documented, and that responsibility for taking specified actions, and the appropriate timeframe to do so is clearly outlined. These requisites for measuring quality are included in the key performance table below.

This component of the Quality Improvement Framework is one of the methods used to achieve L&DI'S objective of a collaborative approach to QAS while implementing individually owned quality assurance within the institution and achieving the objective of embedding Quality Assurance into the culture of the institution.

The CEO is responsible for the development, maintenance, and storage of the Key Performance Indicator Table.

1.2.4 Performance Measures			
Quality Area	Performance Measure	Monitoring	
		Frequency	Responsibility
Governance and Management of Quality	No. of quality improvement tasks open	Quarterly	EC
	No. of high priority tasks open	Quarterly	EC
	% of risk issues exceeding risk tolerance with no mitigating actions	6 months	CEO
	% of business processes not covered by risk analysis	6 months	CEO
Documented Approach to Quality Assurance	No. of policies and procedures that are up to date and reflect current practice.	Annually	EC
Programmes of Education and Training	No. of registered Learners	6 months	CEO, TM
	% of Learners completing, grade ratings & satisfaction	Per programme	CEO, TM, PSI
	No. of new Programmes offered	6 months	EC
Staff Recruitment, Management and Development	Trainer evaluation	Per Programme	TM, PSI
	% of staff/trainers who have gone through appropriate HR processes – e.g., induction, observation, performance review etc.	Annually	CEO, TM
	% of staff/trainers who have up to date and appropriate qualifications and technical competency.	Annually	CEO, TM
	Staff/Trainer turnover rates	Annually	CEO, TM

Teaching and Learning	Trainer evaluation	Per Programme	TM, PSI
	Programme evaluation	Per Programme	TM, PSI
	No. of complaints and areas for improvement highlighted	Quarterly	TM, CEO, EC
Assessment of Learners	Grade Analysis against national averages	6 months	CEO, TM
	No. Certified	6 months	CEO, TM
	% of Learners completing Programmes	6 months	CEO, TM, PSI
	No. of reviews, rechecks, and appeals	6 months	CEO, TM, PSI
	% withdrawing or not submitting for assessment	6 months	CEO, TM, PSI
Supports for Learners	% stating satisfaction with supports	6 months	CEO, TM, PSI
	% with supports needs achieving certification	Annually	CEO, TM, PSI
Information and Data Management	No. of data breaches	Annually	CEO
	% of Learner and staff/trainer files with incomplete data	6 months	TM
	% of Learner assessment portfolios incomplete	6 months	TM
	% of processes GDPR compliant	Annually	TM
Public Information and Communication	internal and external quality reports published (as required)	Annually	EC

	Learner information provided in advance of all programme participation.	Per programme	TM, Admin
Other Parties involved in Education and Training	Appropriate arrangements are in place with all those subcontracted to act for or on behalf of the organisation.	Annually	CEO, TM
	% of records complete for all those subcontracted to act for or on behalf of the organisation.	Annually	CEO, TM
Self-Evaluation, Monitoring and Review	% of monitoring and review activities carried out.	Quarterly	EC
	Up to date QIP in place.	Quarterly	EC, TM
	No. of quality improvement tasks to be addressed	Quarterly	EC, TM

2. Documented Approach to Quality Assurance

2.1a Documented Policies and Procedures

2.1b A Comprehensive System

L&DI is a learner-centred organisation, and we are committed to providing high quality education courses. A culture of quality, consistency and reliability is, therefore, embedded in all of our activities, both in academic activities and in activities relating to the governance of the institution.

In undertaking all activities of educational practice, L&DI will ensure:

- that effective development decision making, approval processes and reviews are in place
- that the functions and responsibilities of each committee/ board are adhered to
- by providing external stakeholders with clear sight of both operational requirements and the academic needs to meet learner needs in the provision of FET programmes.

A comprehensive system has been put in place to ensure the delivery of quality in all of our activities, and to ensure that systems are in place to enable continuous quality improvement and enhancement in all of the institution's activities, policies, and procedures.

An effective QA framework requires a documented approach and so, the aim of this Quality Assurance Manual, is to provide a documented overview of this quality culture and to provide a comprehensive and clear description of the institution's policies and procedures. In doing so it will guide the day-to-day activities of the institution and ensure the highest quality of educational provision. It is important to note that this is a living document, that is to say that it will be reviewed, monitored, and updated regularly.

All staff members are aware of the importance of quality assurance within the institution and take an active role in its implementation. To ensure that our policies and procedures are implemented, monitored, and reviewed effectively, however, oversight of the quality assurance system lies primarily with the Education Committee. This committee will ensure that the separation of operational and academic activities are represented throughout our practice, and that structured formal decision and approval processes are in place.

The policies and procedures that are outlined in this manual comply with all legal and statutory requirements and with the requirements set out by the awarding body QQI and, as was mentioned above (see 1.2.6), the manual is divided into the following sections in accordance with the QQI core guidelines:

The L&DI has documented a comprehensive QAS and is committed to providing Learners, staff, trainers and associated stakeholders, programmes 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) Technology
- d) Data Protection
- e) Health & Safety
- f) Equality and Diversity

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

2.1.1 Structure of the QAS

L&DI policies, procedures and supporting documents are maintained as controlled documents under the following headings.

1	Governance and Management of Quality	7	Supports for Learners
2	Documented Approach to Quality Assurance	8	Information and Data Management
3	Programmes 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 and the responsibilities.
 - Policies are reviewed every 3 years, or sooner if required.
 - 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

Document No.	QASP2.1	Version:	.6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
<p>The L&DI is committed to having a QAS that is fit for purpose, appropriate to our context and reflective of the day-to-day activities of the organisation. Our policies and procedures are informed by regulatory and legal requirements, awarding body guidelines and organisation needs. To meet this commitment management have defined, documented, and approved a QAS that:</p> <ul style="list-style-type: none"> 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. 			

<ul style="list-style-type: none"> • 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. • Demonstrates the required needs of separation of operational and academic decisions 	
Purpose	
To ensure that our QAS is fit for purpose, appropriate to our context and reflective of the day-to-day activities of the organisation.	
Scope	
The QAS covers all aspects of our education and training activities.	
Responsibility	
Council / Directors	<ul style="list-style-type: none"> • 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 of the QAS in achieving the organisation's objectives.
Education Committee	<ul style="list-style-type: none"> • 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. • Establish a self-evaluation panel.
CEO	<ul style="list-style-type: none"> • 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. • Ensure regularly scheduled internal QAS audits are carried out. • Engage in regularly scheduled external evaluation of the QAS. • Designate overall responsibility for quality to a member of management or appropriate personnel.

TM	<ul style="list-style-type: none"> • Has overall responsibility for the quality assurance of education and training activities. • Ensuring that processes needed for the QAS are developed, implemented, and maintained. • Scheduling internal and external audits. • Engaging an external evaluator in discussion with CEO. • Reporting to the CEO and/or EC on the performance of the QAS and any need for improvement. • Liaising with external stakeholders on matters relating to the QAS. i.e., QQI or other awarding bodies.
All Personnel	<ul style="list-style-type: none"> • All personnel 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
Version Control	Version Control
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

Document No.	MAR2.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that the QAS is fit for purpose and reflects current practice.

Responsibility

Council, Directors, CEO, EC, TM, All Personnel, External Evaluator (EE)

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 CEO and/or TM for updates or amendments.
3. The CEO 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 EC at the next scheduled meeting or sooner, if required.
4. The QAS will be subject to systematic review by the EC 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 by an EE and a report will be provided to the EC at the next scheduled meeting.
6. The EC 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 by the Council every 3 years, or sooner if required.
8. Procedures will be reviewed by the EC annually or sooner, if required.

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 to addressed.
- No. of high priority quality improvement actions to be addressed

3. Programmes of Education and Training

L&DI provides high quality, learner centred programmes of education and training to all of our learners. In order to do so, we use a systematic approach to the design, development, approval, and delivery of our programmes, and we have policies in place to ensure that admissions procedures are transparent and fair.

L&DI are fully aware of our responsibilities for clear separation of decision-making processes in academic and operational processes, and thus will ensure that all programmes are designed, developed, and approved for the awarding body requirements and confirm that these programmes will have fully developed, outcomes, resources, assessments and supports as required and will consider any financial implications as part of all design processes.

This structure ensures that all programmes:

- Have clearly defined learning outcomes that are appropriate for the level.
- Comply with the awarding body guidelines.
- Are in line with best practice both nationally and internationally.
- Take stakeholder feedback into consideration to ensure stakeholder needs are being met and that the programme can fulfil vocational needs.
- Have clearly defined learner workload and delivery and assessment methods.
- Can be feasibly delivered by the institution.
- Offer opportunities for progression where possible.
- Will be delivered in an appropriate and encouraging learning environment.
- Demonstrate clear separation of academic and commercial decisions ensuring good governance practice for design, development, and final approval processes.

3.1 Programme Development and Approval

Document No.	PDAA3.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI is committed to best practice in the design and approval of programmes 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 programmes 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.
- Programmes are developed and reviewed in consultation with the relevant industry, professions, and professional bodies.
- Ensure there is separation of those who design and develop programmes of learning to those who have final approval before submission to awarding body.
- Programmes comply with awarding body guidelines.

- Programme design takes stakeholder feedback and data from quality assurance activities into account.
- Programmes provide opportunities and pathways to other programmes, both at the same level and at higher levels, where possible.
- Where one Programme is a pathway to another, both programmes are designed to ensure that Learners can make a successful transition between the programmes.
- Programmes 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 programmes or substantial changes to existing Programmes, ensuring separation of design and develop to final approval processes

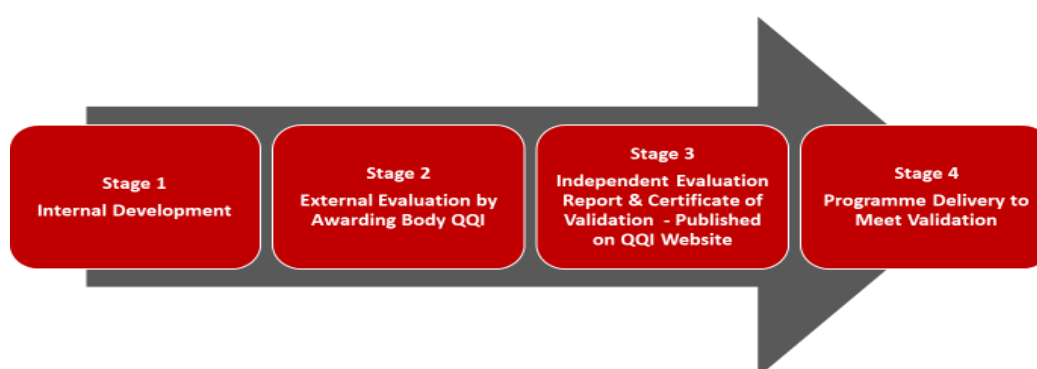
Scope

This policy applies to all programmes developed by L&DI.

Responsibility

The EC is responsible for approving any proposal for new programme development. The Programme Board are responsible for ensuring all activities associated with programme design & development are carried out EC are responsible for assuring the final approval stage does not include design team members, and that once the programme is deemed suitable and ready for validation, that the EC will agree its escalation to Directors/ Council for final approval.

Programme Development, Validation & Delivery



L&DI already offers a wide range of courses for a diverse group of learners, however we aim to continue to build upon the number of programmes that we offer. To ensure that all new programmes are of a high standard, we use a systematic approach when it comes to the design, development, and approval of all new courses.

This overall process involves research, consultation with stakeholders, needs assessment, programme development, and internal and external approval through industry expertise as directed by our Education Committee.

L&DI is committed to best practice in the design, development, and approval/validation of programmes. We ensure that all new programmes are designed and developed in accordance with the regulations and guidelines that are set out by the awarding body, QQI, and we ensure that all programmes reflect our mission statement and vision.

This policy will inform the development and approval of programmes ensuring that they are designed and developed in such a way that fulfil the learning outcomes required to achieve a qualification at the appropriate level, at both further and higher education level, and to ensure that the learning outcomes correspond to the requirements of prospective employers.

To achieve this as stated above we will ensure that:

- programmes are developed and reviewed in consultation with all relevant stakeholders, awarding bodies and prospective employers/industry experts.

Programmes developed for a blended learning environment will have effective and accessible resources and will be continuously monitored for use within the programmes.

- programmes comply with the guidelines set out by the awarding body, QQI.
- learning outcomes and activities are designed to allow learners to draw on prior learning and/or on relevant life experiences.
- programmes are designed to provide clear pathways onto other programmes at the next level in the National Framework of Qualifications.
- where one programme is a pathway to another programme at a higher level, learners receive the appropriate support to ensure that they can make a successful transition onto the next level.
- **N.B** Programmes will be developed by an independent design team as agreed by Programme Board/ EC and those designing will not be part of any final approval process but will assist in any amendments as directed by the Programme Board or Education Committee.

