

POLICY	Quality Assurance and Monitoring		
POLICY NUMBER	CFL033		
EDITION			
DATE OF ISSUE		DATE OF REVIEW	
SIGNATORY			

1 Introduction

This manual describes the CONFIDANCE for Life Quality Assurance and Monitoring Policy and Procedures. The Policy and Procedures are developed to assure service user satisfaction by providing quality services which meet, or exceed, the expectations of the service users.

The Policy and Procedures described is mandatory for all activities performed by employees, volunteers and the Board of Trustees of CONFIDANCE for Life to assure service conformance.

2 Amendments and Revisions

The Policy and Procedures will be revised as required. Whenever revision occurs, new copies of the Policy and Procedures will be distributed to employees, volunteers and the Board of Trustees and will include a cover page describing the changes.

3 Organisation

- Quality Management

The Board of Trustees are responsible for Quality Management and have the authority and organisational freedom to identify and evaluate quality problems and to initiate, recommend and provide solutions.

- The Board of Trustees are responsible for
 1. Update and distribution of the Quality Assurance and Monitoring Policy as required
 2. Planning to meet service user's quality requirements
 3. Ensuring inspection criteria are adhered to
 4. Arranging external audit as stipulated in this policy
 5. Approval of suppliers
 6. Maintaining a listing of suppliers
 7. Monitoring procedures to assure compliance
 8. Corrective Action coordination

4 Quality Policy

The Quality Policy is documented within this manual and may be supported at any point by additional instructions issued to increase control of quality function. Any additional instruction affecting the Quality Programme shall be approved by the Board of trustees via the Quality Manager and appended to this document.

The Quality Policy is intended to

- Control equipment/goods from ordering to receipt, through inspection and returns
- Provide stock control of equipment being used in the dance projects
- Assure inspection of equipment being used in the dance projects
- Assure quality of service for service-users in the dance projects

5 Purchasing and Ordering

- System

Order Forms:

- Should be kept in the Ordering and Receipts folder
- Are uniquely and sequentially numbered
- Are manually generated
- Should include appropriate details of all items being ordered
- If completed incorrectly should be marked with VOID across the page and placed in the front of the Ordering and Receipts folder, not discarded.
- Should be attached to both the Payment Confirmation Form and sales receipt on payment of goods

Payment Confirmation Form

- Should be kept in the Ordering and Receipts folder
- Are uniquely and sequentially numbered
- Are manually generated
- Should include appropriate details of all items being ordered
- If completed incorrectly should be marked with VOID across the page and placed in the front of the Ordering and Receipts folder, not discarded.
- Should be attached to both the Order Form and sales receipt on payment of goods

Receipts

- Should be kept in the Ordering and Receipts folder
- Should be attached to both the Order Form and Payment Confirmation Form on payment of goods

- Review and Approval

Order Forms should be reviewed and approved by the Board of Trustees. The Quality Manager should review the Order and Payment Confirmation Forms annually and document the results.

- Changes

Changes to the Order Forms or Payment Confirmation Forms must be approved by the Board of Trustees. If either form is changed in any way, the sequential numbering must be maintained and begun from the last form contained in the Ordering and Receipts Folder.

- Monitoring

CONFIDANCE for Life will arrange for an outside agency to inspect the Ordering and Receipts Folder on an annual basis, before the AGM, to assure compliance with the above Policy. The Order/Receipts Audit Form should be signed and dated by a delegated person from the outside agency and kept at the front of the Ordering and Receipts Folder

Copies of the Purchase Order Form, Payment Confirmation Form and Order/Receipts Audit Form are attached in Appendix 1 of this document.

6 Control of Purchased Items

- Incoming Goods/Equipment

Receipt of purchased goods or equipment should be indicated at the bottom of the Purchase Order Form with the date the items were received, the name of the person who received them and their signature

- Inspection

Purchased items should be inspected on receipt for suitability and/or damage. The person inspecting the items should print their name on, and sign, the Purchase Order Form.

