

**For use on all courses longer than 1 day**

**Scheme of Work and Risk Assessment 2021/2022**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Title:** |  | **Start Date:** |  | **End Date:** |  | **Course Type:** | Community Learning |  |
| Regulated |  |
| **Tutor Name:** |  | **Venue Name:** |  | **Number of Sessions:** |  | Non-regulated |  |
| Workshops/Taster (<5hrs) |  |
| **Learning Aim Ref (Regulated courses):** |  | **GLH:** |  | Short Course (5-9hrs) |  |
| Long Course (10hr+) |  |
| **Course Aim:** |  | Family Learning |  |

**Guidance for Developing your Scheme of Work**

***This is a working document and it should change as your course progresses. Please ensure that learner assessment informs your planning both initially, and throughout the course.***

Ensure that the following areas are incorporated into planning your course:

***For all courses:***

* Implementation of RARPAP processes
* Opportunities for robust initial, formative and summative assessment (formal and informal) throughout the course
* Support for learners to enable them to meet any SMART Additional Targets
* Promotion of equality and diversity and the protected characteristics
* Promotion of support for learners to develop their essential transferable skills and attributes: **listening, presenting, problem solving, creativity, staying positive, aiming high, leadership, teamwork, resilience, confidence, independence, tolerance**
* Safe learning practices, including adhering to the latest COVID-19 guidelines, online safety etc.
* Promotion of progression routes for learners and outline access to wider opportunities available to them by providing Information Advice and Guidance **(IAG**)/ Careers Education Guidance (**CEG**)
* Embedding a wide range of teaching and learning methodologies including innovative use and development of ICT, as well as English/maths skills development
* Review of each session on session plans to inform changes to Scheme of Work

**Essential Components of the Course**

It is essential that the following are incorporated into the planning of your course. Please indicate how you will embed them and record resources that you plan to use.

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| --- | --- | --- |
| **Component** | **How this will be embedded** | **Week Number(s)** |
| **Behaviour and Attitudes (BA) and Personal Development (PD)** | English |  |  |
| maths |  |  |
| Digital skills |  |  |
| Essential transferable skills and attributes (see front page) |  |  |
| Progression e.g further learning, employment or volunteering |  |  |
|  | Health and Safety, includingCOVID-19 |  |  |
|  | Information Advice and Guidance (IAG)/ Careers Education Guidance (CEG) |  |  |
|  | Differentiation |  |  |
| **Safeguarding** | PREVENT |  |  |
| British Values |  |  |
| Other (including Online Safety) |  |  |
|  | Equality & Diversity (E&D) including protected characteristics  |  |  |

**Awarding Body and/or SMART Tutor Set Targets**

Insert course targets below.

* *For accredited courses*, use Awarding Body course targets.
* *For non-regulated / Community Learning courses*, the Tutor Set Targets should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound (SMART) and meet the needs of the learners. Ensure these have been approved by the Quality Team prior to start date and match the targets on the Course Notification form. Transfer these targets to the learners’ ILPs too.

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| **Skills development:** |
| List the skills learners need to develop in order to achieve the above targets. Transfer these skills to learners’ ILPs too.*
 |

**Breakdown of sessions**

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| --- | --- | --- | --- | --- | --- | --- |
| **Week Number** | **Expected Session Goals** | **Skills to be developed** | **Tutor Set Targets Ref No** | **Content of session** | **Teaching Methods/Resources** | **Assessment methods** |
| **Course related skills** | **Essential transferable skills and attributes** |
| **1** | **(Include Induction)** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |

**Tutor Declaration**

A risk assessment for this course has been completed and attached to this Scheme of Work. The Scheme of Work meets the aims of the programme and it has been discussed with learners.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  | **Signature:** |  | **Date:** |

**Evidence Log**  **(optional)**

|  |  |
| --- | --- |
| **Tutor Set Targets Ref:**  | **Possible sources of evidence for Assessment and Achievement** |
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\*Tutor to add more rows as required

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**Course Risk Assessment**

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| --- | --- |
| **Programme Title** |  |
| **Venue Address** |  |
| **Name of person carrying out assessment** |  |
| **Date of Risk Assessment** |  |

**The purpose of this form is to:**

Assess the likelihood of injury, adverse effect to health, or damage to property from hazards associated with a venue, course, or a specific task or activity within a course. Once hazards and their associated risks have been identified, take actions in order to reduce the risk to the lowest practicable level.

**Please tick the appropriate answers**

1. How often is the task/activity performed?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hourly** | **Daily** | **Weekly** | **Monthly** | **Annually** |
|  |  |  |  |  |

1. The number of people who are or may be directly involved in the task or activity is:
2. The number of people who are or who may be affected by the task or activity is:
3. The following hazards are associated with this course/activity. Please those that apply **🗸**

|  |  |  |  |
| --- | --- | --- | --- |
| **Electricity** |  | **Hazardous substances** |  |
| **Portable equipment** |  | **Slip, Trip, Fall** |  |
| **Flammable substances** |  | **Use of hand tools eg scissors** |  |
| **New/expectant mothers** |  | **Personal health/diabetes** |  |
| **Manual handling** |  | **Personal safety** |  |
| **Covid-19 impacts (aligned with guidelines of the time)** |  | **Other (please state:** |

**Control Measures Available –** suggested prompt list

**Primary controls**: Substitution, Elimination, Design the risk out

**Secondary controls – for example**:

* Written instructions/Signage
* Awareness raising with learners
* Furniture spacing
* Restricted access/one way access
* Rubber flex guards, floor tape
* Protective clothing/equipment
* Security equipment
* Detailed maintenance schedule (PAT testing sticker)
* Emergency contact details
* Mobile phones
* Other

**How to rate a risk associated with an identified hazard**

Method:

1. Identify the hazard
2. How likely is the risk associated with the hazard going to occur on a scale of 1 to 3?
3. If the risk did occur, how severe would the result be on a scale of 1 to 3?
4. Multiply one by the other to give you a risk rating and help you to prioritise the risks
5. See table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Likelihood/frequency of exposure to risk** | **Possible outcome/magnitude****of event** | **Risk Rating (frequency x magnitude)** | **Priority** |
| Likely/often | 3 | Death/building and contents loss | 3 |  | High |
| Possible/occasional | 2 | Lost time, injury/repairs | 2 |  | Medium |
| Virtually nil | 1 | Slight injury/damage | 1 |  | Low |
| **EG A risk with a possible likelihood of occurring, which would result in a slight injury, would be 2 x 1 giving a rating of Low.** |

**Identification of Tasks, Rating Risks and Control Measures (including COVID-19)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Risk/Learner** | **Estimate of current Risk Rating (High/Medium/Low)** | **Persons at Risk** | **Control Measures** | **Actions to be taken** | **Estimate of Risk Rating following control measure** |
| COVID-19 |  |  |  |  |  |
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Please review this form if circumstances change with the course, eg a learner becomes pregnant as additional risks/controls will be needed.

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| --- | --- | --- | --- | --- |
| **Risk Assessor Signature:** |  | **Line Manager Signature:** |  | **Date:** |