3.1.1 Needs Assessment			
Document No.	NA3.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure evidence is available for the EC to make a well-informed decision on whether to progress on a proposed new programme for development.			
Responsibility			
Directors/CEO, EC, PB			
Procedure			

1. The need for a new Programme may come from:
 - a) Inquiries from local agencies, business prospective Learners etc.
 - b) Local and national advertising, word of mouth etc.

<ul style="list-style-type: none"> c) Networking with industry and national agencies. d) Feedback from Learners, staff, and other stakeholders. <ol style="list-style-type: none"> 2. Appropriate market research undertaken; legislation, regulatory requirements, sectorial needs, etc. 3. Management/Staff meetings to determine the need for each programme and engage with outside expertise, as appropriate. 4. Needs analysis completed, based on established criteria being met for new programme development i.e., labour market demands, Learner needs, capacity to deliver etc. 5. Present to the Directors for approval.
Records
Record of Meetings, Evaluation Forms, Needs Analysis Document

3.1.2 Programme Design Procedure			
Document No.	PD3.1	Version	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that Programme structure, delivery and assessment methodologies reflect the needs of Learners and associated stakeholders, inclusive of awarding bodies.			
Responsibility			
EC, PB, Selected Design Team			
Procedure			
<ol style="list-style-type: none"> 1. Responsibility for Programme design is assigned to an appropriate group by the Programme board as directed by the EC. 2. The design team meet and engage with outside expertise, stakeholders, clients, etc. as appropriate. 3. Refer to the 'guidelines on preparing component specifications' and follow recommendations when designing Programmes. 4. Programmes are designed based on the learning outcomes specified by the awarding body to facilitate the Learner in achieving the specific award. 5. Give a clear statement of Learner profile, capacity for each Programme. 6. Prior learning requirements detailed. 7. Each Programme will have a lesson plan for trainers to ensure consistency in delivery. 8. Translate the Programme into an action plan – setting out timetables and schedules for delivery and assessment. 9. Final approval for programme will be made independent of this team 			
Records			
Record of Meetings, Programme Outline, Programme Action Plan, Programme Timetable, Lesson Plans.			

3.1.3 Programme Approval Procedure

Document No.	PA3.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that all programmes are checked and approved prior to being submitted to the awarding body for validation.

Responsibility

Design Team, EC, Directors/ Council

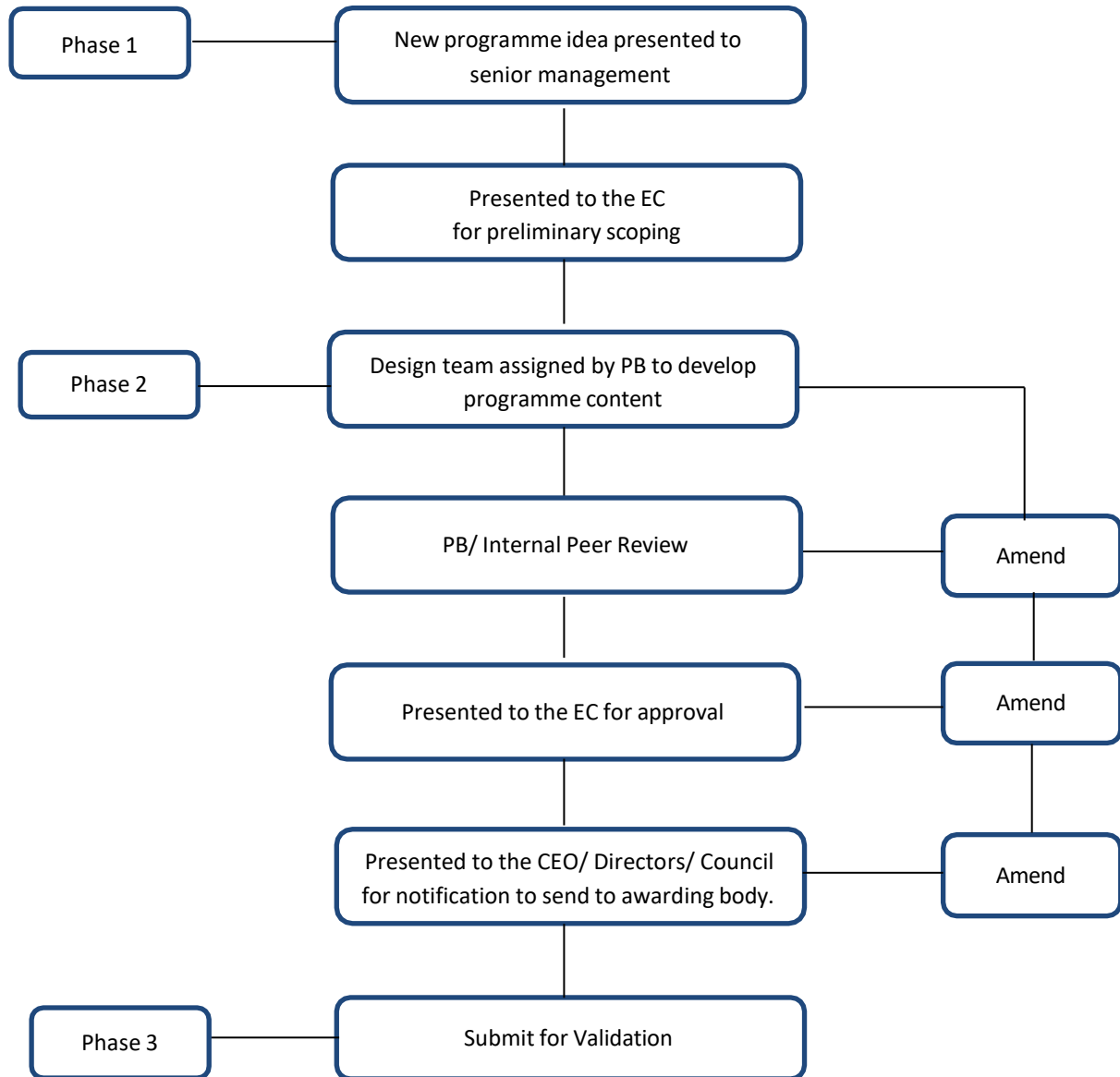
Procedure

1. Design team complete all programme material.
2. Present for internal peer review and amend, if required.
3. Present material to the EC for final Approval
4. Make amendments, if required as defined by the Education committee
5. Seek approval from the Council/Directors to submit to the awarding body for validation.
6. Submit to the awarding body for validation.

Records

Programme Material, Record of Meetings, Records of Correspondence.

3.1.3.1 Programme Approval linear process



3.1.4 Programme Planning

Document No.	PP3.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

This ensure the scheduling of programmes and that resources for the delivery of a programme are coordinated.

Responsibility

TM, Trainer(s), Administration

Procedure

1. The TM develops a calendar of Programmes.
2. Schedule of Programmes advertised on the website and promotional material.
3. The training administrator will book and confirm all trainers, venues and take bookings from prospective Learners.
4. Programme resources, relevant technologies, supporting materials, equipment, Learner induction pack/presentation, feedback forms, etc. all prepared and checked by the training administrator.
5. The trainer is responsible for double checking that all the required resources and access to technologies, are in place before the Programme starts.
6. All venues must meet the organisations selection criteria and be approved prior to selection.

Records

Calendar of Events, Resource Checklist, Premises Selection Criteria, Premises Selection Checklist, Programme Material, Relevant Technologies, Feedback Forms.

3.1.5 Programme Delivery

Document No.	PDD3.1	Version:	4.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that all Programmes are delivered in a consistent manner so Learners can maximise their learning experience while allowing for innovation by individual trainers.

Responsibility

TM, Trainers, Administration

Procedure

1. At the beginning of each Programme the trainer delivers a comprehensive Learner induction to include: an introduction to the organisation and the Programme.
2. Learners are given access to the LMS in advance of programme start date. The LMS hosts all relevant resources, assessment tools and submission areas.
3. Trainers(s) use a variety of delivery styles, virtual platforms and software, a blend of power point teaching, video, demonstration etc.
4. Learners with identified support needs will be accommodated, if applicable.

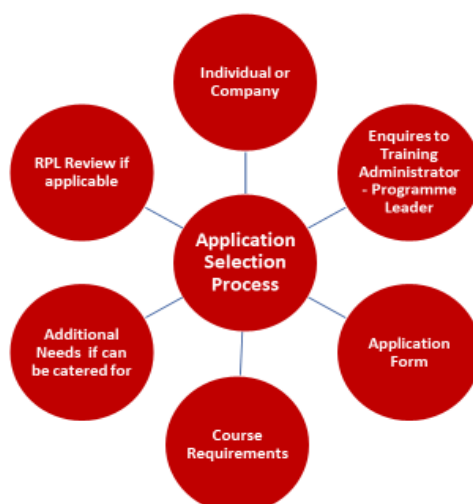
5. The trainer is responsible for ensuring all relevant Programme documentation is distributed to Learners and completed e.g., daily sign in sheets, feedback forms etc. All relevant documentation is returned to the training administrator.
6. The trainer is responsible for ensuring all assessment activities are carried out according to the component specification.

Records

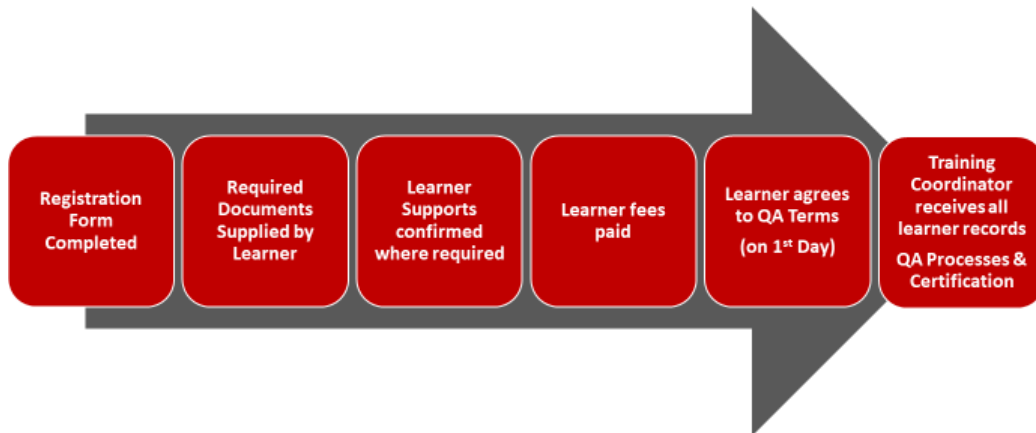
Learner Induction Checklist, LMS, Trainer Declaration, Programme Material, Reasonable Accommodation Form, Sign in Sheets, Feedback Forms.

3.2 Learner Admission, Progression and Recognition

Learner Application Process



Learner Journey Flow Chart



3.2.1. Access, Transfer and Progression Policy

Document No.	ATP	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

It is the policy of the L&DI to ensure that Learners can avail of fair and transparent access, transfer, and progression to Programmes, 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 Programme participation, including required level of IT competency and technology required
- Developing clear entry criteria for each Programme.
- 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 progression procedures are transparent, fair, and consistent.
- Ensuring that Learners are made aware of the process involved in progression route.
- Providing Learners with supports to facilitate this move.

Purpose

To ensure fit for purpose Learner access and progression opportunities

Scope

All programmes offered by L&DI.

Responsibility

The design team are responsible for developing clear entry criteria and associated information for each programme. The TM is responsible for ensuring all programme information is communicated to the administrator and trainers who in turn are responsible for providing information to potential Learners.

We recognise, therefore, the importance of providing opportunities for progression in order to create a clear learning journey for our learners and to ensure that they can continue to build on their level of knowledge skills and competencies.

L&DI is committed to ensuring that all learners and prospective learners are aware of the learning pathways available to them. We strive to ensure that all learners are not only provided with information about their current programme, but that they also have access to clear and accurate information that details the opportunities for progression onto other programmes at a higher level on the National Framework of Qualifications, where available.

We also aim to ensure that all learners receive the support they need throughout the duration of their learning journey with L&DI enabling them to successfully complete the programme and to progress onto other programme. This includes clear and comprehensive information regarding the IT competency requirements to optimise engagement in the blended learning environment, along with comprehensive information on the supports and assistance provided to learners throughout the programme on IT support.

The PSI will collate data in relation to learner completion and learner progression rates at the end of each semester following the meeting with the external authenticator. This data will then be reviewed, and any necessary actions will be taken to ensure that learners are being effectively supported to finish programmes successfully and to progress where possible.

This data will also be used as part of our benchmarking processes enabling us to identify best practice, to recognise opportunities for improvement and to ensure that we are meeting national and international standards.

3.2.1.1 Information for Learners

Document No.	IFS3.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that current and prospective Learners have enough information to make an informed choice about Programme participation.

Responsibility

TM, Trainer(s), Administration

Procedure

Our Procedure for information for learners will include the following forms of communication:

1. Programme brochures and promotional material produced.
2. Programme information published and distributed, which outlines entry requirements and arrangements, IT requirements and supports, transfer, progression, Learner resources, outline of assessment and Learner supports etc.
3. Up to date, relevant and accurate information on the website.

