**Reaccreditation Review Questionnaire**

*Applies to Standard Accreditation*

**Instructions**

* **Refer to the document LCS REACCREDITATION GUIDE when completing this questionnaire.**
* **Complete by checking boxes, adding text to the fields in the appropriate areas or selecting an option from a drop down list or calendar. Embed or append separate documents with additional information if necessary.**
* **Note that the green shaded areas are for assessor comment only*.***

# Organisation Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Address** | Click here to enter text. |
| **LCS accreditation expiry date** | Click here to enter a date. | **Current accreditation levels** | Choose an item. |
| **Date of questionnaire completion** | Click here to enter a date. | **Questionnaire completed by (name)** | Click here to enter text. |

# LCS Certificates Issued

|  |  |
| --- | --- |
| **Historical Volumes**Number of certificates issued at different LCS levels over the last accreditation period | x |
| **Forecast Volumes**Estimated number of certificates to be issued at different LCS levels over the next accreditation period | x |

# LCS Use

Indicate how the LCS is used by your organisation; check as many boxes as appropriate. Add explanatory notes if necessary

| **Use of LCS** | **Explanatory Notes** |
| --- | --- |
| [ ]  For internal staff training  | x |
| [ ]  For client staff training  | x |
| ☐ With ‘open’ training programmes | x |
| [ ]  Home country training  | x |
| [ ]  International training | x |

# Review of Previous Accreditation & PROPOSED Changes

**State any Changes made during the accreditation period and any proposed changes for the future.**

The changes should relate to your previous submission. Where changes are proposed, describe them in the space provided and indicate that there is evidence available for scrutiny. Where necessary, embed or attach documents in support of your submission.

### A) Organisation Update

|  |
| --- |
| **Note below any changes to the organisation since the last accreditation that have an impact on lean training.** *These could include ownership, the positioning of the lean training system in the organisation structure, new activities, initiatives, products or services.* |
| Click here to enter text. |

### B) The LCS levels to which your Training Programme is Aligned

|  |
| --- |
| Note: Your training system can issue certificates to levels 1a, b, c and 2a, b depending on your current accreditation. |
| **ii) Proposed changes for the next accreditation period?** | [ ]  no | [ ]  yes |
| *if yes, detail below* |
|   |
| **iii) Additional elements required to enable change.** | EG. new course content, changed assessment, new delivery resource, etc  |
| Click here to enter text. |
| **iv) Complete an LCS Levels Alignment Matrix (Word and spreadsheet template versions; the spreadsheet can be used for larger or more complex training programmes)** |
| [ ]  Matrix completed and attached or embedded[[1]](#footnote-1) here 🡪  |   |
| *Assessor Notes* |

### C) COURSE DESCRIPTIONS, AIMS & LEARNING OUTCOMES

|  |  |  |
| --- | --- | --- |
| **i) Any significant changes made during the accreditation period to course descriptions, aims & learning outcomes?**  | [ ]  no | [ ]  yes |
|  *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to course descriptions, aims & learning outcomes for the next accreditation period?** | [ ]  no | [ ]  yes |
| *if yes, detail below* |
| Click here to enter text. |
| **iii) Additional elements required to enable change.** |  |
|  |
| *Assessor Notes* |

### D) Training Material

***Covers: course presentations, exercises, topics covered.***

|  |  |  |
| --- | --- | --- |
| **i) Any significant changes made during the accreditation period to training material?**  | [ ]  no | [ ]  yes  |
|  *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to** **training material for the next accreditation period?** | [ ]  no | [ ]  yes  |
| *if yes, detail below* |
| Click here to enter text. |
| **iii) If necessary, embed below or attach training material examples.** |  |
|  |
| *Assessor Notes* |

### E) Assessment

***Covers: overall assessment approach, types of assessments, pass marks & resits, question banks, assessment administration, use of IT in assessments, review & continuous improvement of assessments***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to the assessment approach during the accreditation period?**  | [ ]  no | [ ]  yes  |
|  *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to the assessment approach for the next accreditation period?** | [ ]  no | [ ]  yes  |
| *if yes, detail below* |
|   |
| **iii) Any additional elements required to enable change?** | EG. For example, new tests |
|  |
| Confirm evidence is available for LCS Organisation scrutiny by ticking box[ ]  |
| *Assessor Notes* |

### F) Implementation Evidence

***Covers: linkage of training with workplace application, formal mechanisms to assess implementation projects***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to** **implementation evidence during the accreditation period?**  | [ ]  no | [ ]  yes |
| *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to implementation evidence for the next accreditation period?** | [ ]  no | [ ]  yes |
| *if yes, detail below* |
|   |
| **iii) Any additional elements required to enable change?** | EG. For example, new tests |
| Click here to enter text. |
| Confirm evidence is available for LCS Organisation scrutiny by ticking box[ ]  |
| *Assessor Notes* |

### G) LCS Levels, COURSES, ASSESSMENT & LEARNING HOURS SUMMARY

Complete the table (embedded below) that summarises the units of learning and assessments that have to be undertaken by a learner in order to receive an LCS qualification, along with the expected learning hours involved.

