# Paul R Salmon - Centre Policies and Procedures Manual Edition 8 – Rev June 2026

**Review Date: 30 June 27**



**Elevating to excellence in training and development. Facilitated by leading experts.**

# Forward

## Mission Statement

Simply to provide the highest standard of training, customer care and service available. Provide the best staff and offer the best price.

## Staffing Structure

**Head of UK Operations / UK Operations Manager (Quality Assurance Officer)**

Paul Salmon – prs@paulrsalmon.co.uk

**Lead Verifier and Support Manager**

Paul Salmon – prs@paulrsalmon.co.uk

**Assessors / Tutors / Verifiers – Various**

## Contact Details

01206 890 292

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# 1. Child and Vulnerable Adult Protection Policy

**Policy Reference:** CPP-01 **Review Cycle:** Annual

## 1.1 Purpose and Scope

This policy outlines the commitment to safeguarding children (under 18) and vulnerable adults (adults at risk) who engage in training courses, assessments, or related activities. This policy applies to all directors, employees, freelance trainers, assessors, internal quality assurers (IQAs), and learners.

## 1.2 Policy Statement

Every individual has the right to learn in a safe, secure, and supportive environment. We operate a zero-tolerance approach to abuse, neglect, exploitation, and radicalization. We aim to ensure that safeguarding practices reflect statutory responsibilities, government guidance, and comply with Awarding Organisation standards.

## 1.3 Definitions

- **Child:** Anyone who has not yet reached their 18th birthday.
- **Vulnerable Adult (Adult at Risk):** A person aged 18 or over who has needs for care and support, is experiencing or is at risk of abuse or neglect, and because of those needs is unable to protect themselves.

## 1.4 Prevent Duty

In accordance with the Counterterrorism and Security Act 2015, we recognize our duty to prevent individuals from being drawn into terrorism. Staff are trained to recognize signs of radicalisation, extreme behaviours, or vulnerability to exploitation, and to report these through the designated safeguarding pathway.

### 1.5 Procedure for Reporting Concerns

If a member of staff, trainer, or learner suspects abuse, or if a disclosure is made:

[Recognize & receive]

- Give the individual your full attention.
- Listen without judgment and do not promise absolute confidentiality.

▼

[Record]

- Document the exact words used, the date, time, and physical signs.
- Use a secure Safeguarding Incident Form.

▼

[Report]

- Pass the report immediately to the Designated Safeguarding Lead (DSL)
- within 1 hour of disclosure.

▼

[Refer]

- The DSL will review the report and, if required, contact Local Authority
- Safeguarding Teams or the police within 24 hours.

### 1.6 Designated Safeguarding Contact

- **Designated Safeguarding Lead (DSL):**

Paul Salmon – prs@paulrsalmon.co.uk

## 2. Data Protection Policy

**Policy Reference:** DPP-02 **Review Cycle:** Annual

### 2.1 Policy Statement

We are fully committed to compliance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. We ensure that all personal data relating to learners, staff, and stakeholders is collected, processed, and stored fairly, lawfully, and transparently.

### 2.2 Data Protection Principles

All personal data managed by the centre must be:

1. Processed lawfully, fairly, and in a transparent manner.
2. Collected for specified, explicit, and legitimate purposes (e.g., course registration and certification).
3. Adequate, relevant, and limited to what is necessary.
4. Accurate and, where necessary, kept up to date.
5. Kept in a form which permits identification of data subjects for no longer than is necessary.
6. Processed in a manner that ensures appropriate security against unauthorized processing, accidental loss, or destruction.

### 2.3 Learner Records and Awarding Organisations

Learner personal data, including names, dates of birth, contact details, and assessment evidence, will be shared securely with registering Awarding Organisations to facilitate certification.

**Retention Rule:** To meet Ofqual General Conditions of Recognition, all learner assessment records, verification sheets, and attendance registers must be kept securely for a minimum of **3 years** following certification for EQA audit purposes.

### 2.4 Data Security Actions

- **Physical Records:** Locked securely in filing cabinets with access restricted to authorized personnel only.
- **Digital Records:** Stored on secure cloud servers, protected by robust password policies and two-factor authentication (2FA).
- **Right of Access:** Learners have the right to request access to their data via a Subject Access Request (SAR), which will be fulfilled free of charge within one calendar month.

**Data Commissioner Registration Accreditation Number:** ZB332353

**Data protection Officer:** Paul Salmon – prs@paulrsalmon.co.uk

# 3. Equal Opportunities Policy

**Policy Reference:** EOP-03 **Review Cycle:** Annual

## 3.1 Purpose and Scope

This policy ensures that no learner, employee, or job applicant receives less favourable treatment on the grounds of any protected characteristic. It applies to all aspects of training delivery, marketing, recruitment, and assessment.