4. Calendar of Events (dates, locations, durations, costs) 5. Oral communication, electronic communication, one to one meeting 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), Programme outline, Programme action plan.
Records
Promotional Material, Calendar of Events, Record of Meetings, Learner Induction Checklist, Programme Outline, Programme Action Plan, Learner Handbook, LMS, Knowledge base.

Recognition of Prior Learning (RPL)

L&DI aims to provide further and higher education programmes that are of excellent quality and that enable learners to develop their knowledge of the Irish language at a variety of levels. In order to ensure that our programmes are accessible to a wide range of learners, L&DI will implement a Recognition of Prior Learning (RPL) policy.

This policy allows learners to gain admission to a programme or to gain exemptions/credit from some parts of a programme, based on learning that has been achieved prior to admission to a L&DI programme. The purpose of RPL is to expand access to educational programmes and qualifications for people previously lacking in the necessary formal qualifications.

RPL helps to create alternative pathways to qualifications, and it is in line with the goals that have been set out by the National Qualifications Framework which aim to recognise all previous learning achievements. L&DI recognises that knowledge and skills can be acquired from a range of learning experiences, including *formal*, *non-formal* and *informal* learning routes, that is to say that we recognise learners' prior education and training qualifications as well as prior learning and skills, regardless of how they were acquired.

L&DI will assist learners who have prior learning, skills, and competencies and who are eligible for the RPL process by granting admission to a programme, by granting credit or by granting certain exemptions. We will also ensure, however, that the standard of our programmes will not be altered, and that no candidate would be accepted to the programme who would not be able for the intellectual challenge and workload involved.

Every effort will be made to facilitate recognition of prior learning however it may not always be possible to grant such recognition, depending on the programme/programme.

This policy and the associated procedures provide a coherent framework and principles that can be used by L&DI staff when implementing RPL. This process ensures that L&DI is correctly implementing and effectively managing the process for learners who have prior learning, and it is designed to ensure that the process is transparent and consistent whenever it is applied.

3.2.1.2 Recognition of Prior Learning (RPL)

Document No.	RPL3.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To provide Learners, with prior learning experience, the opportunity to get recognition for that learning and gain entry to a Programme and/or gaining an award.

Responsibility

TM, Trainers, Administration

Procedure

1. RPL criteria developed for each programme 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 Programme.
 - b) Gain admission to a Programme with exemptions.
 - c) Gain exemptions from a Programme after admission.
 - d) Gain transfer from one Programme to another.
3. RPL criteria for each Programme made available to prospective Learners.
4. To accommodate those wishing to avail of RPL the following applies:
 - a) All Learners must complete the application form.
 - b) The applicant's documentation is reviewed by the relevant programme trainer to ensure sufficient information has been provided so that an informed decision can be made. Where insufficient information has been made available the trainer may request additional information to process the request.
 - c) Once the trainer has checked all the information it is forwarded to the TM who will make a decision 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 administrator.

Records

Learner Application, Learner Portfolio, Record of Meetings, Records of Correspondence.

L&DI aims to provide a quality further education service that is accessible to all and allows for the acquisition and development of skills and knowledge at all levels.

Learners' needs are accommodated, and L&DI assist them to gain entry to a programme of education and training, to be granted credit or exemptions and certification by recognising the knowledge, skills, and competencies they already have regardless of how they were acquired.

This procedure ensures that the company is correctly implementing and effectively managing the process for clients and learners who wish to complete a Recognition of Prior Learning course.

The purpose of this procedure is to acknowledge prior learning received at another organisation or from another awarding body which will mean that the learner may receive recognition of skills and knowledge already acquired and or certified which can then go toward certification for the current programme of study. The learner will complete an application for recognition of prior learning to The Training Coordinator for consideration.

RPL Process:

When learners apply to join a course, they speak with a member of the training team who conducts a short telephone interview, discussing their experience to date both professionally.

If the Education Committee assesses the learner as having the experience required to join an RPL course, an application form is sent to them outlining the need for the learning outcomes to be reviewed on a competence basis.

Learners are encouraged to engage in self-directed learning in the intervening days between training days. To enable this, learners are provided with learner handbooks covering each module in detail, complete with end of unit assessments which learners are encouraged to complete to confirm their self-directed learning.

3.2.1.2.1 RPL Chart

RPL Procedures	
Applicant expresses interest in RPL through the training administrator or trainer.	
Applicant meets with or is contacted by the relevant trainer 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 trainer.	Learning portfolio submitted by the Learner to the relevant trainer.
Trainer checks that there is sufficient evidence and forwards to the TM for consideration.	Trainer checks that there is sufficient evidence and forwards to the TM for consideration.
Exemption granted or refused.	Exemption granted or refused.

3.2.1.3 Transfer and Progression

Document No.	TP3.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that Learners are informed of the transfer and progression opportunities available to			

them should they choose to pursue further programmes.

Responsibility

TM, Trainer(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 Programmes for validation investigate transfer and progression options available, maximising opportunities where possible.
4. Learner handbook to include next level Programme.
5. For the Programme 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 Programme Monitoring and Review

3.3.1 Programme Review

Document No.	PR3.3	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that Programmes are formally reviewed following completion to ensure their continued relevance and recommendations for improvements are implemented where possible for the next Programme delivery.

Responsibility

EC, PSI , Trainer(s), AD, Administration

Procedure

1. The EC/PSI will carry out periodic Programme reviews over a 12-month period.
 - Learner feedback forms reviewed and summarised after each Programme.
 - Trainer reports – mid and end of Programme – reviewed and summarised after each Programme – reports will include a self-reflection on own performance and overall Programme effectiveness.
 - End of Programme report review – including content and structure, technology platforms and other software, Learner achievements, disciplinary procedures, safety issues, communication with Learners.
 - Stakeholder meetings – agencies, employers etc.
2. Annual Review – An annual Programme 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 Programme 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 EC 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 Programme to Learners.

Records

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

3.4 Monitoring and Review

Document No.	MAR3.4	Version:	6.0
Date Approved	draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that education and training activities are meeting the needs of all stakeholders.

Responsibility

Council, Directors, EC, CEO, 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, or issues relating to technology or the blended learning methodology.
2. Regularly scheduled meetings will provide an opportunity for all personnel to highlight any issues with a course and make recommendations to the CEO and/or TM for updates or amendments.
3. The CEO 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 EC meetings will consider the following:
 - Learner, personnel, and another stakeholder feedback
 - Learner performance and achievement
 - Trainer and course reviews
 - Technology or platforms to support blended learning
 - 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 EC annually or sooner, if required.

Records

Record of Meetings, QIP

Performance Measure(s)

- No. of registered learners
- Trainer and Course Reviews
- No. of new courses offered.
- % of learners completing courses
- No. of complaints and areas for improvement highlighted

4. Staff Recruitment, Management and Development

Document No.	SMD4.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI 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 in a position 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 and to manage and deliver programmes in a blended learning environment.
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 CEO and/or TM will be responsible for organising the recruitment process and any essential staff development activities. The CEO has overall responsibility for recruitment and ratifying any new appointments.

Quality Assuring & Managing Trainer Performance



4.1 Staff Recruitment

Document No.	SR4.1	Version:	6.0
Date Approved	draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that appropriately qualified and experienced staff are recruited to fulfil designated roles.

Responsibility

CEO, TM, Directors, 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. Candidates are invited to send their applications to administration who will reply to all candidates acknowledging receipt of their application and informing 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 candidates– 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 on 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 candidate is issued with a contract 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

Document No.	SC4.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

CEO, TM, Trainers, 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
 - Programme delivery, management, and administration.
- Staff meetings – formal and informal,
 - Staff will be provided will information about Programme activities, including any updates from awarding bodies.
 - They will be encouraged to provide feedback on any issues arising from Programme activities.

- Programme review meetings, including:
 - Review of Learner feedback forms.
 - Review of trainer Programme reports.
 - Review of any other stakeholder feedback.
- Annual staff workshop
 - To discuss the organisation's training mission and objectives and how it relates to its training activities.
 - Issues regarding the QAS and awarding body updates.

Records

Induction Checklist, Emails, Record of Meetings, Learner Feedback Forms, Trainer Programme Reports, Stakeholder Feedback.

Staff Management & Communication



4.3 Staff Management and Development

Document No.	SMAD4.3	Version:	6.0
Date Approved	draft	Approved By	
Next Review		Responsibility	

Purpose

To maintain the quality-of-service provision through the systematic management and development of staff (contracted or employed).

Responsibility

CEO, TM, Trainers

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 three programmes.
3. Regular scheduled formal meetings (outlined in 4.2)
4. Informal discussion and feedback - The CEO 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 trainers will be required to co-deliver with an experienced trainer on their first two Programmes before delivering solo.
 - b) During this delivery, the experienced trainer will provide support and supervision and document a report for the CEO which will indicate if additional co-delivery is required.
 - c) Experienced trainers will be given the opportunity to co-deliver with another trainer if they have highlighted any areas, they would like support on or to observe new methods of delivery.
6. Observation (Trainers)
 - a) The TM carries out one in class observation of experienced trainers during the year and more if required.

- b) For new trainers, the TM will ensure an observation is completed during the first solo delivery of a Programme. A further two observations will be carried out during the first 12 months.
- c) The TM provides trainers with constructive feedback verbally after each observation and documents the observations.
- d) If there are obvious areas for improvement the trainer 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.

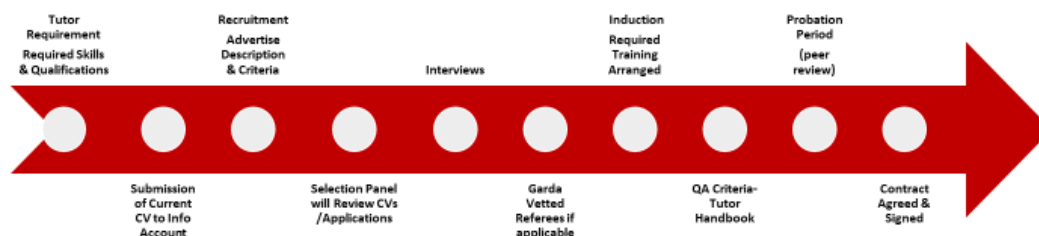
7. Annual Performance Review

- 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 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.

Records

Induction, Schedule, Induction Checklist, Record of Meetings, Employment Contract, Trainer Observation Form, Performance Appraisal Form, Learner Evaluation forms.

Trainer/Tutor Recruitment Flow Chart



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 the L&DI. 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, the contract of employment and the Tutor Handbook, where appropriate.

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 the L&DI.
- Preserve the confidentiality of all information attained by them in the programme 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.
- Adhere to Netiquette guidelines in all online interactions
- 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			
Document No.	MAR4.5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that education and training activities are meeting the needs of all stakeholders.			
Responsibility			
CEO, TM, All Personnel			
Procedure			
The following monitoring and reporting requirements will apply: <ol style="list-style-type: none">1. The CEO and TM will have responsibility for monitoring courses on a day-to-day basis.2. Management will monitor the following:<ul style="list-style-type: none">- Weekly review of learner, personnel, and other stakeholder feedback forms- Continuous professional development records- Learner performance and achievement- Trainer and course ratings- Internal verifier and external authenticator reports- Personnel feedback on any CPD events attended.- Any quality improvements 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 CEO 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 EC annually or sooner, if required.			
Records			
	Record of Meetings, QIP		
Performance Measure(s)			
<ul style="list-style-type: none">• No. new personnel• Trainer 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

It is part of L&DI's mission to seek, encourage and promote the development of the whole person. Effective teaching and learning are a vital part of this process. We seek not only to facilitate learners' acquirement of the knowledge and skills needed to progress to higher education and/or employment, but also to guide learners towards recognizing their own competencies and aptitudes and to develop confidence in their own abilities to progress their own learning.

L&DI is committed to fair and consistent assessment of all learners attending courses in our institute, using a variety of methodologies specifically suited to the content our courses and programmes. We aim to ensure that our programmes are reflective of current and emerging theories, that our trainers are highly competent and creative in their teaching, and that our learners are facilitated in achieving their potential and demonstrating their learning.

L&DI provides accurate and up-to-date information on all programmes of learning and provides effective access routes for learners to transfer between programmes, or for progression to other programmes in the field of practice. We ensure our practice is holistic by valuing the following:

Diversity of learners

- Diversity training for all employees incorporated into induction.
- Email sent to learners prior to commencing their programme requesting information on any additional support needs.
- Application form to have section for learners to state request for additional support needs.
- Learner interviews will be used to ascertain support needs. These will be managed and facilitated where possible to allow learners to participate on programmes.
- Programme content/delivery/assessment adapted to support individuals or groups with special requirements.
- Learner induction, one-to-one meetings, oral communication.
- 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 the programme delivery.
- Additional guidance may be provided between sessions and/or modules if this is deemed to be necessary.

Modes of delivery

- L&DI employs different modes of delivery in order to make the programmes we offer accessible to a greater number of people.
- In both virtual and face-to-face environments, learners have access to the Institute's eLearning platform.
- They can also undertake interactive exercises online and in many cases receive instant feedback.
- This mode of delivery makes programmes accessible to learners living in all parts of Ireland, and also with learners with limited mobility in mind.

Pedagogical methods/ Learner autonomy

- L&DI uses a variety of pedagogical methods and these are evaluated and monitored and adjusted accordingly.

- Feedback received from learners has helped shape the institution's pedagogical approach. Learners have shown a preference for Learner-Centred Learning (SCL) rather than traditional content-centred approaches and L&DI has therefore emphasised the former approach in its teaching.
- Learners are invited to participate in an online course evaluation surveys, administered through our LMS, Moodle. This survey includes questions about the teaching approach used by the Institute.
- If feedback from learners shows that a particular lecturer/tutor is not adhering to the teaching approach usually employed by the Institute, the Training Co Ordinator brings this to the attention of the Education Committee and the Education Officer. The latter then addresses the issue with the tutor in question and an effort is made to find a solution.
- The Institute encourages learners to take responsibility for their own learning to the greatest extent that is desirable and/or practical.
- The teaching and learning process, which is essentially learner-centred, will encourage, and develop active learner participation that is conducive to beneficial personal development by the learners.
- This learner autonomy can facilitate a higher quality of learning that might be characterized as 'deep learning', rather than superficial learning often associated with traditional expository approaches.
- Over-reliance on traditional delivery methods is seen to militate against learner engagement.
- Learners are provided with ongoing support and guidance to ensure that the learning experience is always positive. They complete a 2 stage induction with the Training Administrator and the Programme tutor and are given access to the Learner Handbook during the induction programme and this ensures that they have access to all relevant information during the programme.
- Learners are given extremely detailed feedback regarding the continuous assessment tasks they undertake, and, in many cases, they are required to correct their own errors.
- When they are asked to undertake this self-correction, they are told where to access the information required to perform this task.
- .

Tutors

- To ensure that the education delivered by L&DI is of the highest quality, a detailed lesson plan and teaching and learning materials are prepared for each class and lecture and uploaded to our LMS.
- After each class or lecture, lecturers/tutors give feedback regarding the activities, teaching approach and materials used in the session.
- In addition to the above, the teaching staff are made aware of the research carried out in the field of pedagogical styles and national and international effective practice in this area. The materials and pedagogical approach used in the various courses offered by the institution are underpinned by this research and practice.
- While attending the induction workshop, lecturers/tutors are also made aware of the importance of ensuring that learners are always treated with respect.
- They are asked to report any problems that arise in their dealings with learners to the TC.
- At the beginning of each course, learners are made aware, through the learner handbook, of the importance of respect within the learner-tutor relationship, including standards of netiquette, and they are informed verbally and through the learner handbook of the complaints procedure should they be of the opinion that they were not treated appropriately by a tutor.
-

Learners

- Learners have an opportunity to give feedback in an online course evaluation survey regarding different aspects of the courses they undertake.

- The pedagogical approach used by the Institute has evolved and improved over time and the input of learners has been extremely important during that process.
- The Institute seeks to provide continuous guidance and support for learners to ensure that any difficulties they encounter while attending one of the Institute's programmes are dealt with expediently.
- At the beginning of each course, learners' attention is drawn to the contact details of the Administrator and/or the trainers/tutors and they are encouraged to contact the relevant person should any difficulties arise.
- In order to help them add to their personal and professional development, both learners and tutors are made aware of relevant CPD opportunities that are available, e.g., the Institute's Calendar of Events, publications and resources relevant to their field.

Mutual respect

- Each learner undertaking a course with L&DI is required to comply with the Institute's Code of Conduct.
- The purpose of the Code is to ensure that an appropriate academic environment, in which mutual respect for all Institute staff, learners, and stakeholders is promoted.
- The Code requires reasonable behaviour and consideration for others and is intended to assist learners in spending a fulfilling and rewarding time at the Institute.
- The Code of Conduct is intended to set and maintain acceptable standards of behaviour within the Institute's community, to encourage individuals to accept their obligations and to maintain the Institute's good standing.
- The Code applies to all learners regardless of their study location.
- This Code is not intended to be an exhaustive document. Other regulations concerning expected norms of behaviour and communication are documented throughout the Learner Handbook.
- The Staff Handbook also contains a section on the conduct expected from staff members in their communication with learners. This is also emphasised during induction training delivered to lecturers and tutors.

5.1 Teaching and Learning Policy

Document No.	TLP5.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI 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 approach to teaching and learning and the means by which we strive to achieve high quality teaching and learning practices. We will achieve this by:

- Ensuring teaching and learning activity is professional, positive, engaging and a rewarding collaboration between Learners and trainers.
- Ensuring Learners fully understand the learning objectives of their Programme 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 each Learner with the opportunity, resources and support they need to fulfil their potential.
- Providing trainers with the opportunities, resources and support they need to fulfil their potential.
- Encouraging trainers to be reflective, assess their own performance and development needs, and to work together to share best practice and support each other's development.

Purpose

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

Scope

Teaching & Learning – Formative Assessment



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

Responsibility

The Council are responsible for ensuring resources are in place to ensure a quality teaching and learning environment for staff and Learners. The CEO 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. Trainers are responsible for creating an environment for Learners to maximise their potential.

Teaching & Learning – Summative Assessment



5.2 A Provider Ethos that Promotes Learning

L&DI has developed a model of course delivery that seeks to attend to the diversity of learners and their needs and ensure that there is a flexible learning pathway for learners. The combination of classroom-based and/or online teaching, as well as self-directed online study, makes the programmes offered by the institution accessible to many learners for whom the traditional model of delivery would not be suitable.

Our approach to teaching and learning is one that focuses on developing the capacity of our learners to become life-long learners.

L&DI's Equality and Diversity Policy operates in accordance with all relevant regulations and all Equality & Diversity legislation, including the Equality Employment Acts 1998-2015 and the Equal Status Act 2000-2015

Equality and diversity are central to the values and ethos of L&DI, and the principles of equality and the facilitation of diversity are intrinsic to the way we work. We aim to create and sustain a learning environment that welcomes, values, and celebrates diversity in which all learners and staff members feel safe and respected. We also recognise that diversity among our learner cohort and staff members provides a range of perspectives and can enrich the learning and working experience for all.

We are committed to equality of opportunity for all staff and learners irrespective of gender, civil status, family status, sexual orientation, religious belief, age, disability, nationality or ethnic or national origin, or membership of the travelling community. In doing so we hope to create an inclusive, supportive, and encouraging learning and working environments for all.

5.2.1 Facilitating Diversity

Document No.	FD5.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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 Programme progression.

Responsibility

CEO, TM, Trainers, Administration

Procedure

1. Diversity training for all employees incorporated into induction.
2. Email sent to Learners prior to commencing their Programme requesting information on any additional support needs, including any technology supports required.
3. Application form to have section for Learners to state request for additional support 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 Programmes.
5. Programme content/delivery/assessment adapted to support individuals or groups with special requirements.
6. Learner induction, One to One meeting, 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 Programme 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

5.2.3 Learner Complaints

Document No.	SCS5.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that complaints are dealt with effectively and efficiently while providing valuable information to improve services.

Responsibility

CEO, TM, Administration, Trainer(s)

Procedure

1. Complaints can be made verbally or in writing.
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 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 trainer's report and/or a complaints form.
- 5) If unresolved stage two applies.

Stage 2 – Formal Resolution

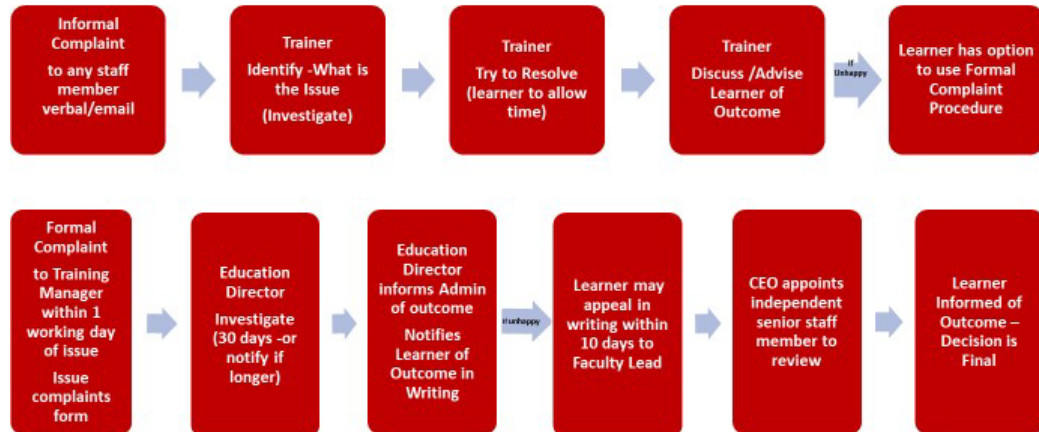
If the complaint cannot be resolved informally to the satisfaction of the complainant, or if they feel that they cannot make an informal complaint to a member of staff, the following applies:

- 1) Inform the complainant that the complaint must be submitted in writing within 5 working days, using the Learner complaints form, to the administrator for the attention of the TM. Learners should provide a detailed account of the complaint.
- 2) The administrator will contact the Learner within 10 working days to acknowledge receipt of the complaint and outline the programme 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 CEO 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, Trainers Report

Learner Complaints / Grievances



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

L&DI positions learners at the centre of what we do as providers of further and higher education courses in the Irish language. The institute believes that its learners should be part of a learning environment where open, shared access is provided to a wide range of learning resources.

The institution has procedures in place to ensure the adequacy of the resources available to learners is monitored on an ongoing basis. Learning resources are updated and expanded as necessary to reflect up-to-date approaches and learner needs as identified through feedback on teaching and learning.

5.4.1 Learning Resources

Document No.	LR5.4	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that resources necessary for the successful participation by Learners are allocated, up to date and maintained.

Responsibility

EC, CEO, TM, Trainers, Administration, Programme Approval Panel, Design Team

Procedure

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

Records

Resource Checklist, Supplier Contracts, Budget Request Form, Record of Meetings, Learner Evaluation Forms, Record of Meetings.

5.4.2 Selection of Premises

Document No.	SOP5.4	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

TM, Trainers

Procedure

1. For L&DI own premises, a maintenance review is carried out annually.
2. For L&DI own premises a safety statement and risk assessment is developed.
3. A health and safety check is carried out on the premises for each course, including own premises and external venues.
4. Premise's election criteria will reflect course requirements and the access needs of potential learners.
5. 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.
6. All courses delivered will contain information on facilities, housekeeping and safe access and egress including fire assembly points.
7. External premises will be reviewed annually to ensure suitability, including a review of learner feedback.

Records

Safety Statement, Premises Selection Checklist, Health and Safety Checklist.

To ensure that our learners can make the most of their learning experience, L&DI provides our learners with an encouraging and comfortable learning environment. As part of our efforts to do this, we ensure that our learners are taught in suitable facilities that are clean, safe, well maintained, and accessible for learners, staff, and all other relevant stakeholders.



5.5 Monitoring and Review			
Document No.	MAR5.5	Version	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that education and training activities, facilities and resources are meeting the needs of all stakeholders.			
Responsibility			
CEO, TM, All Personnel			
Procedure			
<p>The following monitoring and reporting requirements will apply:</p> <ol style="list-style-type: none"> 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 CEO and TM will have responsibility for monitoring courses on a day-to-day basis will monitor the following: <ol style="list-style-type: none"> a) Learner, personnel, and another stakeholder feedback b) Trainer 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. 			

<p>5. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.</p> <p>6. Procedures will be reviewed by the EC annually or sooner, if required.</p>
Records
Record of Meetings, QIP
Performance Measure(s)
<ul style="list-style-type: none"> • Trainer and Course Rating • Trainer and learner satisfaction rating of facilities and resources • No. of complaints and areas for improvement highlighted

6. Assessment of Learners			
Document No.	AOS6.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
<p>It is the policy of the L&DI that all Learners are facilitated to take part in fair, transparent and consistent assessment. We are committed to carrying out assessments that are consistent across all trainers and in line with awarding body guidelines. To meet this commitment, we will:</p> <ol style="list-style-type: none"> 1. Design and implement an assessment framework that is fair and consistent and is designed with the student's achievement as a priority. 2. Ensure all assessments are aligned to the learning outcomes for each programme and includes formative and summative assessment, where appropriate. 3. 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. Ensure the integrity of the assessment process through the security of assessment related material. 6. Take the circumstances of each Learner into consideration and facilitate those with additional support needs. 7. Carry out activities to ensure consistency across trainers. 8. Ensure the assessment activities are internally verified, externally authenticated, and approved before being submitted for certification. 			
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 programme design team are responsible for ensuring assessment practices are fit for purpose and in line with awarding body guidelines. The TM 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 trainer 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

It is the policy of L&DI that all learners should receive fair, transparent, and consistent assessment that is in line with awarding body guidelines. L&DI is committed to carrying out assessments that are consistent across all correctors and tutors in order to enable learners to achieve their learning goals. This policy sets out the key steps which enable L&DI to do so.