[ ]  Check box to indicate that an **LCS Levels, Courses, Assessment & Learning Hours Summary** table is attached

Or

[ ]  Check box to indicate a LCS LEVELS, COURSES, ASSESSMENT & LEARNING HOURS SUMMARY table are embedded below

|  |  |
| --- | --- |
| Embed document here 🡪  (blank template attached) |  |

### H) Delivery, TEACHING METHODS & STAFFING

***Covers: teaching style/methods, practical activities, delivery capability matrix, trainers’ biographical information, class size, external delivery resources***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to the delivery approach during the accreditation period?**  | [ ]  no | [ ]  yes  |
|  | *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to the delivery approach for the next accreditation period?** | [ ]  no | [ ]  yes |
|  | *if yes, detail below* |
| Click here to enter text. |
| **iii) Any additional elements required to enable the changes?** | EG. new training personnel, different teaching methods, etc  |
| **iv) Complete an updated Delivery Resource Capability Matrix.**This indicates the relative strength of the delivery resources across the key LCS knowledge levels and can be produced through a self-assessment exercise. Word and Excel templates are is embedded below. The Excel version allows for easier data manipulation and may be suitable for larger of more complex training programmes☐ **Check box to indicate a Delivery Capability Matrix is attached****or**☐ **Check box to indicate a Delivery Capability Matrix is embedded below** |
|   |
| **iv) If the programme has new delivery personnel, include brief biographical information. The embedded template below can be used if necessary** |
|  |
| *Assessor Notes* |

### I) Quality Assurance & Continuous Improvement

***Covers: training evaluation, evaluation questionnaires, other participant feedback processes, courses, continuous improvement process, international coordination & management.***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to QA/CI during the accreditation period?**  | [ ]  no | [ ]  yes  |
|  *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to QA/CI for the next accreditation period?** | [ ]  no | [ ]  yes |
| *if yes, detail below* |
| . |
| **iii) Any additional elements required to enable change?** | EG. new evaluation approaches etc |
| Click here to enter text. |
| Confirm evidence is available for LCS Organisation scrutiny by ticking box[ ]  |
| *Assessor Notes* |

### J) Admissions

***Covers: methods and criteria used to select course participants***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to admissions policy during the accreditation period?**  | [ ]  no | [ ]  yes |
| *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to admissions policy for the next accreditation period?** | [ ]  no | [ ]  yes |
|  *if yes, detail below* |
| Click here to enter text. |
| **iii) Any additional elements required to enable change?** | [ ]  no | [ ]  yes |
|  *If yes, detail below* |
| Click here to enter text. |
| Confirm evidence is available for LCS Organisation scrutiny by ticking box [x]  |
| *Assessor Notes* |

### K) Training Support & Organisation

***Includes: training facilities, training programme management & support, learner resources, training records training records examples, unique certificate numbering system.***

|  |  |  |
| --- | --- | --- |
| **i) Any changes made to training support and organisation during the accreditation period?**  | [ ]  no | [ ]  yes |
|  *If yes, detail below* |
| Click here to enter text. |
| **ii) Any proposed changes to training support and organisation for the next accreditation period?** | [ ]  no | [ ]  yes |
| *if yes, detail below* |
|   |
| **iii) Any additional elements required to enable change?** | EG. For example, new tests |
| Click here to enter text. |
| Confirm evidence is available for LCS Organisation scrutiny by ticking box[ ]  |
| *Assessor Notes* |

# Other Information

|  |
| --- |
| Use the space below to provide additional information to support your reapplication that is not covered above |
|   |

# Assessor Summary

## Overall Evaluation

|  |
| --- |
|  |

## Recommendation

|  |  |
| --- | --- |
| Grade | Explanation |
|[ ]  0 | Draft portfolio submission. |
|[ ]  1 | **Accreditation refused**. Significant shortcomings; major changes and improvements needed in a full resubmission |
|[ ]  2 | **Accreditation on hold**. Some shortcomings identified; changes and/or improvements in specific areas to be made; further supporting document evidence to be supplied. |
|[ ]  3 | **Accreditation granted (conditional).** The majority of questions addressed effectively; some minor issues to be addressed information to be supplied or recommendations to be acted upon. |
|[ ]  4 | **Accreditation granted (unconditional).** All questions addressed effectively; no issues or recommendations for changes |

1. To embed a file in this document 1) copy the file icon ; 2) place cursor in destination location; 3) Click paste special; 4) select Microsoft Excel/Word Worksheet Object and check Display as Icon; 5) Click OK [↑](#footnote-ref-1)