## Internal Quality Assurance Policy – 1st4sport

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Solihull MBC's Recognised Delivery Centre ensure that these arrangements are in place to quality assure the assessment of qualifications. The objective of these arrangements is therefore to ensure that all assessment is fair, consistent and meets 1st4sport Qualifications and national requirements.

The Head of Centre Tina Wiggin is responsible for ensuring that this policy is published, implemented and accessible to all personnel and any relevant third parties. The Head of Centre will also ensure that all personnel have read and understood this policy and that any amendments to the policy are communicated to relevant parties.

This policy has been designed to promote quality, consistency and fairness throughout the assessment and internal verification activities. It aims to ensure that standards of assessment are maintained consistently over time.

#### Aims

The aims of Internal Quality Assurance are:

- to ensure the effective management of assessment.
- to ensure the consistency and validity of internal quality assurance processes.
- to ensure the effective support for assessment and quality assurance personnel.
- to ensure the quality assurance of the outcomes of assessment in-line with awarding organisation and national requirements.

#### **Objectives**

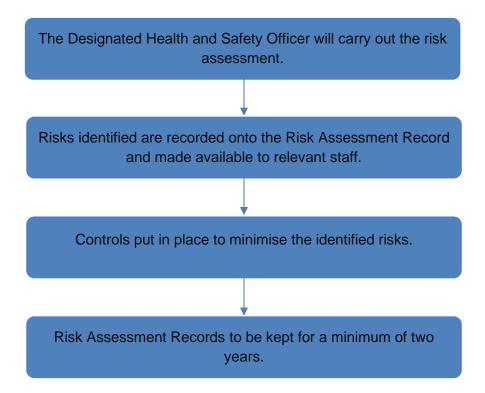
The objectives of internal quality assurance fulfil a variety of quality assurance considerations. The list below outlines internal quality assurance objectives, which ensure that Solihull MBC's Recognised Delivery Centre

- operates from this established quality assurance policy and related procedures which are consistently reviewed where required in accordance with generic quality control arrangements.
- ensures an effective induction is provided for all members of the assessment and quality assurance teams, as required.
- ensures effective appraisal and continued professional development for all members of the assessment and quality assurance teams.
- ensures that the assessment and quality assurance teams understand and are able to follow and advise on all centre policies and procedures.
- ensures equality and diversity is embedded throughout the internal quality assurance and assessment activities.
- ensures quality via accurate and effective assessment of all learners.
- monitor and ensure consistency of assessment outcomes via appropriate interpretation of 1st4sport Qualification's specific qualifications and/or national requirements.

- reviews and evaluates the quality and consistency of assessment at different stages of the assessment process.
- maintain accurate and current records of internal quality assurance.
- standardise all components of the assessment where appropriate.
- carry out continuous improvement activities to ensure all corrective actions and best practice guidelines requested by awarding organisations and their moderation staff (including external quality assurers) are complied with.

#### **Risk Assessment Procedure**

Risk Assessments will be carried out for all relevant activities/venues by following the procedure below:



## Risk Assessment Record

| Location/Site |      |  |
|---------------|------|--|
| Activity      |      |  |
| Risk assessor | Date |  |

| Hazard Description | Cause and Consequence (what causes the hazard and why is it harmful) | Control Measures in Place (preventive action) | Recovery Measures in Place (corrective action) | Severity/level of risk<br>(low/medium/high based on<br>evaluation of likelihood and<br>impact) | Action Completion Details (date and nominated staff) |
|--------------------|--|---|--|--|--|
|                    |  |   |  |  |  |
|                    |  |   |  |  |  |
|                    |  |   |  |  |  |
|                    |  |   |  |  |  |
|                    |  |   |  |  |  |
| Signed             |  |   | Time risk assessment                           | completed  |  |

### First Aid Procedure

| Contact details             |  |  |  |
|-----------------------------|--|--|--|
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
| Location of First Aid boxes |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |
|                             |  |  |  |

All designated first aiders are appropriately qualified. Therefore, one of the first-aiders listed above must be contacted in the event of an incident occurring, to administer any first aid required. It is important that all issues where a first-aider has been involved are recorded in the necessary incident logbook(s) which accompany the first-aid box(es).

It is the responsibility of the tutor/assessor to make learners aware of whom their nominated first-aiders are and where they can be found (they are required to be on site at the time of a course/programme taking place).

All accidents/ incidents will be recorded on an Accident Report Form which should be sent to the Designated Health and Safety Officer who will decide whether further action needs to be taken and whether a report under RIDDOR<sup>1</sup> is required.

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<sup>&</sup>lt;sup>1</sup> Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

## Accident Report

| Date, time, location and event details where the incident took place |  |  |                |  |  |
|--|--|--|----------------|--|--|
| Da   | e  |  | Time           |  |  |
| Loc<br>(Ver  | cation<br>ue)  |  |                |  |  |
| (eg num  | ent details<br>Qualification title and course<br>ber)  |  |                |  |  |
| Iniu   | Injured persons details  |  |                |  |  |
| Na   |  |  |                |  |  |
| Occupation:  |  |  |                |  |  |
| Date of birth:   |  |  |                |  |  |
| Address:   |  |  | Postcode       |  |  |
| Tel:   |  |  |                |  |  |
| Email:   |  |  |                |  |  |
|  |  |  |                |  |  |
| De   | Details of all persons involved – insert details of all individuals actually involved in near miss, incident or accident |  |                |  |  |
|  | Name   |  | Contact number |  |  |
| 1  |  |  |                |  |  |
| 2  |  |  |                |  |  |
| 3  |  |  |                |  |  |
| 4  |  |  |                |  |  |

| Details of all witnesses -insert details of all individuals who witnessed the near miss, incident or accident |                                     |        |                                       |                |  |  |
|---|-------------------------------------|--------|---------------------------------------|----------------|--|--|
|   | Name                                |        | Contact number                        | Contact number |  |  |
| 1   |                                     |        |                                       |                |  |  |
| 2   |                                     |        |                                       |                |  |  |
| 3   |                                     |        |                                       |                |  |  |
| 4   | 4                                   |        |                                       |                |  |  |
| 5   | 5                                   |        |                                       |                |  |  |
|   |                                     |        |                                       |                |  |  |
| Inc   | Incident details                    |        |                                       |                |  |  |
| Tin   | ne of injury                        |        | Date of injury                        |                |  |  |
| Description of the incident   |                                     |        |                                       |                |  |  |
|   |                                     |        |                                       |                |  |  |
|   |                                     |        |                                       |                |  |  |
|   |                                     |        |                                       |                |  |  |
|   |                                     |        |                                       |                |  |  |
| Tre   | eatment applied                     |        |                                       |                |  |  |
| Na  | me of person giving treatment       |        |                                       |                |  |  |
| Ro  | le of person giving treatment       |        |                                       |                |  |  |
| Loss of consciousness:  |                                     | Yes/No | Ambulance called:                     | Yes/No         |  |  |
| Person sent to Hospital:  |                                     | Yes/No | If Yes, which Hospital:               |                |  |  |
| Na  | me of person completing this report |        |                                       |                |  |  |
| Date of report  |                                     |        | Office use only: date report received |                |  |  |