Quality Assuring of Assessment of Skills



6.2.1 Learner Appeals Information & Procedure

Purpose

L&DI commits to providing arrangements in relation to grade/mark verification and appeals concerning assessment matters which ensure that they are dealt with fairly, transparently and in a timely way and which may involve, as necessary, wholly independent persons of appropriate knowledge and experience in the process.

To ensure a fair appeal has been completed, the appeal assessor will be an independent marking who has not previously delivered, assessed, or monitored the learner work being reviewed for appeal purposes.

L&DI will ensure that at all stages, persons previously involved in awarding or verifying a grade will not be involved in adjudicating any appeal of that decision, and the learner will be assured that a complete review of the assessments undertaken, and the awarded grades are completed.

Please note the full appeals process to ensure that learners are advised of access to, and the stages of, the process from start to completion and final approved grading – 6.2.1.1 Appeals Process.

L&DI Appeal Process will enable the learner to appeal:

- The assessment process if they perceive there to be any irregularities/inequality in its implementation.
- The assessment results, should they feel that the grade does not reflect the submissions as understood by the learner.
- Any other arising issues that the learner notes and are deemed reasons for review or appealing grades. Learners must provide a clear justification for these issues and each will be reviewed on an individual basis.

A maximum of 14 days is allowed for learners to lodge an appeal from the issue of provisional results, and these must be submitted in writing to L&DI.

Learners must note that:

- Only evidence that has previously been presented by the learner and has been retained in the Moodle assessment portfolio following the initial assessment can be considered as part of an appeal. No new evidence can be submitted.
- All assessment evidence as required by the component specification and validated programme module must be available for the appeal.
- Any evidence not available will be assumed not to have been completed or submitted.
- L&DI will process the appeal within a 15 day timeframe and will ensure that the appeal assessor is not the original assessor.
- L&DI will inform the learner of the outcome of the appeal within a reasonable timeframe.
- Following the completion of the appeals process, QQI will be informed by L&DI of any successful appeals (changes in the assessment grades awarded). L&DI will then be guided on the process to request new certification where required.

Appeal

- A request for an appeal must be received in writing no later than 14 days from date of provisional letter sent. In exceptional circumstances a later application can be accepted.

- L&DI will charge a fee of €50.00, which must be included in the request for an appeal. *In the event of a successful appeal, the fee shall be refunded to the Learner.*
- Only a written request for an assessment appeal from the learner concerned will be considered, outlining the reasons for appeal, and confirming that they are appealing on original submissions of evidence.
- A member of the tutor panel not involved in any aspect of programme delivery or assessment will be appointed to complete a full grading of the submitted work
- Documentation that has to be completed at an appeal stage is the *External Assessor Report*.
- L&DI shall inform the learner in writing of the outcome of the appeal.
- Should the learner request further actions, the original marker and the assigned appeal assessor will not be part of the next decision-making stage.

Outcome of Appeals

There are two outcomes from this process:

- Learner original grades are agreed, and any certification awarded will be in line with the now final grade.
- Learner grade is changed, the learner will be informed of the amended grade, this will be reflected on the QBS system and where needed a new certificate will be requested from QQI. The learner appeal fee will be returned.

6.2.2.1 Learner Appeals – Appeals Process

Document No.	LAIP.01	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To provide Learners with a fair and transparent system to appeal the assessment process and/or their approved result.			
Responsibility			
PSI, Administration, IV, EC			
Procedure			
<ol style="list-style-type: none"> 1. Once the formal results (provisional or final) are received by the Learner they have 14 days to make an appeal. 2. The appeal must be submitted in writing, on the Learner appeals form, to the administrator clearly outlining the reason(s) for the request, referencing the specific areas the think they have been disadvantaged. 3. The administrator will notify the EC who will review the appeal and instigate the appropriate action. An Appeals panel may be formed to complete this task, ensuring that an assessor outside of the original marking is appointed to complete the appeal of grading and feedback. 4. The following applies. <ol style="list-style-type: none"> 1) The administrator will acknowledge receipt of the request within 3 working days and inform the Learner of the action to be taken. 2) The EC will convene and appoint an appeal panel and independent assessor within 5 days of receiving the written appeal. 			

- An appeals panel may be convened and will include PSI, IV and an independent assessor.
 - The independent assessor will be given the role of completing a full remarking of the original submitted evidence and generate both a full report and confirmation of the grade to be awarded.
- 3) The panel will reconvene and review the completed independent markings , agree an outcome and complete a final report and submit to EC.
 - 4) The Learner will be notified of the outcome within 15 days of submitting the appeal.
 - 5) The learner will be informed of their right to appeal to the Education Committee for review and any further actions required should they not agree with the independent review and the decision of the appeal panel. Neither the original marker or the appeal assessor will form part of the EC decision making/ review at this stage.
 - 6) If the appeal is about the results or process (provisional or final), these will be noted to the EC and any other noted issues raised on behalf of the learner.
 - 7) The EC will review both the original markings and the independent review and confirm a final grade and noted report.
 - 8) The final decision of the EC will be notified to the learner and any changes to grading will be noted on QBS.

Access to Learner information on appeals will be hosted on LMS/ Website and included in learner induction. This information will also be available to learner through the L&DI offices

Records

Records of Correspondence, Learner Appeals Form, Record of Meetings, Appeals Report

6.3.1 Information for Learners

Document No.	IOS6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure Learners have access to information necessary for them to successfully participate in assessment and to highlight Learners' responsibilities.

Responsibility

TM, Administration, Trainer(s)

Procedure

1. Pre-Programme 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. All programme information including course materials, assessment details, assignment briefs, etc hosted on LMS (Moodle)
5. Assessment brief distributed to all Learners (may be included in Learner handbook).
6. Learner induction.
7. Group briefing prior to each assessment activity and during the delivery of each Programme.

Records

Assessment Brief, Learner Handbook, Induction Checklist, Programme Outline, LMS

6.3.1 Coordinated Planning of Assessment

Document No.	CPA6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that assessment is planned in advance and is coordinated and scheduled to facilitate Learners to maximise the value of their assessment activity.

Responsibility

Programme Design Team, TM, Trainers, Administration

Procedure

1. Design team considers and plans for the integration of assessment where appropriate.
2. Staff meetings – to plan and coordinate assessment, in line with requirements.
3. Review of Learner application to ascertain additional support needs and make necessary adjustments, if possible, without compromising the integrity of the assessment process.
4. Dates scheduled to provide an even spread of assessment throughout the Programme.
5. Trainer meeting midway through the Programme to review integration of modules and review programme assessment plan.

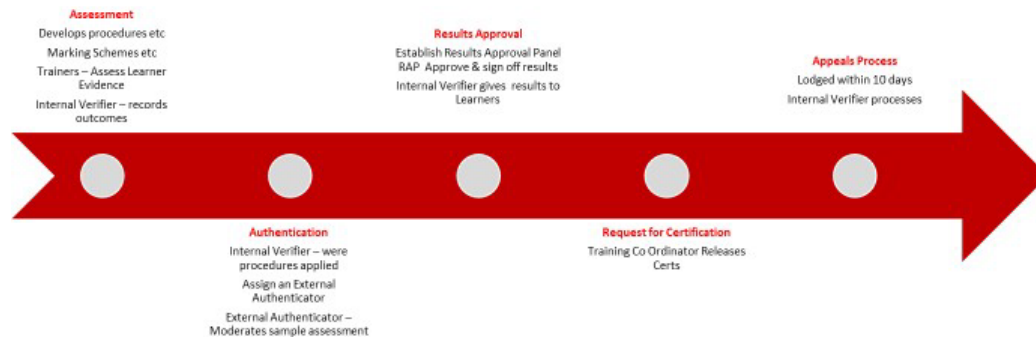
Records

Record of Meetings, Assessment Schedule and Plan, Application Forms

A co-ordinated and well-planned delivery of assessment ensures that L&DI can deliver an assessment process that enables learners to achieve their learning goals.

A clear and co-ordinated planning of assessment assures learners that delivery of the programme will be fair, transparent, and consistent. Co-ordination of assessment assists learners in submitting work through the LMS (Moodle) in a timely and consistent manner which ultimately aids them in achieving their learning goals.

Overview of Assessment Process



6.3.3 Security of Assessment Related Processes and Material

Document No.	SARPM6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure the security and integrity of assessment materials, the assessment process, student's work, and records.

Responsibility

CEO, TM, Administration, Trainer(s)

Procedure

- Secure storage area allocated for all materials around assessment (hard copy and electronic).
 - Assessments masters are controlled via secure username and password access and stored on the LMS, computer network or portable computers.
 - Hard copies stored in secure location with designated access.
- Relevant trainers supervise exams and retain and verify an exam attendance sheet and ensure exam material is signed in by themselves and a student.
- Learner assessment material is sent by registered post or is hand delivered by the trainer to the administrator. Where appropriate assessment material may be sent electronically.
- In a blended learning environment, assessment submissions are uploaded by the learner into the relevant sections on the LMS. Where learners are unable to upload to the LMS, an emailed copy to the trainer must be added to the learner evidence section of the Moodle page by the Trainer.
- 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.
 - Validity of authorship – Learner interviews regarding the content of their submission

may take place if required.

6. Receipt system in place for all assessment material received by hard copy or electronically.

6. Random observation of assessment activities may be carried out by the CEO.
7. Results of assessments are maintained electronically and backed up onto removable media for storage and retained as per retention schedule.

Records

Daily Sign in Sheets, Attendance Register, LMS, Learner Declaration, Assessment Material Receipt.

L&DI recognises the need for a secure assessment process in order to protect learners' personal details as well as complying with GDPR. A secure assessment process also ensures that assessments are correctly sorted and processed and that examinations are conducted correctly and to the high standard L&DI strives to achieve.

Learner Submissions



6.4 Learner Supports and Reasonable Accommodation

L&DI is committed to ensuring that learners with any specific need, disabilities, or compassionate consideration equitable access to all aspects of programmes as can reasonably be provided. L&DI will strive to create an environment where learners are comfortable in disclosing any specific learning need and are provided with opportunities to do so at various stages throughout their time at L&DI.

L&DI endorses the principles of inclusive teaching, learning, and assessment. L&DI has adopted a policy, which is applicable to all learners. Learners are encouraged to speak to either their tutor or the Training Co Ordinator to seek supports where their specific need could affect their ability to participate fully in all aspects of the programme.

All L&DI programmes are delivered with a range of available supports, which learners may use in a manner that suits their own learning needs. Learners can access these independently or through guidance from their tutor, depending on the circumstances and the particular programme.

As part of the pre-programme information process, each learner is given a Learner Handbook as a reference guide for their programme of study. Learner supports are designed to help develop learners' confidence and independent study skills, including:

- receiving a clear explanation of the learning methodology they will experience, and the time, effort and commitment required of them to complete the programme.
- the prior knowledge and technological skills necessary to participate in the programme.
- the types of assessments they may be expected to undertake, e.g., skills demonstrations and face-to-face group discussions.
- the type of learner supports and opportunities to avail of them.

In addition, tutors and administrators will respond to queries from learners during day-to-day programme delivery, alerting the TM to any areas of concern or potential areas for improvement.

The Education committee will monitor feedback on learner supports as part of its academic oversight brief, making recommendations for enhancements to the management board via the training manager.

Purpose of Learner Support Policy

This Policy provides a framework for documenting L&DI Learner Supports, Reasonable Accommodation and Compassionate Considerations provision for learners with specific requirements and will be reviewed regularly, based on feedback from learners, members of staff, and other stakeholders.

The policy explains how Learner Supports Reasonable Accommodations and Compassionate Considerations are granted and communicated to all learners. L&DI offers both email support and telephone support for all learners.

If a learner has any questions or problems with any area of the training or assessment, they can contact L&DI Institute on 045-881166 alternatively they can make contact via email at info@L&DI.ie.

L&DI will endeavour to respond to all such queries within 24 hours. L&DI's Training Coordinators and trainers are on hand at all times to support the learning experience and the learner's endeavours by ensuring they are learning in a safe and supported environment.

L&DI has arrangements in place to ensure that assessment methods reasonably accommodate learners with a disability and/ to ensure that individual training needs of all learners are taken into account at all times.

Our policy will ensure: -

- That all learners will be treated equally
- Course content, delivery and assessment may be adapted to facilitate specific learner needs within the validation of the programme.
- Learners will be advised in advance of admission of available supports.
- Trainers will be supported to facilitate the needs of individual learners
- Learners will receive a copy of the learner handbook guiding them on all areas of attendance, assessment etc.

Special assessment arrangements/adaptations are not intended to and should not reduce the validity and reliability of the assessment or compromise the standard. The adaptation should seek to amend the aspects of the assessment technique or instrument which prevent a learner's participation in the assessment.

L&DI has responsibilities under the Equal Status Act, to ensure that learners with disabilities /specific needs are not disadvantaged for reasons relating to their disability in its methods of assessment.

Adjustments to assessment for a learner with a disability may take one of two general forms:

- Modifying the circumstances under which the existing assessment is taken.
- Providing an alternative/equivalent form of assessment.

In some circumstances the nature of the need identified is such that an alternative form of assessment devised.

