



The Institute of Conflict Management

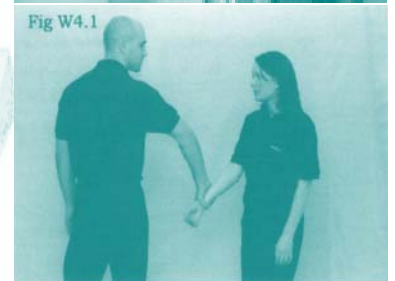


# QUALITY AWARD FOR TRAINING IN MANAGING WORK RELATED VIOLENCE

‘Recognising a commitment to raising training standards  
in  
conflict management’

## *Initial Approval Ques- tionnaire*

*(To be completed in conjunction with the QA Guid-  
ance)*



[WWW.CONFLICTMANAGEMENT.ORG](http://WWW.CONFLICTMANAGEMENT.ORG)

**INITIAL APPROVAL QUESTIONNAIRE**

This Questionnaire is designed to help you in preparation for your *Quality Award for Training in Managing Work Related Violence, and for becoming an ICM Quality Award Training Centre.*

Before submitting your application you must read the QA Guidance booklet to ensure you have understood and followed the requirements. Failure to do so may lead to a delay in your application being processed and may ultimately risk your application being turned down.

If you need further assistance, you may contact the ICM Secretariat on Tel: 0116 2606961, e-mail: [icm@associationhq.org.uk](mailto:icm@associationhq.org.uk). The information contained within this pack is also available from our web site: [www.conflictmanagement.org](http://www.conflictmanagement.org)

**COMPANY DETAILS**

ICM Ref. Number:

Name:

Address:

Telephone Number:

Fax Number:

Contact Name: \*

E-mail:

\* This should be the appointed person under who's authority the trainer's operate. He/she is required to complete a separate application form and sign the declaration to ensure their trainers abide by the Code of Practice, Disciplinary procedure, and Membership Guide.

**ELEMENT 1 - Training Design**

**A) Course Specification**

Please provide a sample of a course specification for the training you provide e.g managing work related violence, personal safety, conflict management, physical skills or other related subjects. This must include the following information:

- |   | 1                        | 2                        | 3                        |
|---|--------------------------|--------------------------|--------------------------|
| 1. Who it is designed for   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The course aims  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The course objectives  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Learning outcomes  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The course content (headings only)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Methods of delivery and links with the national occupational Standards, ICM Code of Practice or other qualifications or awards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Duration of the course   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**B) Training Needs Analysis:**

1. *Please provide an outline (in the box below) of how you establish training need and send an example of how you gain information from the training commissioner (i.e Risk assessment findings, Incident analysis, statistics).*

*Please also provide one of the following:*

- |                          | 1                        | 2                        | 3                        |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Questionnaire         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Structured Interviews | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Enquiry letter        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


How do you establish training need? (You may submit this on separate sheet if you wish)



(You may continue on a separate sheet if necessary)

**C) Training Design Process :**

1. Please describe your approach to training design and linkage between training needs and solutions:




(You may continue on a separate sheet if necessary)

2. Please provide your organisation’s Health and Safety Policy: to support your training programmes, your organisation should have a Health & Safety Policy to ensure compliance with the ICM and, where

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D) Learner Support**

1. Please describe your approach to providing additional material and support with clear links, explaining how this helps the individual learner to capitalise on the training they have received:



(You may continue on a separate sheet if necessary)

- 2. Please provide documentary examples of support notes and additional material provided for delegates to assist in the retention and development of the learning they have received.