- Items Missing From Order

Any items missing from the received order should be indicated on the Purchase Order Form.

- Acceptance

The Purchase Order Form should be annotated to confirm whether or not the items have been accepted for use by CONFIDANCE for Life.

- Returns

If any items need to be returned, the person returning the items should print their name, date and sign the Purchase Order Form when the items are returned.

- Monitoring

CONFIDANCE for Life will arrange for an outside agency to inspect the Ordering and Receipts Folder on an annual basis, before the AGM, to assure compliance with the above Policy. The Order/Receipts Audit Form should be signed and dated by a delegated person from the outside agency and kept at the front of the Ordering and Receipts Folder

7 Control of Equipment

- List of Equipment

To assist in stock-control, all equipment purchased by CONFIDANCE for Life for use in the dance projects will be listed in the Equipment Book under each project.

Replacement items will annotated on the relevant list of equipment.

The Equipment Book will be reviewed annually by the Board of Trustees to ensure stock control and the Equipment Book signed and dated to confirm review.

- Signing Out

All equipment used in the dance projects must be signed out of the Equipment Book, by the artist/teacher heading the project at the start of each programme. This signing-out confirms that the teacher/artist accepts that the equipment is "fit for use". Any equipment not accepted by the artist/teacher must be annotated in the Equipment Book for inspection and repair or replacement

- Signing In

All equipment used in the dance projects must be signed into the Equipment Book by the artist/teacher heading the project at the end of each programme. Any missing items will be annotated on the relevant list of equipment in the Equipment Book.

- Inspection

The equipment will be inspected when it is returned at the end of each programme. Any damaged equipment will be annotated on the relevant list of equipment in the Equipment Book and arrangements made to either

- Repair the equipment or
- Discard and replace damaged equipment

In addition, equipment will be inspected annually and the Equipment Book signed and dated to confirm inspection.

A member of the Board of Trustees will countersign the Equipment Book following the inspection to confirm completion.

- Missing Equipment

The artist/teacher will not be held liable for equipment used in the dance projects unless an excessive amount of equipment is missing on signing-in.

CONFIDANCE for Life reserve the right to seek compensation, of a sum not exceeding 75% of the cost of replacing the items, if an excessive amount of equipment is missing on signing-in.

- Monitoring

CONFIDANCE for Life will arrange for an outside agency to inspect the Equipment Book on an annual basis, before the AGM, to assure compliance with the above Policy. The Equipment Book should be signed and dated by a delegated person from the outside agency to prove that the audit has been completed.

8 Management of Projects

- Pre-Programme Questionnaires

- Questionnaires must be completed by every service-user taking part in the Projects before the programme begins.
- Questionnaires must be returned to CONFIDANCE for Life as soon as practically possible and no later than seven days from the start of the programme.
- Questionnaires must be kept in a folder unique to the programme and clearly labelled on the outside with the Project name and dates: eg. C U Shimmy: Aug 2010 – Dec 2010
- The CONFIDANCE for Life Data Protection Policy must be complied with at all times.

A copy of the Pre-Programme Questionnaire is attached in Appendix 2 of this document.

- Post-Programme Questionnaires

- Questionnaires must be completed by every service-user at the end of the programme.
- Questionnaires must be returned to CONFIDANCE for Life as soon as practically possible and no later than seven days from the end of the programme.

- Questionnaires must be attached to the corresponding Pre-Programme Questionnaire in the folder unique to the programme.
- The CONFIDANCE for Life Data Protection Policy must be complied with at all times.

A copy of the Post-Programme Questionnaire is attached in Appendix 2 of this document.