Confidentiality :L&DI encourages learners with disabilities and specific needs to disclose information on their disability to the Training Coordinator before they apply to L&DI or at any point during their studies.

Such disclosure is encouraged so that L&DI can work with the learner to ensure that reasonable accommodations are identified and facilitated in conjunction with the learner. Learner will be asked to complete a "Reasonable Accommodation Request Form".

6.4.1 Supports for Learners of Resources / Venues

Document No.	SFS7.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI is committed to providing Learners with adequate and sufficient supports and resources to maximise their learning experience. This commitment is underpinned by the following principles.

- 1) Systematically monitoring and reviewing resources to ensure they are up to date, fit for purpose and accessible.
- 2) Ensuring Learners are fully informed of the supports and resources available to them.
- 3) Actively collecting Learner feedback on resources and supports to inform practice.
- 4) Providing sufficient pre-entry information about the methodology, content, assessment and demands of each Programme to enable potential Learners to make an informed choice about participation on a Programme.
- 5) Providing 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 Programme and the resources available.
- 6) Providing prospective Learners with an opportunity to disclose any additional support needs on application and/or at any time during their Programme.
- 7) Providing Learners with the opportunity to highlight any concerns they may have during their Programme.
- 8) Ensuring Learners have access to trainers, administrative and IT support throughout their Programme.
- 9) Providing reasonable accommodation to ensure that Learner needs are met at every stage of their Programme for access to assessment.

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 Council are responsible for ensuring the resources – finance, human and technology – are in place. The EC is responsible for ensuring that all supports, and resources have been considered at the design stage and implemented. The TM is responsible for ensuring all programme 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 programme. Trainers are responsible for monitoring learners during their programme and providing additional support when required.

The TM will be responsible for monitoring the progress of Learners through their Programme and ensuring resources are made available to provide additional support if required.

6.4.2 Supports for Learners- Access to Resources & Facilities

Document No.	SFS7.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure those with additional support needs have the opportunity to access our Programmes and maximise their learning opportunity.

Responsibility

TM, Administration, Trainer(s)

Procedure

1. All Learners are asked to disclose any support needs they may have when they register.
2. Those identified with additional support needs are then contacted by email or phone to make the necessary arrangements.
3. Learners who encounter difficulties during their Programme are advised to inform their trainer or the Programme administrator immediately.
4. Learners will be provided with the opportunity to meet with a member of staff, one to one.
5. The following supports will be available to Learners.
 - Venues checked to ensure accessibility and appropriate facilities.
 - IT Support to ensure accessibility and full participation on the programme.
 - Physical modifications to the training and assessment location e.g., seating arrangements.
 - Learning materials provided in accessible format where possible.
 - Additional time allocated to complete assessments.
 - Alternative assessment formats.
 - Support from a scribe to complete examinations.
 - Support from a reader to complete assessments.

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.

Learners will be directed to our Learner Support and Compassionate Consideration Information available on LMS/ Website and prior to entry to any programme.

Records

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

Teaching & Learning – Learners Supports & Resources

Learning Resources – required to conduct the programme	Learner Supports – help beyond formal delivery	Mentoring Tutorials One to One	Wi-Fi
Programme Handbook	Learner Handbook	Additional Support if Course Permits	Availability to discuss issues - possibly guide to where further help available
Programme Materials – Equipment	Induction Presentation	Canvas	Venue/ Facilities
IT Software	Formative Feedback to Learners	– Feedback to Trainers Quality Officer	

6.4.3 Monitoring and Review

Document No.	MAR7.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

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

CEO, TM

Procedure

The following monitoring and reporting requirements will apply:

- The CEO 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
 - Trainer course reports
 - Reasonable accommodation forms
 - Learner performance and achievement
 - Internal verification and external authenticator reports
- Management will provide a summary report to the EC at the next scheduled meeting.

<ol style="list-style-type: none"> 2. The EC 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 EC 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 EC annually or sooner, if required.
Records
Record of Meetings, QIP, Summary Reports
Performance Measure(s)
<ul style="list-style-type: none"> • Learner achievement (grades, pass/fail) • Course rating for supports and resources. • % of learners with additional support needs completing courses

Please note the following guidance points:

- An electronic record of the learner's contact with the Training & Learning Coordinators is held securely in accordance with the Data Protection Act (2003 and 2018), and information provided to the Training & Learning Coordinator is regarded as 'sensitive personal data'.
- Any documentation or information presented in disclosing a disability is held by the Training Co-Ordinator's, and specific medical or other documentation will not be disclosed to any third party except where necessary to provide Reasonable Accommodations.
- Where a learner requests, and is granted any form of Reasonable Accommodation, such as extra time in exams, or permission to record lectures/tutorials, the Training Coordinator will, in consultation with the learner, disclose relevant information to the individuals responsible for providing or facilitating learners in accessing such accommodations.
- In such instances, only information relevant to the particular situation will be disclosed. Where tutors contact the Training Coordinator for advice regarding individual learners, the Training Coordinator will be informed that it is necessary to obtain the permission of the learner in writing before the individual case is discussed.
- A Needs Assessment based on appropriate evidence of a disability and information obtained from the learner on the impact of their disability and their academic programme requirements, the Training Coordinator will identify supports designed to meet the learner's disability support needs.
- The completed "Reasonable Accommodation Request Form" will be consulted.

The following areas are addressed: -

- Nature of disability or condition, to include impact on education, severity, hospital admissions etc.
- Treatment: any medication they are taking, outpatient appointments, such as physiotherapy.
- Previous support: arrangements made at secondary school or with other Further Education Training Providers, if any.
- Current difficulties: difficulties the learner anticipates that they have or may have with their programme requirements.
- Access to equipment and IT facilities.
- Appropriate academic and disability support. These might include, for example, accessible class venues, in-course support, and examination support arrangements.
- Learners can contact the Training & Learning Coordinator for a review of their support at any time during the programme if the impact of their disability changes or they do not feel the Reasonable Accommodations in place adequately address their needs.

6.4.4 Learner Supports Process			
Document No.	LSA6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
<p>The purpose of this policy is.</p> <ul style="list-style-type: none"> - To provide Learners with additional support needs with the opportunity to demonstrate their achievement of the standards being assessed. - To provide Learners with additional supports on where the needs arises and to assist the learner where possible to complete any programme of learning . 			
Responsibility			
TM, Trainer(s), Administration, EC			
Procedure			
<ol style="list-style-type: none"> 1. Advise learners in advance of the programmes of all supports available, see Learner supports Information (available on LMS/Induction and Website) 2. Learners have the opportunity to alert staff of any additional support needs when applying for a Programme. <p>.</p> <p>Steps for learner requests:</p> <ol style="list-style-type: none"> 1. Advise learner at request for information on programme of the learner support process. 			

2. At Learner induction, advise learners on the access point for policy in Moodle, handbook, or discussion with their tutor.
3. The tutor or the training coordinator may request that they complete a form to support their request. If this is not possible, the tutor or training coordinator will complete the form and return a copy to the learner (this will be securely stored on their individual access to Moodle). This process will be completed within 3 days from initial contact.
4. The learner will be advised of any supports available within the organisation to assist them or provided with some contact details should the level of support fall outside of L&DI capabilities.
5. L&DI will continue to liaise with the learner on their learner needs and these times will be agreed with the learner.
6. All communication will be documented and accessible by the learner.
7. Learners will be supported throughout the programme, both in attendance and additional resources where required to assist in learning or assessment processes.

Records

Record of Meetings, CPD Records, Reasonable Accommodation Form, LMS, Application Form.

Reasonable accommodation:

In the context of assessment, reasonable accommodation is the term for the adaptation of assessment as necessary to cater for the needs of learners whose personal situation means that the assessment would otherwise be unfair e.g., learners with a disability, and/or other learners covered by equality legislation.

Reasonable accommodations aims to remove the impact of a disability/ specific need so that learners can demonstrate their full potential without being given an unfair advantage over other learners.

Failure to provide these reasonable accommodations can amount to discrimination under the Employment Equality Act 1998-2011.

Reasonable Accommodation Definitions

- Reasonable Accommodation is any action that helps to alleviate a substantial disadvantage due to a disability and/or a significant ongoing illness.
- Reasonable Accommodations are defined as standard or non-standard Reasonable Accommodations.
- A standard Reasonable Accommodation is defined as an amendment to the learner's teaching, learning and assessment which enables them to participate fully in their education.
- A non-standard Reasonable Accommodation occurs when the company recognises that tutors may need to consider providing alternative non-standard teaching learning and

assessment methods where standard Reasonable Accommodations are not sufficient to meet the needs of the learner.

- The application of a Reasonable Accommodation will result from consideration of the circumstances of the individual learner and will involve the learner in discussion of possible routes of action.

What is 'reasonable' for L&DI will vary according to a range of factors and will depend on the circumstances of the individual case.

Factors influencing the determination of what is reasonable will include:

- the effectiveness of taking particular steps in enabling the learner to overcome the relevant disadvantage.
- whether the steps would significantly compromise the academic standards or professional practices associated with the programme of study.
- health and safety issues; the effect on other learners.
- and the financial and other cost to L&DI and the Learner.

In cases where Reasonable Accommodation is appropriate, the adaptation of the assessment by the trainer should facilitate the learner to demonstrate their achievement of the learning outcomes without significantly altering the standard.

6.4.5 Reasonable Accommodation Processes			
Document No.	RA6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
<p>The purpose of this policy is.</p> <ul style="list-style-type: none"> - To provide Learners with additional support needs with the opportunity to demonstrate their achievement of the standards being assessed. - To provide Learners with additional supports on compassionate grounds, where the needs arises and to assist the learner where possible to complete any programme of learning . 			
Responsibility			
TM, Trainer(s), Administration, EC			
Procedure			
<ul style="list-style-type: none"> - Advise learners in advance of the programmes of all supports available, see Learner supports Information (available on LMS/Induction and Website) 			

- Learners have the opportunity to alert staff of any additional support needs when applying for a Programme.
- Individual meetings to assess additional support needs and agree appropriate intervention.
- Trainers will have the authority to make adjustments to assessment methods if they are informed of needs during Programme delivery. These can include e.g., enlargement of print, facilitating the use of a scribe, reader or interpreter, practical assistance, rest periods, provision of adaptive equipment and software if available.
- All staff trained in the provision of adaptations and accommodations during assessment to ensure the integrity of the assessment process.

Communication of Reasonable Accommodations to Staff

Following the Needs Assessment by the Training Coordinator and the submission of appropriate evidence of a disability/request by the learner, a report is disseminated to the learner's programme tutor. This information should be disseminated in line with the Data Protection Act (2003 and 2018), and L&DI data protection policies.

Compassionate Considerations

Learners at times may have personal and work- based considerations that may impact on both their learner engagement and completion of assessments both during and at assessment submission times. During these times of stress and time pressured environments, learners will be supported by L&DI in the pausing, transfer to another programme or cessation of engagements.

Such a need arises outside of the identified supports occur for any learner, L&DI is committed to supporting learners in guiding and providing both clarifications and additional supports as required. These will be addressed on individual basis, but at all times, will ensure a fair and transparent process is in place. Learners are asked to make individual contact for any extra supports or mitigating circumstances directly to either their tutor or Training Co Ordinator.

Steps for learner requests:

- Where an urgent need arises for compassionate grounds, the learner should contact their tutor as soon as possible.
- The tutor or the training coordinator may request that they complete a form to support their request. If this is not possible, the tutor or training coordinator will complete the form and return a copy to the learner (this will be securely stored on their individual access to Moodle). This process will be completed within 3 days from initial contact.
- It will be confirmed with the learner what steps will be taken next, whether pausing, transferring, or removing from the learner grouping.
- The learner will be advised of any supports available within the organisation to

assist them or provided with some contact details should the level of support fall outside of L&DI capabilities. These may include, counselling, interaction with statutory agencies or family supports or medical supports.

- L&DI will continue to liaise with the learner on their learner needs and these times will be agreed with the learner so as not to intrude on personal time or possible times for health and wellbeing recovery.
- All communication will be documented and accessible by the learner.
- Learners will be supported on their return to any programme, both in attendance and additional resources where required to assist in learning or assessment processes.

Records

Record of Meetings, CPD Records, Reasonable Accommodation Form, LMS, Application Form.

6.5 Consistency of Marking between Assessors

Document No.	CMA	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

The ensure:

- A consistent level of instruction and adherence to Programme content.
- The maximum degree of consistency in evaluation and grading.
- The protection of trainers from charges of prejudice.
- The protection of Learners from prejudicial treatment at the hands of individual trainers.

Responsibility

PSI, TM, Trainer(s)

Procedure

1. Trainer Induction – Inclusive of training in assessment methods and marking.
2. Staff/Trainer meetings – All aspects of assessment planned to include fair and consistent marking.
3. Assessment guidelines documented in line with Programme requirements, including sample answers, marking schemes guidelines.
4. Random observation of trainers by PSI and/or the TM during assessment events leading to mentoring as appropriate.
5. Comprehensive internal verification and external authentication processes looking at a sample of marginal results.
6. Review of Learner feedback forms.
7. 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 Programmes, in any certification period, the trainer of one Programme may serve as the cross-moderator for a Programme delivered by another trainer.
- 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. (trainers 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 programme (25% + 1) will be second marked.