## 3.2 Statutory Framework

This policy is strictly aligned with the **Equality Act 2010**, protecting individuals against direct discrimination, indirect discrimination, harassment, and victimization across the nine protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

## 3.3 Commitment to Learners

We ensure fair access to training and assessment for all learners by:

- Using inclusive training materials that are free from bias or offensive stereotypes.
- Selecting training venues that offer appropriate physical access and amenities.
- Promoting a culture of mutual respect where bullying, discrimination, or derogatory language is dealt with immediately via disciplinary procedures.
- Promoting the availability of Reasonable Adjustments and Special Considerations to ensure that assessments do not present unnecessary barriers.

# 4. Fair Assessment Policy

**Policy Reference:** FAP-04 **Review Cycle:** Annual

## 4.1 Principles of Assessment

We ensure that all assessments conducted under our centre scope are valid, reliable, transparent, and fair. Assessments must be carried out by qualified Assessors who hold recognized qualifications (e.g., TAQA, A1, CAVA) and possess relevant occupational competence.

| PRINCIPLES OF FAIR ASSESSMENT | |
|---|---|
| VALIDITY | The assessment measures exactly what it claims to measure, as set by the learning outcomes. |
| RELIABILITY | Consistent conclusions are reached by different assessors over time. |
| FAIRNESS | All learners have an equal opportunity to demonstrate success without unfair barriers |

## 4.2 Reasonable Adjustments

A reasonable adjustment is an arrangement made before an assessment to reduce the effect of a disability or difficulty that places the learner at a substantial disadvantage.

- **Application Process:** Learners must request adjustments at the time of booking or induction. Supporting evidence (e.g., medical notes, educational psychologist reports) must be provided.
- **Permitted Adjustments:** May include extra time for written exams, clean copies of materials printed on coloured paper, reader/scribe assistance, or adapted practical equipment.
- **AO Notification:** The centre will seek formal, written approval from the Awarding Organisation before implementing adjustments for regulated external examinations, ensuring the adjustment does not compromise the assessment's integrity.

### 4.3 Special Considerations

A special consideration is a post-assessment adjustment given to a learner who was prepared for and present at an assessment, but whose performance was materially affected by temporary illness, injury, or an adverse event immediately prior to or during the assessment.

- **Application Process:** Must be submitted to the Centre Quality Manager within **2 working days** of the assessment window, accompanied by verifiable proof.
- **Processing:** Approved requests will be securely forwarded to the Awarding Organisation's EQA department for final determination.

## 5. Health and Safety Policy

**Policy Reference:** HSP-05 **Review Cycle:** Annual

### 5.1 General Statement of Intent

We accept our legal responsibilities under the **Health and Safety at Work Act 1974** and management regulations. We provide and maintaining safe training environments, secure equipment, and clear operational systems for all staff, trainers, and learners.

### 5.2 Roles and Responsibilities

- **Management:** Undertakes to complete annual health and safety policy reviews, secure required insurance coverage (Public and Employers Liability), and maintain a central accident book.
- **Trainers and Assessors:** Responsible for conducting visual room inspections and dynamic risk assessments before starting any training course.
- **Learners:** Expected to act safely, respect equipment guidelines, and immediately report hazards or incidents to their designated trainer.

### 5.3 Risk Assessment Framework

Formal, written risk assessments must be completed for all training venues and practical procedures (e.g., live fire safety training, physical first aid compressions, or water-based rescue skills).

| Hazard Identified | Who is At Risk? | Control Measures Implemented | Residual Risk |
|---|---|---|---|
| **Physical Strains** (Practical Floor Work) | Learners & Trainers | Use of appropriate protective mats, compulsory warm-ups, and step-by-step ergonomic posture instruction. | **Low** |
| **Cross-Infection** (CPR Manikin Practice) | Learners & Trainers | One-way valves used on lungs, individual disinfectant wipes provided per learner, and mandatory pre/post hand hygiene. | **Low** |
| **Slips, Trips, & Falls** (Trailing Cables) | All Attendees | Proper routing of necessary cables along perimeter walls, covered with high-visibility | **Low** |

| Hazard Identified | Who is At Risk? | Control Measures Implemented | Residual Risk |
|---|---|---|---|
| | | heavy-duty rubber protector strips. | |

**Hutleys Swimming Pool has full risk assessment and health and safety documents on site.**

### 5.4 First Aid Provisions

Every training delivery site must have access to a fully stocked first aid kit matching local risk needs. The leading trainer serves as the on-site point of contact for first aid emergencies. All accidents, injuries, or near-misses must be logged in the Centre Accident Book within 24 hours. Serious incidents meeting standard regulatory thresholds must be reported to the HSE under RIDDOR guidelines.

## 5. Learner Appeals Policy

**Policy Reference:** LAP-06 **Review Cycle:** Annual

### 6.1 Purpose

This policy provides learners with a clear, fair, and structured mechanism to challenge an assessment decision if they believe the assessment was not conducted fairly, or that the outcome does not accurately reflect the evidence submitted.

### 6.2 Staged Appeals Procedure

[ Stage 1: Informal Review]

│ Submit to the original Assessor within 5 working days.

│ Resolution meeting held within 2 working days.

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[ Stage 2: Formal Internal Appeal]

│ Escalate to Centre Quality Manager within 5 working days if unresolved.