- Evaluation of Data

- Pre and Post Programme Questionnaires should be given to the person/agency evaluating the data as soon as practicable after the Post Programme Questionnaires have been returned, and not later than fourteen days from the end of each programme.
- If the Questionnaires are being delivered to the evaluator by post, duplicates of all the forms should be retained by CONFIDANCE for Life in the associated programme folder until the data has been compiled and the original copies returned. All duplicates must then be destroyed and replaced by the originals. The originals must be retained in the associated Project Folder.
- The evaluator must complete the Project Evaluation Form and return it with the Questionnaires.
- The Project Evaluation Form must be retained in the Project Data Folder.
- The CONFIDANCE for Life Data Protection Policy must be complied with at all times.

A copy of the Project Evaluation Form is attached in Appendix 2 of this document

- Project Critique Forms

- Project Critique Forms must be completed by every service-user at the end of each programme.
- The Forms must be returned to CONFIDANCE for Life with the Post-Programme Questionnaires.
- The Board of Trustees should meet with the artist/teacher associated with the programme to review the Critique Forms.
- Any points or suggestions made on the Critique Form should be taken on-board, a course of action agreed and the Project programme revised as necessary.
- Project Critique Forms should be kept with the associated Project Review Form until the Project Monitoring audit has taken place, then the Critique Forms should be destroyed.
- The CONFIDANCE for Life Data Protection Policy must be complied with at all times.

A copy of the Project Critique Form is attached in Appendix 2 of this document

- Project Review Forms

- Any amendments made to the Project programme should be listed on the Project Review Form. If no amendments are felt necessary, this should be indicated on the Project Review Form.



REGISTERED CHARITY NUMBER SC037515

- Project Review Forms should be kept with the complete Project Critique Forms, in a folder clearly marked with the Project and the programme date eg C U Shimmy: Aug 2010 – Dec 2010, until the Project Monitoring audit has taken place. The Project Review Form should then be retained in the Project Review Folder.

A copy of the Project Review Form is attached in Appendix 2 of this document

- Monitoring

CONFIDANCE for Life will arrange for an outside agency to audit the Project Data Folder, Project Critique Forms and Project Review Form, on an annual basis, before the AGM, to assure compliance with the above Policy. The Project Evaluation Form and Project Review Forms should be signed and dated by a delegated person from the outside agency to prove that the audit has been completed.

9 Review of Policy

This Policy will be reviewed annually within seven days of the Date of Review stated in the policy header.

CONFIDANCE for Life will arrange for an outside agency to check that the policy has been reviewed, to assure compliance with the above Policy. The Policy Form should be initialled by a delegated person from the outside agency to prove that the audit has been completed.



PAYMENT
CONFIRMATION

PAID BY _____

Registered Charity Number SC037515

METHOD

CARD	CASH	CHEQUE NUMBER -
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TO

DATE	DESCRIPTION	AMOUNT INC VAT
TOTAL		

CONFIRMATION OF PAYMENT

I confirm that payment has been received in full for the goods or services detailed above - (If vendor not present, eg internet shopping, state NOT PRESENT below and date and sign on their behalf)

Date

Signed

APPENDIX 1



Registered Charity Number SC037515

PURCHASE ORDER

NUMBER 0001

Woodside
Charlottetown
Cupar
Fife
KY15 7UJ

DATE :: _____

EMAIL : _____

PHONE: _____

SELLER

DELIVER TO

ORDER METHOD *	DELIVERY METHOD	ORDERED BY
Internet / Phone / Post / In Person		

* DELETE AS APPLICABLE

QTY	ITEM #	DESCRIPTION	ITEM PRICE	TOTAL	RETURNED
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
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					YES / NO
					YES / NO
					YES / NO