Notes:

- a) In any case where there is a difference in marking to the detriment of the Learners third marker will be asked to review the evidence.
- b) In instances where there is only one Programme for certification, all Learner results will be cross moderated.
- c) For any new Programmes, the first two deliveries will be fully moderated (all Learners).
- d) For any new trainers, the first two deliveries of any Programme will be fully moderated (all Learners).

Records

Induction Checklist, Record of Meetings, Cross Moderation Log, Internal Verification Report, External Authentication Report, Learner Feedback Forms.

L&DI is committed to an assessment process that provides learners with detailed feedback on all submitted tasks and that are marked in a way that is consistent with the standard of work submitted.

L&DI has procedures in place to ensure a consistent level of instruction and adherence to programme content. These procedures also ensure a maximum level of consistency in evaluation and grading and protects learners from any potential prejudicial treatment.

These same procedures protect tutors/correctors from charges of prejudice.

6.5.1 Feedback to Learners

Document No.	FTS6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure Learners receive timely and constructive feedback.

Responsibility

Trainer(s)

Procedure

1. During the Programme, the trainer will organise individual and group meetings where Learners will receive timely and constructive feedback on summative assessment.
2. A summative feedback sheet is developed for Learners and completed by their trainer.
3. Records of Learner feedback are retained on the LMS (Moodle)

Records

Record of Meetings, Assessment Feedback Form, LMS

6.5.2 Internal Verification (IV)

Document No.	IV6.1	Version:	6.0
Date Approved	draft	Approved By	
Next Review		Responsibility	

Purpose

Internal Verification (IV) is an internal mechanism which is conducted to ensure that the correct procedures were followed during the assessment process and that the correct assessment tools are in place.

IV is conducted on all programmes by an internal member of L&DI staff at the end of each assessment period. The Training Co Ordinator is ultimately responsible for ensuring the IV takes place.

IV is an essential and valuable tool in the assessment process as it is the first step in approving and finalising learner results.

It is to ensure that assessment procedures have been applied consistently across our assessment activities.

Responsibility

CEO, TM, Internal Verifier (IV), Administration, Trainer(s)

Procedure

1. IV training provided for all relevant staff.
2. The TM will appoint an IV for each assessment activity.
3. The CEO 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 trainers will be sampled over a defined period of time.
11. Sampling from new trainers will be 100% of Learners who present for certification from their first two Programmes.
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 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

External Authentication

QQI Code of Practice for the External Authenticator as per *Quality Assuring Assessment Guidelines for External Authenticators (Revised February 2015)*

The external Authenticator will undertake to:

- exercise their role with utmost integrity and professionalism when undertaking external authentication for a provider
- comply with QQI's FET policies and procedures specifically in relation to awards and assessment
- fully comply with the provider's policies and procedures
- inform the provider of any potential conflict of interest which may compromise their role
- inform the provider of availability
- communicate appropriately with the provider and inform them of planned visits and information required
- provide constructive feedback to the centre management and staff
- compile an external authentication report on time and based on an independent evaluation of the process and procedures.

Authenticators should note the following in relation to sampling.

- it is the Authenticator, not the provider who selects the evidence to be sampled, applying the provider's sampling strategy.
- the sample must be sufficient to enable the Authenticator to make an informed judgement on the consistency of the assessment decisions in the context of the award standards
- the sample should reflect the spread of grades and borderline grades i.e., Pass, Merit, Distinction, to ensure grading criteria are being applied consistently
- if the Authenticator is moderating results from a number of assessors and programmes then the sample of evidence should reflect each assessor and each programme sufficiently

- if the Authenticator is moderating results from a number of centres for the provider, the sample should reflect all centres sufficiently
- New assessor judgements/decisions should be sampled at least once during the assessment cycle
- If significant issues are identified within a sample; the evidence for the whole cohort of learners from which the sample was taken should be reviewed by the authenticator

6.5.3 External Authentication

Document No.	EA	Version:	7.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that there is independent, authoritative confirmation of fair and consistent assessment of Learners which is in accordance with national standards.			
Responsibility			
CEO, TM, External Authenticator (EA), Internal Verifier, Administration, Trainer(s)			
Procedure			
<p>A suitably qualified EA is selected by the CEO and/or the TM under the guidance as laid down by the EC who meets the following criteria:</p> <ul style="list-style-type: none"> – 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. – Have a knowledge and understanding of the LMS in order to sufficiently access the learner evidence and other documentation – Be in a position 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. – External authentication will take place in line with the assessment and certification schedules. <p>QQI Criteria for sampling</p> <p>The sampling strategy for each provider or centre will vary according to a number of factors. In devising a sampling strategy, the provider or centre should ensure that the sample:</p> <ul style="list-style-type: none"> - is representative of all minor awards, all learner types including part time or full time and all assessment techniques - is sufficient in size to enable sound judgments to be made about the fairness and consistency of assessment decisions 			

- covers the full range of attainment in terms of grades achieved
- includes a random selection of evidence for each grade/band
- identifies evidence which is borderline between grades e.g., learners who have not or learners who have only just achieved within the grading band
- ensures new assessor judgments/decisions are sampled at least once during the assessment cycle
- includes all named awards offered
- includes all of the provider's centres

The CEO/TM will ensure all relevant staff are available for EA and time is allocated for the necessary preparations.

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.
- The following documents to be made available in hard or electronic format

as appropriate:

- 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).
- Any notified Appeals or late submissions that were granted extensions.
- EA will be carried out in line with the organisations sampling strategy.

Access to the LMS to be made available to the EA for each certification period.

The following will be appropriate sampling strategy for L&DI external authentication for each certification period:

- A minimum of each grade band/cut off points across all programmes put forward for certification is included in the sample for each award, the EA will have sight of all learner submissions and will decide on the learners for sampling as per requirements.
- If there are 12 or less portfolios for an award, all portfolios will be externally authenticated.

If there are more than 12 portfolios for an award, the sample will normally be greater than 25% 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 in the selected sampling
0 – 12	All
13 – 50	Minimum 25% but must include all grade band/cut off points
51 – 100	Minimum 40 % but must include all grade band/cut off points
101 – 200	Minimum 35 % but must include all grade band/cut off points

All learner evidence will be made available for the EA for the assessment period and access to these will be maintained for the duration of the authentication process. The EA has the responsibility to select the portfolios to be sampled and to ensure that these are effectively chosen. The IV will supply the full IV report in advance and the Statement of results as denoted by the QBS system. This will include all learners put forward for certification inclusive of passing/ failing grades.

The EA must ensure that all programmes of learning put forward for certification are sampled and that each tutor/ trainer has been sampled across all programmes.

The EA must take note of any learners submitted for certification from previous programmes, who were granted extension or extenuating circumstances for late submissions.

Assessment portfolios selected by the EA 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

The remaining number of portfolios will be randomly chosen, across all the grade bands, until the sample quota is reached.

- 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, LMS

6.5.4 Results Approval

Document No.	RAP6.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

Results Approval Panel (RAP)

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) Trainer Report.
 - e) Grade Changes.
 - f) Corrective Actions.
 - g) Appeals Processed.
 - h) AOB.
3. A report of the meeting is prepared and signed 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.

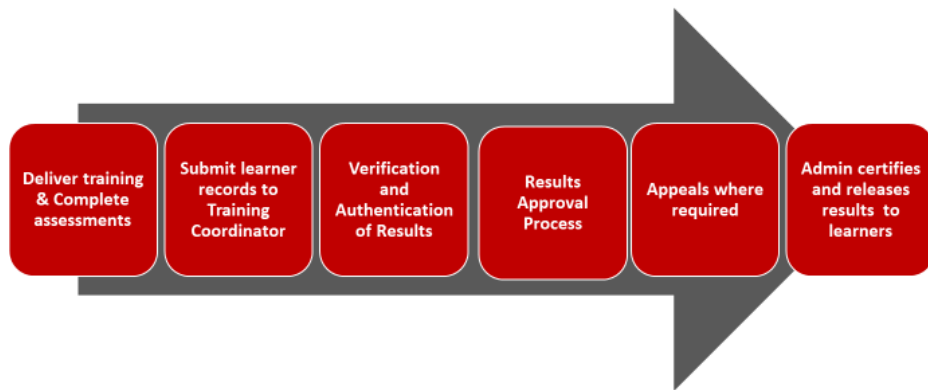
Proposals recorded in the minutes may include decisions:

- 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

Certification Authentication Process



6.5.5 Monitoring and Review

Document No.	MAR6.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

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

Responsibility

EC, CEO, TM,

Procedure

The following monitoring and reporting requirements will apply:

6. The CEO and TM will have responsibility for monitoring the implementation of the assessment policy and procedures. Management will monitor the following:
 - Learner feedback forms
 - Trainer course reports
 - Learner performance and achievement
 - Internal verification and external authenticator reports
7. Management will provide a summary report to the EC at the next scheduled meeting.
8. The EC 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.

9. 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.
10. Policies will be reviewed by the relevant sub-group and the board every 3 years, or sooner if required.
11. 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. Information and Data Management

Document No.	IDM8.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Information is a valued asset of the L&DI 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 Council 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 policies and related procedures. When leaving the organisation all those mentioned above must ensure that key records for which they are responsible remain accessible.

7.1 Information Systems

7.1.1 Data Collection

The L&DI 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:

- Programme Applications.
- LMS (Moodle)
- 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:

- Learners' moderation reports
- Feedback and evaluation

- Course success and improvement planning
- Programme reviews and future proofing
- Self-evaluation

It is also used to benchmark the organisation against internal and external performance measures.
(Refer to section 1.1.6 for internal performance measures).

7.2 Learner Information System

Document No.	SIS8.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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, newly registered learners will be invited to enrol through the LMS for the first time and will be assigned a unique identifier by the system.
3. This unique identifier will 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 programme is to be inputted into the system to include:
 - Attendance Additional Support Provided, Progression, Dropouts, 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, Programme Reports

7.3 Management Information System

The L&DI 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 student, assessment details, application, and completion rates per Programme etc.

The system is monitored through:

- a) Day-to-day use.
- b) IT and staff meetings.
- c) External evaluation – An external IT support company and an external LMS licensed partner provide support and 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.
 - Full LMS System
 - Access remotely
 - Individual Log ins

7.4 Information for Further Planning

8.4.1 Data Analysis

Document No.	DA8.4	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To provide up to date accurate and reliable data to enhance service provision.

Responsibility

CEO, TM, Administration

Procedure

1. The CEO 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 programme review meetings, Ref. Completion rates, grade analysis, Learner satisfaction rates, enrolment rates (numbers per Programme), target groups (Learner profile details, per programme).

Records

Records of Meetings, Data Reports

7.5 Completion Rates

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

7.6 Records Maintenance and Retention

7.6.1 Records Management

Document No.	RM8.6	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

Council, Sub-Groups, 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 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., IT 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/Trainer Records, Centre Activity Report, Record of Meetings, External Audit Report, Internal Audit Reports

7.7 Data Protection and Freedom of Information

Document No.	DPFI8.7	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI 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

- 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.
- To provide good practice guidelines for staff and associated stakeholders.
- To protect the L&DI 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

Council	<ul style="list-style-type: none"> • 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 efficient.
CEO	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Complying with the requirements of the policy and associated procedures. • Creating and maintaining full 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 attention of the manager that may require updates to the policy and procedures.
Data Protection Officer	<ul style="list-style-type: none"> • Monitor compliance with the General Data Protection Regulation. • Collect information to identify processing activities. • Analyse and check the compliance of processing activities. • Inform, advice and issue recommendations. • Provide support, assistance, and training.

8.7.1 Obtaining and Processing Data

Document No.	OPD	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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 personal sensitive 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 prior to 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, Retention Schedule, Disposal Log, Emails, Written Correspondence

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

Document No.	DAP8.7	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure all individuals have access to their personal data

Responsibility

All staff, DPO, TM

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 TM using the organisation's data request form (email a form on request).
2. Once the written request is received the TM 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 TM will process the request or delegate someone to process it.
 - 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 TM 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 in 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

Document No.	DPR	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that individual requests are dealt with in a timely and effective manner.

Responsibility

TM, 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 TM using the organisation's data request form detailing all data requested (email a form on request).
2. Once the written request is received the TM 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 TM 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 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 TM 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 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

Document No.	CS	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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. Back-up procedures in operation for information held on computer servers, including off-site back-up.
 - Data is backed up by the TM 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

Document No.	DC8.7	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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. In order to ensure clean data all fields must be complete at 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/or 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

Document No.	MDB	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure a standardised management approach is implemented in the event of a data breach.

Responsibility

CEO, TM, DPO

Procedure

A data breach may happen for a number of 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 in turn will immediately notify the DPO and CEO 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 individuals' personal 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 A 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

- Subsequent to 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 which are to be implemented as soon as possible thereafter.