│ Independent IQA conducts review; written outcome within 10 working days.

▼

[ Stage 3: Escalation to Awarding Organisation]

│ If still unresolved, appeal directly to the AO using their formal procedures.

│ Must be submitted within 20 working days of the Stage 2 outcome.

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[ Stage 4: Final Regulator Escalation]

│ Challenge the process via the appropriate qualification's regulator

│ (e.g., Ofqual) once all AO channels are fully exhausted.

### 6.3 Records Maintenance

All submitted documentation, meeting notes, re-marked papers, and final decision letters from every stage of an appeal will be securely logged and retained for a minimum of **3 years** for EQA inspection.

# 6. Learner Complaints Procedure

**Policy Reference:** LCP-07 **Review Cycle:** Annual

## 7.1 Scope of Policy

This procedure addresses service-delivery issues, including substandard training facilities, poor customer support, trainer unpunctuality, or discriminatory behaviour. It does not handle assessment decisions, which are managed separately via the Appeals Policy.

## 7.2 Resolution Process

- **Stage 1 (Informal):** The learner should discuss the issue directly with the trainer or centre support staff at the point of origin to find an immediate resolution.
- **Stage 2 (Formal):** If unresolved, the learner submits a formal complaint in writing to the Centre Quality Manager within **10 working days** of the event. The manager will investigate and issue a detailed written response within **10 working days**.
- **Stage 3 (Escalation):** If the learner remains dissatisfied with the centre's formal response, they may escalate the matter directly to the respective **Awarding Organisation**, referencing the centre's unique identification number.

## 8. Malpractice and Maladministration Statement

**Policy Reference:** MMS-08 **Review Cycle:** Annual

### 8.1 Definitions

- **Malpractice:** Deliberate or reckless acts that compromise the validity, reliability, or integrity of assessments and certification (e.g., cheating, plagiarism, collusion, or falsification of records).
- **Maladministration:** Administrative errors, mismanagement, or procedural failures that inadvertently jeopardize assessment integrity (e.g., failing to verify learner IDs, poor storage of exam papers, or uncalibrated equipment).

### 8.2 Prevention and Controls

The centre actively minimizes the risk of occurrence by implementing strict operational controls:

- Mandatory verification of government-issued photographic ID for all learners prior to any regulated assessment.
- Secure handling of exam materials, keeping test papers under lock and key until the scheduled start time.
- Rigorous invigilation practices that strictly prohibit mobile phones or unapproved reference books in exam areas.

### 8.3 Discovery and Mandatory Notification Procedure

If malpractice or maladministration is discovered or suspected:

**Important EQA Requirement:** The Centre Quality Manager must notify the registered Awarding Organisation in writing **within 24 hours** of discovery.

The centre will immediately launch an internal investigation, suspend processing certifications for affected learner tracks, secure all relevant evidence, and submit a complete, objective investigation report to the AO within **10 working days**.

## 9. Internal Quality Assurance (IQA) Procedure

**Policy Reference:** IQAP-09 **Review Cycle:** Annual

### 9.1 Core Purpose

The IQA procedure maintains the standard and integrity of training delivery and assessment. It ensures all assessors evaluate learner evidence consistently, accurately, and in complete alignment with Awarding Organisation criteria.

### 9.2 The CAMERA Sampling Strategy

To guarantee comprehensive, unbiased oversight, the centre applies the structured **CAMERA** methodology when planning internal quality verification activities:

- **C - Candidates (Learners):** Sampling across different backgrounds, capabilities, gender, and special needs profiles.
- **A - Assessors:** Monitoring experienced assessors alongside increased sampling for new or newly qualified assessors.
- **M - Methods of Assessment:** Sampling diverse assessment types, including practical skills, multiple-choice tests, and written portfolios.
- **E - Evidence:** Checking actual assessment records, practical checklists, and marking rationales.
- **R - Records:** Auditing tracking logs, portfolios, and certification tracking sheets.
- **A - Assessment Locations:** Sampling across different approved venues or client delivery sites.

### 9.3 Sampling Ratios and Frequency

- **Newly Qualified Assessors:** A **100% sampling rate** applies to their first three consecutive cohorts, alongside mandatory direct observations of their assessment delivery.
- **Experienced Assessors:** A minimum **10% sampling rate** applies, determined dynamically by risk-scoring matrixes and past verification outcomes.
- **All practical courses i.**e. first aid and lifesaving will have one face to face visit each year. The first course the trainer / assessor delivers will be face to face IQA.

### 9.4 Standardisation Practices

The Centre Quality Manager leads formal Standardisation Meetings at least twice per year (remotely or face to face). These sessions bring the whole training team together to blind mark past portfolios, review recent EQA feedback, update operational practices, and ensure consistent interpretation of qualification criteria across the organization.

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## Centre Validation Declaration

By implementing this manual, the centre confirms its commitment to maintaining the quality and security of all regulated qualifications under its scope.

**Approved By:** Paul R Salmon – prs@paulrsalmon.co.uk

**Date of Current Implementation:** 1 June 2026

**Next Scheduled Review Date:** 30 June 2027