SUBTOTAL
DELIVERY
FINAL TOTAL

RECEIVED BY	ITEMS CHECKED BY	SIGNATURE
NAME	NAME	
ITEMS RETURNED BY	ITEMS RETURNED	SIGNATURE
NAME	DATE	

 <p>REGISTERED CHARITY NUMBER 50037515</p>	<p>ORDER/RECEIPTS AUDIT FORM</p> <p>YEAR ENDING ____ (MONTH/YEAR)</p>
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PURCHASE ORDER FORMS			
FORM NUMBERS AUDITED	<input type="text"/>	(FIRST)	TO <input type="text"/> (LAST)
FORMS MISSING	<input type="text"/> YES/NO	IF YES, WHICH NUMBER(S)	<input type="text"/>
FORMS VOID	<input type="text"/> YES/NO	IF YES, WHICH NUMBER(S)	<input type="text"/>

PAYMENT CONFIRMATION FORMS			
FORM NUMBERS AUDITED	<input type="text"/>	(FIRST)	TO <input type="text"/> (LAST)
FORMS MISSING	<input type="text"/> YES/NO	IF YES, WHICH NUMBER(S)	<input type="text"/>
FORMS VOID	<input type="text"/> YES/NO	IF YES, WHICH NUMBER(S)	<input type="text"/>
RECEIPTS MISSING	<input type="text"/> YES/NO	IF YES, WHICH FORM(S)	<input type="text"/>

NAME OF AUDITOR	<input type="text"/>
SIGNATURE	<input type="text"/>
DATE	<input type="text"/>



Registered Charity SC037515

PRE-PROGRAMME QUESTIONNAIRE

Please reply to the following statements by marking the box that best answers the way you feel at this time. Please mark only one box.

	Never	Rarely	Sometimes	Often	Always
I am content with the image I see in the mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I choose clothes that show my body at its best and that I feel good wearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe people when they tell me I look good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am happy to look at photographs of myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I compare myself positively to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can confidently contribute verbally in a group situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like who I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy shopping for new clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel beautiful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel worthy of being loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I look forward to meeting new people and learning new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel relaxed and full of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the following details. Details will only be used for **CONFIDANCE for Life** survey purposes and will not be divulged to any other party.

Name _____

Project Location _____

Survey Date _____

Age Range	
16-25	<input checked="" type="checkbox"/>
26-35	<input checked="" type="checkbox"/>
36-45	<input checked="" type="checkbox"/>
46-55	<input checked="" type="checkbox"/>
56-65	<input checked="" type="checkbox"/>
66-75	<input checked="" type="checkbox"/>
76 or older	<input checked="" type="checkbox"/>

TOTAL (for compiler use)	
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Registered Charity SC037515

POST-PROGRAMME QUESTIONNAIRE

Please complete the following details. Details will only be used for **CONFIDANCE for Life** survey purposes and will not be divulged to any other party.

Name _____

Project Location _____

Survey Date _____

Age Range	
16-25	✕
26-35	✕
36-45	✕
46-55	✕
56-65	✕
66-75	✕
76 or older	✕

TOTAL (for compiler use)	
-----------------------------	--



Please reply to the following statements by marking the box that best answers the way you feel at this time. Please mark only one box.

	Never	Rarely	Sometimes	Often	Always
I am content with the image I see in the mirror	1	2	3	4	5
I am confident in social situations	1	2	3	4	5
I choose clothes that show my body at its best and that I feel good wearing	1	2	3	4	5
I believe people when they tell me I look good	1	2	3	4	5
I am happy to look at photographs of myself	1	2	3	4	5
I compare myself positively to others	1	2	3	4	5
I feel optimistic about the future	1	2	3	4	5
I can confidently contribute verbally in a group situation	1	2	3	4	5
I like who I am	1	2	3	4	5
I enjoy shopping for new clothes	1	2	3	4	5
I feel beautiful	1	2	3	4	5
I feel worthy of being loved	1	2	3	4	5
I look forward to meeting new people and learning new things	1	2	3	4	5
I feel relaxed and full of energy	1	2	3	4	5

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
I am more confident in situations since beginning the Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Project has directly affected an increase in my self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the Project to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Project Evaluation Form



Registered Charity SC037515

Project Critique Form



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Project Review Form