Records

Record of Meetings, Emails, Quality Improvement Plan

8.7.7 Internal Audits

Document No.	IA8.7	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ascertain if the systems in place are ensuring we are operating in accordance with the data protection acts and regulations and to identify 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 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

Document No.	ATS	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

Document No.	DRD8.7	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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 on-going business or specific legal or regulatory purposes.
 - Review records at the end of their retention period and arrange 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 programme 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 number 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		
Professional Details (CV, Contract of Employment etc.)		
CPD Records		
Learner Documentation		
Personal Details (Such as contact information: phone address, email)		
Personal Details required for Processing Qualification (Such as D.O.B / PPS Number etc.)	6 Months from QQI Submission	Delete All Electronic records, Securely shred Paper-based documents
Programme Details		
Assessment Details		
Programme Documentation		
Programme Content		
Programme Information		
Programme Material (Hard Copy and Soft Copy)		

8.8 Monitoring and Review

Document No.	MAR8.8	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

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

Responsibility

EC, CEO, TM, DPO, Administrator

Procedure

The following monitoring and reporting requirements will apply:

1. The EC, CEO and TM will have responsibility for monitoring the implementation of the information and data management and data protection policies and procedures.
2. The DPO, CEO, 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 EC 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 statistics

9. Public Information and Communication

Document No.	PIC9.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI is committed to providing clear, accurate, objective, up to date and easily accessible information on its Programmes and associated services. We will work to provide the maximum information to all stakeholders in an open and transparent manner. To achieve this, we will:

1. Have a clear vision and mission that enables all to understand and engage with our education and training aims and objectives.
2. Provide and be provided with appropriate information to enable us to deliver a quality service to all stakeholders.
3. Make sure policies and procedures are clearly communicated.
4. Disseminate information to inform decision making, practice and encourage a commitment to continuous quality improvement.
5. Share information with key stakeholders.

Purpose

To ensure that information about programmes of education and training and quality assurance policies, procedures and reports are made available to stakeholders.

Scope

Applies to all programmes of education and training and internal and external communications.

Responsibility

Council	<ul style="list-style-type: none"> • The Council are responsible for ensuring that policies and procedures are in place for all education and training activities. • Delegating responsibility as appropriate.
Sub-Groups	<ul style="list-style-type: none"> • Promoting a culture of open and honest communication. • Ensuring all stakeholders are kept updated on relevant activities. • Ensuring that information is made available to all stakeholders in a timely manner, via appropriate channels. • Maintaining two-way communication and listening to feedback and comments from all stakeholders. • Monitoring the effectiveness of the policy and procedures.
Staff	<ul style="list-style-type: none"> • Ensuring good individual communication practice. • Being informed and have information to be effective in their role. • Taking responsibility for communicating with stakeholders. • Using open two-way communications to keep colleagues and stakeholders informed. • Continually measuring and evaluating communication procedures.
Learners	<ul style="list-style-type: none"> • Being aware of and actively using communication channels and processes that are designed to enhance and support their experience. • Responding to communications from L&DI representatives in a timely manner.

	<ul style="list-style-type: none"> • Actively engaging with formal and informal feedback processes that provide an insight into how services and infrastructure for Learners might be enhanced. • Taking an active role in opportunities provided for Learner representation, if applicable. • Informing L&DI staff at the earliest opportunity of concerns or issues that are affecting their ability to learn.
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9.1 Programme Information

Document No.	PI9.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that programme 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 programme.

Responsibility

EC, Administrator

Procedure

Sources of Information

- Website, Annual Calendar
- Social Media, Promotional Material
- Local Media, Emails

Information to be Provided.

- Programme Title, Award Type
- Awarding Body
- National Framework of Qualifications Level (if applicable)
- Entry Criteria, Programme 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:

1. Quality Assurance Policies and Procedures
2. Awarding Body Reports and Evaluations
3. Learner Award Information (Assessment Statistics)

Records

Promotional Material, Website, Centre Activity Report

9.1.1 Communication with Stakeholders

Document No.	CwS9.1	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that information is provided to and collected from associated stakeholders, analysed, and acted upon and used to inform improvements to training activities.

Responsibility

Council, Sub-Groups, CEO, TM, Trainers, Administration

Procedure

Communication Methods

- Website.
- Internal reporting.
- Replying to requests for information in a timely manner.
- Attendance at meetings and events.
- Participation in external review.
- Submission of documentation.
- Annual Reports

Collecting Feedback:

- Meetings with associated stakeholders.
- Stakeholder needs assessment.
- Scheduled emails to and from associated stakeholders.
- Periodic survey of associated stakeholders.
- Attendance at local events (Networking Opportunities).

Records

Record of Meetings, Internal and External Reports, Survey Results, Quality Review Report, Annual Report, Needs Assessment Report

9.2 Learner Information

The main source of course information is the organisations' website. The TM and administrator 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 will be monitored by the TM and updates or amendments made as required.

9.2.1 Protection for Enrolled Learners

L&DI has learner protection in place for all learners who enrol on validated courses in accordance with the Qualifications and Quality Assurance (Education and Training) Act 2012. The arrangements are in the form of insurance which will provide learners with refunds should the organisation cease to trade.

9.3 Publication of Quality Assurance and Evaluation Reports

The L&DI 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

Document No.	MAR9.4	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

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

Responsibility

CEO, TM

Procedure

The following monitoring and reporting requirements will apply:

1. The CEO 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 CEO will monitor the implementation of any quality improvement actions arising from the monitoring and review and provide a summary report to the Council at the next scheduled meeting.
3. There will be an annual review of outcomes from monitoring activities carried out by the CEO and TM and any required improvements will be documented in the QIP and implemented.
4. Policies will be reviewed by the Council every 3 years, or sooner if required.
5. Procedures will be reviewed by the EC 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

The L&DI 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

The L&DI as 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

L&DI does not engage with any secondary providers.

10.3 Expert Panellists, Examiners and Authenticators

When engaging external expertise, the TM 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 a 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			
Document No.	MAR10.4	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	
Purpose			
To ensure that the procedure for engaging external expertise is being consistently applied.			
Responsibility			
Council, CEO, TM			
Procedure			
<p>The following monitoring and reporting requirements will apply:</p> <ol style="list-style-type: none"> 1. The CEO will have responsibility for monitoring the implementation of the engagement of external expertise and will monitor the following: <ol style="list-style-type: none"> a. Personnel records b. Management reports c. QAS audit reports d. Internal verification and external authenticator reports 6. The CEO 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 EC 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 EC annually or sooner, if required. 			
Records			
Record of Meetings, QIP, Summary Reports			
Performance Measure(s)			
<ul style="list-style-type: none"> • 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

Document No.	SEMR11.0	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

The L&DI is committed to the systematic monitoring, review and evaluation of its programmes 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, Programmes, and services. External evaluations will be carried out by individuals who are:

- Competent in the activity of self-evaluation.
- Independent of the activity or Programme 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 education and training focusing on the achievements of Learners.

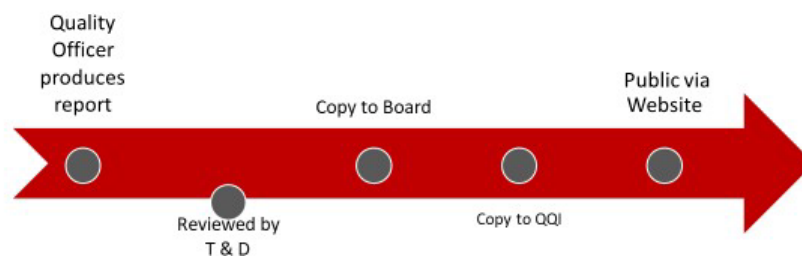
Responsibility

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

11.1 Provider owned Internal Review, Self-Evaluation, and Monitoring

The L&DI carries out a comprehensive and systematic range of monitoring and review activities of its organisational activities resulting in the continuous quality improvement of its programmes of education and training. The quality improvement plan is a live working document that is continuous updated and monitored by the Council, CEO and TM.

Self Evaluation & Review -Annual Quality Report



11.2 Internal Monitoring

Document No.	IM11.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To specify the method for conducting internal monitoring of programmes and services on a defined frequency.

Responsibility

CEO, TM, Administration, Trainer(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 on-going internal monitoring activities – formal and informal – that informs the work of the self-evaluation panel and ongoing education and training practices. (Internal monitoring and review is further detailed throughout each area)

- 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.
- Technology Evaluation – all learning technology and software will be reviewed annually to ensure effectiveness and currency for all programmes
- Programme Evaluation – Key Programme 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 Programme 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 evaluation forms and training reports are viewed mid and at the end of programmes.
- Internal Audits – The CEO 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 Evaluation Forms, Trainer Reports, Annual Survey.

11.2.1 Internal Audits

Document No.	IAI11.2	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To specify the method for conducting internal quality audits of programmes and services.

Responsibility

CEO, TM, Administration, Trainer(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 and/or discussions during the audit.
 - Other stakeholder feedback gathered via reports, emails, surveys, and other communications.
 - Previous audit reports and improvement plans.
5. The internal audit schedule is date controlled and approved by the CEO.
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, CEO 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. Corrective are checked at the end of each month by the CEO 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 CEO and the Council.
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
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11.3 Self-Evaluation, Improvement and Enhancement

Document No.	SEIE11.3	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To review, evaluate and report on education and training activities and related services and the effectiveness of the quality assurance system.

Responsibility

CEO, Self-Evaluation Panel, TM, Administrator

Procedure

1. Scope and Frequency

Self-evaluation of Programmes and services will take place annually or as the awarding body directs. The frequency of evaluation may also take into account any changes in legislation or sectorial requirements. An evaluation may be carried out on an individual Programme, or a group of related Programmes. There may be a combined evaluation of all Programmes across a number of awarding bodies (if applicable). This will be led by the programme review panel as directed by the PB and the EC.

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 Programmes 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 CEO 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)

The EC will have responsibility for appointing members to the of a programme review panel as separate to organisational evaluation processes.

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.

<p>e) Gather all other relevant evidence for review.</p> <p>2. Post Review</p> <ol style="list-style-type: none"> Collate all information from panel review. Ensure that the self-evaluation report is complete and signed off. Ensure that the Improvement Plan is complete and signed off. Submit all relevant reports and plans to the relevant stakeholders. <p>Outputs</p> <ol style="list-style-type: none"> Self-Evaluation Report. Updated Quality Improvement Plan. Completed self-evaluation checklist. Updates to the Quality Assurance System. Revised Documentation (as required).
Records
SE Report, Quality Improvement Plan.

11.3.1 Selection of External Evaluator			
Document No.	SEE11.3	Version:	6.0
Date Approved	draft	Approved By	
Next Review		Responsibility	
Purpose			
To describe the process of appointing an independent External Evaluator who has an understanding of evaluation procedures and methodologies, and an ability to contribute to the development and enhancement of the organisational education and training activities.			
Responsibility			
CEO, TM			
Procedure			
<ol style="list-style-type: none"> Create criteria to assess and choose the most qualified external evaluator. Compile and keep a current list of professional qualifications and relevant experiences of evaluators of various programmes, i.e., recommendations to add to pool already listed. Choose suitable candidate based on agreed criteria. <p>Selection Criteria:</p> <ul style="list-style-type: none"> Not involved with programme delivery. Programme knowledge, external to L&DI. Broad subject matter expertise. No current professional or business interest with L&DI. Experienced in training and development processes. Experienced in education technology and platforms Experienced in quality management systems. 			
Records			
External Evaluator Details			

11.3.2 Learner Involvement

Document No.	SIA11.3	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

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

CEO, TM, Trainers, Administration

Procedure

When appropriate the following methods will be considered:

- Programme Representatives.
 - Representation on the Self-Evaluation Panel
 - Structured Feedback Sessions (group).
 - Informal Conversations (Individual and Group).
 - Questionnaires.
 - Surveys.
 - Feedback Forms.
1. Mid-Programme and end of Programme 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 Programme 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-Programme) 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 Programme.
 6. Programme reviews will be held to go discuss and analyse feedback and inform areas for improvement.
 7. Improvements identified will be included in the QIP.

Records

Emails, Mid-Programme Feedback Form, End of Programme Feedback Form, Record of Meetings, Trainer Programme Reports

11.3.3 Management and Staff Involvement

Document No.	MSM11.3	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To describe how management and staff are involved in the self-evaluation process
Responsibility
CEO, TM, Administration, Trainer(s)
Procedure
<ol style="list-style-type: none"> 1. Management facilitate 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. Trainer reports. 6. Internal verification. 7. External Authentication.
Records
Record of Meetings, Trainer 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
- Topic Specific Statutory Quality Assurance Guidelines developed by QQI for Providers of Blended Learning Programmes – QQI, March 2018.

11.5 Monitoring and Review

Document No.	MAR11.5	Version:	6.0
Date Approved	Draft	Approved By	
Next Review		Responsibility	

Purpose

To ensure that information is provided to the public, Learners, and associated stakeholders in as stated in the policy and procedures.

Responsibility

Council, EC, CEO, TM,

Procedure

The following monitoring and reporting requirements will apply:

1. The CEO and TM 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/ QIP/IV/EA Reports
2. The EC 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 EC 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 EC 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