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E) Learning Environment**

Please provide the following as evidence of how you ensure health and safety of your delegates and in relation to the selected training venue:

- 1. Example of the trainer’s checklist for health & safety
- 2. Example of the health & safety briefing for attendees
- 3. If applicable, please provide an example of the additional guidance given to trainers of physical skills to ensure safe practice

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**ELEMENT 2 - Training Delivery**

**A). Quality and Effectiveness of Trainers**

1) If you are registering your trainer's as affiliate member's then you need to complete and sign the declaration on the relevant application form available in the 'Tool Kit' and provide the following:

Please provide evidence of your trainer's induction and ongoing professional development process

*Please provide 2 passport photo's for each Affiliate applicant registered*

*Are the complete personal portfolio's of each of your trainers available for review by the ICM and its external assessment agency in the event a site visit is necessary?*

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1		
<input type="checkbox"/>		

2) If you are registering them as Registered Trainer Member's (MICM Reg.), you must complete the relevant application form (in the 'Tool Kit'), sign the declaration, and provide the following evidence for each individual trainer:

Name \_\_\_\_\_

2.1) Insurance Cover

2.2) A copy of any qualification held for teaching or training

2.3) A copy of any qualification held for training in managing work related violence, personal safety, conflict management, physical skills or other related subject

2.4) Relevant application form and signed declaration

2.5) Evidence of experience in teaching, training and managing work related violence, personal safety, conflict management, physical skills or other related subjects

2.6) 2 Passport photo's per Member Trainer (MICM Reg.)

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: If you are registering more than one Affiliate/Member Trainer (MICM Reg.), then you may use the extra copies contained in the 'Tool Kit', or photocopy this page.**

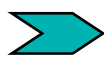
**B). Organisational Responsibility**

The following documentation is required as evidence of the organisation's responsibility to its registered trainers:

1) Evidence of the organisation's insurance arrangements and how this protects both your trainers and the course attendees.

2) Organisation's policy on first aid and how this is achieved when delivering training

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C) Administration Documentation**

Is there an administration system in place to ensure that all required training records are stored and available for review. Records must include the following:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        |
| 1. Dates of the course   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Names of the attendees  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Names of the trainer (s)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Names of assessors (if applicable)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Contact details for attendees   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Contact details of the training commissioner                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Expiry date of the certification, and where applicable, re-qualification dates. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Any certificate you provide to delegates must contain certain information relevant to the ICM’s Quality Award. Please provide a sample certificate that you intend on using. It must have the following information contained on it:

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | 1                        | 2                        | 3                        |
| 8. Course name                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Organisation name and contact details             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Date of the course                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Name of the delegate/student                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Name of the Trainer                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Name of the assessor (if applicable)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. The ICM QA (provisional) reference number        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is signed by the appropriately authorised person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The term:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*“(Name) has undertaken a course in the above subject and has been awarded a certificate by (organisation) in accordance with the ICM Quality award for training in managing work related violence.”*





**D) Quality Assurance Plan**

Evidence of how your quality assurance plan for trainers, as well as details of how the trainer's knowledge, skills, and ability is maintained.

	1	2	3
1. A Quality Assurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Evidence of CPD of trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Complaint Procedure:			
3.1 letter of introduction that outlines the procedure for making complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 example of complaint form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**ELEMENT 3 - Training Evaluation & Feedback**

**A) Trainer assessment and course feedback form**

Please provide examples of the way in which students are assessed on their knowledge and skills, and an example of the way in which students can comment on the course content and the tutor's ability and style:

	1	2	3
1. Assessment documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Written performance assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Trainers assessment form to include:*

	1	2	3
3. Date of course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Trainer Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Example of post course assessment form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

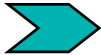
*Course feedback form to include:*

	1	2	3
7. Date of course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tutor's name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. An assessment of the tutor's ability and style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. An assessment of the course content and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tutor's course report (to feedback to line managers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Course injury report form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Client feedback form or questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B) Workplace effectiveness:**

	1	2	3
1. Please describe your approach to evaluating the effectiveness of your training in the workplace setting within the limitation imposed by your relationship with the client. For example: Workplace evaluation questionnaire, workplace interviews, focus groups, feedback database, statistics, client feedback, unsolicited feedback from delegates, testimonials etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(It may help your application to also provide an example of any of the above)





## ADMINISTRATION & DOCUMENTATION

**Notes for ICM purposes only (do not mark)**