|  |  |
| --- | --- |
| Quality assurance annual performance assessment | **\\psf\Home\Desktop\SMP\Logos\SMP-logo-text-icon.jpg** |

**1. Trainer/Assessors**

|  |  |  |
| --- | --- | --- |
| Name | Tel No. | |
| Email | | D.O.B |
| Address | | |
| Town/City | Post code | |
| Company | | |
| FAW certificate or exemption Training/Assessing qualification | | |

Information will be processed in line with your rights under GDPR and as the highlighted in our fair processing notice.

**2. Designated IQA**

|  |  |  |
| --- | --- | --- |
| Name | Tel No. | |
| Email | | D.O.B |
| Address | | |
| Town/City | Post code | |
| Company | | |
| FAW certificate or exemption Assessing/verifying qualification | | |
| IQA/Trainer conflict of interest declaration | | |

**3. Administration Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Is there a documented quality assurance plan. |  | Is the training venue appropriate for the training. |  |
| Is there a documented course evaluation procedure. |  | Are the training resources appropriate for the training and in date. |  |
| Is there a documented complaints procedure. |  | Do the Venue, trainer and room layout portray a professional image. |  |
| Is First aid taught in accordance with current guidelines. |  | Health & Safety checks, injuries minimised, appropriate Wipes and lung changes for manikins. |  |
| Does the training syllabus meet the HSE guidelines. |  | Appropriate lesson plans. |  |
| Do the certificates contain the following:   * Candidates Name * Name of training organisation * Reference to Health & Safety (first-aid) Regulations 1981 * The date of issue * Confirmation the certificate is valid for 3 years |  | Student Introduction covered   * Venue administration * Health & Safety * Equality & Diversity * Lesson plan * Learning outcomes * Appeals & complaints |  |
| Are Joining instructions given and adequate. |  | Is there a Health & Safety policy. |  |
| Are Legal training contracts correct. |  | Is there a Equality & Diversity policy. |  |
| Is document storage method appropriate. |  | Is all admin in accordance with the data Protection Act |  |
| Notes | | | |

**4. Course details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Venue | | | | | Date: | |
| Address | | | | | | |
| Town/City | | | | | Post code | |
| Start Time: | | End time: | | | Total Time: | |
| Course: | | | No. of students: Risk Assessment: | | | |
| Session: CPR | Bleeding | Unconscious | | Choking: | | Secondary survey |
| Other: | | | | | | |

**5. Trainer/Assessor Evaluation/Observation**

|  |  |  |  |
| --- | --- | --- | --- |
| Training | | Assessing | |
| Explain session format and content |  | Adapt style to achieve the best evidence of learning |  |
| Adapt learning style to meet the needs of each student |  | Clearly indicate to the candidate what is required |  |
| Clearly follow and deliver the lesson plan |  | Observe all learning outcomes for each student |  |
| Manage any disruptions appropriately |  | Confirm candidates understanding by questioning |  |
| Deal appropriately with questions |  | Confirm candidates understanding by observation |  |
| Establish and maintain a rapport with all students |  | Knowledge checks/tests carried out appropriately |  |
| Ensure all learning outcomes were met |  | Provide candidates with appropriate feedback |  |
| Make good appropriate use of the training resources |  | All paperwork complete satisfactorily |  |
| Challenge any behaviour or obstacles to learning |  | Confirm all candidates ID and previous certificates |  |
| Demonstrate competent subject knowledge for training |  | Demonstrate competent subject knowledge for assessing |  |

**6. Agreed Trainer/Assessor Action plan**

|  |
| --- |
| **S**  **M.**  **A.**  **R.**  **T.**  **Trainer/Assessors comments:**  **IQA signature: Trainer/Assessor signature:** |

Continue on separate sheet if needed.

**7. Trainer/Assessors statement**

I confirm that the information above is a true and accurate account of my performance assessment. I consent to my personal data being processed and retained for the purpose of complying with the first aid regulations in line with my rights under GDPR Trainers/Assessors signature: Date:

**8. Designated IQA statement**

I confirm that the information above is a true and accurate account of the performance assessment, which was carried out as per SMP guidelines. I consent to my personal data being processed and retained for the purpose of complying with the first aid regulations in line with my rights under GDPR

I deem the trainer-assessor: competent / competent with action plan / not competent see attached report

IQA’s signature: Date: