

STAFF POLICY DOCUMENT

2023

Seychelles Institute Of Technology

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**POLICY No.1: Quality Assurance (QA) Policy**

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| --- | --- | --- | --- | --- |
| ***Category:*** |  |  | ***Date of Issue: 01/02/2022*** |  |
| Responsible Office: | **Quality Assurance Officer(SIT)** |  | Revision Date: ***01/03/2023*** |  |
| Responsible Executive: | Director **SIT** |  | ***Policy Number:…*** |  |
| Reviewed by: | Director and QAMC |  | ***Number of pages:*** | ***…………*** |
| Approved by: | SIT Governing Board |  | Revision Number: | ***………….*** |

1. **INTRODUCTION**

The Seychelles Institute of Technology (SIT) as a, provider in in technical and vocational education and training (TVET) and Information and Communication Technology (ICT) is establishing its own quality assurance (QA) policy and procedures which are based on the principles set out in the Seychelles Qualification Authority (SQA) Internal Quality Assurance Handbook for Tertiary Education Institutions First version, March 2013.

SIT will quality assure its educational and training output by setting clearly defined learning outcomes and through rigorous evaluation that involves feedback from learners and peer review of content. Quality assurance will also cover the operation of SIT and the services it offers to the general public

This policy is representing a starting point for the establishment of a quality management system with high quality standards in education and training which will guarantee secondary school leaders and others from industry quality training which fully meet their expectations.

**2.0 Purpose**

The purpose of this quality assurance policy is to:

* provide a framework for quality assurance and strategy for Seychelles Institute of Technology (SIT) inclusive of its technical and vocational education and training (TVET) and Information and Communication Technology (ICT) programmes as well as its operational procedures and services to its stakeholders,
* enhance the effectiveness in teaching, learning and assessing learners, and for benchmarking against international standards.

Accordingly, it is the policy of SIT to:

* Recruit potential learners with the physical ability and aptitude to learn a trade.
* Have a highly committed, motivated and competent team of specialist lecturers, technicians, and support staff supported with adequate resources and appropriate technologies to sustain quality in training.
* Develop a dynamic and responsive TVET and ICT training institution which provides well skilled and well-rounded individuals to become qualified tradesmen and technicians servicing the engineering, built environment and ICT needs of Seychelles and beyond.
* Provide environment which is both conducive to learning and accident free.

The SIT’s main effort is to attain the highest quality in technical and vocational education and training (TVET) and Information and Communication Technology (ICT) through systematic and

continuous improvement in quality of existing and developed training contents, which is reinforced by lessons learned from monitoring and evaluation processes as well as from applicable technologies. In order to meet required level of quality, SIT sets up processes and procedures which are available to all stakeholders and reflect SIT common understanding in minimum criteria which satisfy the recommendation set out by the Seychelles Qualification Authority (SQA) for a Quality Assurance Management System to be established.

1. **SCOPE**

All SIT staff members and learners, the TVET and ICT programmes and short courses developed, learning environment, customer service, training and support facilities.

1. **POLICY STATEMENT**

The Seychelles Institute of Technology (SIT) strives to provide high quality employable competences in TVET and ICT training courses and programmes, through establishment of an internal quality management system guided by quality procedures and processes in all its operations.

**5.0** **OBJECTIVES**

SIT quality assurance policy has the following objectives and goals to:

* develop a quality culture in the institution
* ensure that the SIT strategic planning, development, quality assurance and improvement mutually inform and support each other.
* ensure the appropriate and transparent governance
* implement and maintain procedures relating to the approval, monitoring and review of programmes and short courses.
* regularly carry out surveys to obtain feedback from learners and other key stakeholders for quality improvement and policy making.
* maintain SIT as a TVET and ICT institution in good standing in relation to its given mandate.

**6.0** **IMPLEMENTATION OF SIT QUALITY ASSURANCE (QA) POLICY**

The SIT QA policy and its implementation improvement procedure and process have to reflect all of the changes and identified shortfalls within the SIT policy as well as changes in the SIT structure, TVET , ICT programmes and short courses and internal documents. This process of the SIT QA policy improvement will be conducted by the SIT Quality Assurance (QA) Committee.

The implementation of the Policy shall be guided by certain principles such as openness and trust, accountability, integrity, ethics, confidentiality, safety.

1. **POLICY AND PROCEDURES**

**7.1 Quality Standards**

The SIT’s standards and guidelines for quality assurance include:

* A publicly available Quality Assurance (QA) policy for the continuous enhancement of

quality in training as well as quality management in the operation of SIT.

* A learner assessment policy, using criteria, regulations and procedures which are applied

Consistently and which is in line with the SQA guidelines on assessment and moderation.

* A teaching staff development quality assurance plan to best ensure that the staff is qualified and competent including procedures identifying the current level of expertise of part-time lecturers and guest speakers.
* Learning resources, by means of support and instruments which ensure that the

resources available to learning process are adequate and appropriate for each

individual course offered.

* Internal management information system to collect, analyse and use relevant

information for effective management of the SIT TVET and ICT courses and programmes

as learners’ satisfaction criteria, lecturers’ satisfaction criteria.

**a)** SIT shall follow the procedures and guidelines for Short Course and Programme Development and Validation, and Short Course and Programme Documentation using the Manual and Policy Guidelines for Course Validation Process and the Internal Quality Assurance Handbook for Tertiary Education Institutions of Seychelles Qualifications Authority (SQA) plus any other relevant documents published by the same.

**b)** The SIT shall adopt the Competency Based Approach (CBA) to course and programme development, where a job analysis workshop (JAW) with specialist personnel is undertaken to gather information needed to produce the course and programme contents including addressing a training deficiency which may have been identified in the Training Need Analysis (TNA) of a specific area in the programme.

**c)** During the duration of operation of SIT all lecturers, all workshop technicians and all learners, and all other personnel involved in the training are obliged and required to support applicable safety principles and also make safety and health practices as part of their daily routine. Following

safe work methods and relevant regulations should ensure that any health risk for staff and learners is mitigated when working in the workshops, offices and outside.

**d)** The safety of learners and lecturers and support staff requires the setting up of the SIT Safety Committee who would be responsible to establish an Emergency Plan for the Institution. The regular refresher training programme health and simulation exercises in fire evacuation

**7.3 Quality Strategy**

The aim of the quality strategy is to support systemic approach to TVET in line with established policies and directives development, where responsibility to meet quality is clearly defined, and applied by the SIT stakeholders.

The quality strategy enhances policy with monitoring, revision and best practices implementation which have been observed during evolution of delivery of course and programme contents. The policy resolves sustainment and development in quality of TVET by promoting all of the SIT from

its management, lecturers (both full-time and part-time), support staff including workshop and IT technicians, guest speakers and learner’s guidelines and tools for effective work on quality.

**7.4 Organisation of the Quality System**

In order to deliver the SIT deliverables as an institution, the Quality Assurance within the SIT is recognised as the responsibility of all staff members and learners. The particular responsibilities of the SIT QA process are tracked by the SIT stakeholders as follows:

* The SIT Quality Assurance Management Committee (QAMC) ensures the implementation of QA processes and procedures. It supervises their monitoring and effectiveness at intervals referring to the review of the Annual Quality Assurance Plan and approves corrections, if required. The QAMC shall work in close collaboration with the Academic Committee, which oversee the teaching and learning processes.

This QAMC consists of the SIT Director as a supervisor and is led by the Quality Assurance Officer, assisted by the Deputy Director for Studies, supported by the Registrar/Learners Support Officer, Heads of Programme, the Administrative Manager , the Facilities Manager and the Health and Safety Officer.

Once a year, the QAMC submits a written annual QA report to the SIT Governing Board . The annual QA report itself monitors, analyses and evaluates the Key Performance Indicators (KPI) which are a set of statistical models relating various important variables to the objectives of the SIT as a TVET and ICT institution.

* The **Director**, as the Head of SIT, is responsible of for the implementation and procedures of the SIT QA policy.
* **The Quality Assurance Officer** is responsible for the QA process within the Institution.
* Chairs the QMC meetings quarterly.
* Supervises and coordinates the SIT Annual Quality Assurance Plan.
* Monitors the completion of planned QA steps.
* Works in close collaboration, with the Coordinator of Studies (Chair of the Academic Committee), the Administrative Officer, The Facilities Manager, Heads of Programme and Students Support Officer.
* Oversees Communication plan development.
* Prepares the final reports on quality assurance, evaluation and monitoring for the SIT.

**The Assistant Director for Studies, being also the chair of the Academic Committee**, is

responsible for the QA process in Curriculum Development as well as in Teaching and Learning:

* Oversees QA processes in teaching and learning, including all relevant policies to do with studies.
* Oversees the development of curriculum for training
* Oversees the overall preparation and the conduct of the Quality Assurance Process in the different departments.
* Oversees SIT model and standards for course and programme documentation during Curriculum Development.
* Supervises TVET planning, Curriculum implementation, and Course and programme Certification.
* Endorses learner’s performance reports.
* Monitors, updates and improves the operational procedures as required.
* Chairs regular meetings with Heads of Programme on lecturers’ needs for personal development and training plan as well as on departmental requirements.
* Leads Communication plan development.
* Prepares the final reports on quality assurance, evaluation and monitoring on teaching and learning include the Lessons Learned (LL) and best practices observed, implemented before, during course implementation, as well recommend steps for the next course continuous quality improvement.

The **Administrative Manager and HR** is responsible to the financial budget votes, collection of revenues on behalf of SIT and on the operational activities of the institution.

* Manages the budget votes allocated to the functions of SIT.
* Collects all revenues from training fees, services, sales of products and other collections which include financial donations independent organisations.
* Supervises the duties of the Account Officer, the Office Assistants, the Librarian, the Driver/Messenger, the Workshop technicians, IT Support technician and cleaners.
* Supervises the duties of outsourced work such as collection of bins on campus,
* Manages the maintenance of the SIT campus, keeping clean and accident free
* In the absence of a Facilities Manager, oversees the Security of facilities on SIT Campus, during operation and non-operation time including during weekends, public holidays and vacation.

The **Site and** **Facilities Manager** is responsible for the maintenance of the SIT facilities

* Assures the life and use of the different facilities of SIT at Providence Industrial estate.
* Recommends and supervises all maintenance work on the infrastructures on the SIT campus.
* Produce a maintenance plan for SIT buildings and other facilities.
* Proposes estimates for maintenance work and acquisition of appropriate equipment for improvement work and relevant.
* Work in collaboration with the Administrative Officer to identify risks and hazards on campus and their eventual removal/elimination.
* Participates as a member on the SIT Emergency Committee.

The **Heads of Programme (HOP)** is responsible for the QA process in the respective Department

* Is responsible for the overall preparation and conduct of the Quality Assurance Process in the respective department.
* Chairs the Departmental meetings with specialist lecturers and workshop technicians (at least twice semersterly)
* Leads the evaluation of the quality of the training and the performance of measurement of lecturers and learners.
* Conducts Internal QA on instructional processes.
* Leads Quality improvement
* Leads draft and update of Course/programme contents.
* Leads Programme/course implementation
* Supports Measurements and Assessment process.
* Verifies Learners Evaluation process
* Applies Instructors Evaluation process
* Assists (proposes) Faculty Development
* Endorses learners performance reports particular course final reports,
* Implement recommendations on changes on courses and programmes ( new content, teaching and learning approach, including Lessons Learned and best practices observed, and implemented before, during course implementation as well recommended steps for the next course continuous quality improvement.
* Assists the Coordinator with finalising of reports on quality assurance, evaluation and monitoring on teaching and learning include the Lessons Learned (LL) and best practices observed, implemented before, during course implementation, as well

**Registrar/Learners Support Officer** is responsible to manage all support to learners from the application, acceptance, registration, enrolment, including the whole duration of studies and training and their destination for a period of five years after graduation. (register, enrol, collect, record and document) learners registration, learners information data.

* Issues application forms to potential applicants for any type of training (short courses , full-time, part-time, apprenticeship etc)
* In collaboration of the Head of Programme, collects learners personal information for recording and documenting
* Keeps record of learner’s information and documentation as per recommendations in the SQA Internal Quality Assurance Handbook for Tertiary Education Institutions.
* In collaboration with the Coordinator of Studies, respective Head of Programme, meets with the learner and parent to discuss issues pertaining to the learner’s performance, conduct or other misbehavioural attitudes.
* Participates as a member on the Appeal panel for any complaint launched by a learner or a group of learners.
* In collaboration with the Head of Programme for IT, supervises the SIT IT infrastructure and service provision to enhance security and integrity of data held in files and databases.
* Assists learners with applications for bus passes and maintenance allowance
* Provides counselling to learners on different matters

**7.5 Educational Business Model**

**7.5.1 Common Understanding with SIT Mandate**

To promote technical and vocational education and training (TVET) and ICT which reflect skills acquisition, employability, personal development and entrepreneurship as well as further studies.

**7.5.2**  **Guiding Principles**

The Quality assurance is based on the SIT’s vision and mission for technical and vocational education and training and is supported by several principles on:

* Overall responsibility for quality assurance and its documentation
* Commitment
* System of governance and maintaining a culture of quality among the staff and learners.
* Awards granted by the Institution and their equivalence in standard to awards granted by other internationally recognised TVET institutions.
* Accountability towards stakeholders

**8.0 MONITORING, EVALUATION AND REVIEW OF THE POLICY**

Monitoring, evaluating and reviewing of this policy shall be carried out by the Director in collaboration with the Quality Assurance Management Committee with part involvement of the Academic Committee.

**References :** NATO EXPLOSIVE ORDNANCE DISPOSAL CENTRE OF EXCELLENCE (2017), *EDUCATION & INDIVIDUAL TRAINING QUALITY ASSURANCE POLICY*. Available: online https://www.eodcoe.org file:///C:/Users/SIT3/Desktop/QA%20Policy%20NATO.pdf Web:

SQA (2013), *Internal Quality Assurance Handbook for Tertiary Education Institutions*, edition 1.

**POLICY No.2: INDUCTION POLICY FOR NEW STAFF**

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| --- | --- | --- | --- | --- |
| *Category:* | *Professional Centre - Studies* |  | *Date of Issue:* | *01/01/15* |
| *Responsible Office:* | *Professional Centre* |  | *Revision Date:* | *N/A* |
| *Responsible Executive:* | *Director Professional Centre* |  | *Policy Number:* |  |
| *Reviewed by:* | *Directors and Staff of Professional Centre* |  | *Number of pages:* | *09* |
| *Approved by:* | *SIT Board* |  | *Revision Number:* | *00* |

1. **INTRODUCTION**

Induction process is a formal process to introduce new employees to the rules, regulations and processes within an organization. It helps to establish clear foundation and expectations between the organisation and the new employee. Induction gives new employees an apercu of the organisational culture and helps to ensure new employees settle properly in their new job. In addition, effective inductions are likely to improve workplace relations between employees, and between employees and their supervisors.

The purpose of this policy is to ensure that all employees have the benefit of a properly structured Induction Programme that will help them to integrate into their role in the Professional Centre quickly and effectively. All new employees should be inducted following recruitment, but internal staff changing roles may also need to go through an induction process.

1. **POLICY STATEMENT**

The Professional Centre (PC) recognises the fact that all staff are fundamental to its success and places critical importance on thorough induction procedures which make new staff feel welcomed, valued and settled in their new role. New members of staff need to get adequate guidance, support and information to enable them to settle and function within their new environment. Therefore, the PC has an obligation to provide guidance, support and appropriate information to new staff which will form the basis from which staff can quickly get up to speed, perform their duties effectively and begin to make a contribution to their team and the PC.

New staff are expected to be proactive in their own induction, and ensure that they receive from appropriate sources the relevant information and support that will enable them to perform their jobs effectively, achieve job satisfaction and fully contribute to the success of the PC.

**3.0 DEFINITIONS**

*“New employees”* refer to new personnel joining the workforce of the Professional Centre (including part time lecturers, new recruits, casuals and volunteers).

1. **ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC – Professional Centre

PSO – Public Service Orders

HR – Human Resource Section at the Ministry of Education

1. **LEGAL CONTEXT OF THE POLICY**

The Public Service Procedures Manual of January 2011 stipulates *(Section 12: Conditions and Procedures of Appointments – Order 32)* that the probationary period of newly appointed employees to the establishment should be regarded as a period of initial induction, guidance and assessment vis-à-vis the employee’s suitability for the post. Employees should, therefore, not only be given all possible facilities for acquiring experience of the duties of the post but should be kept under continuous monitoring and guidance and, as far as practicable, should not be posted where such monitoring cannot be carried out effectively. The Manual further stipulates that it is the responsibility of Heads of organisations to ensure that supervisors pay special attention to the training of employees on probation and that during the initial probationary period, the employee’s performance will be assessed.

1. **THE POLICY**

**6.1 Scope**

This policy applies to:

1. All newly appointed employees
2. Employees transferring to new roles within the PC, if appropriate.
3. Employees who have returned to work at the PC after an extended break, if appropriate.

Where a member of casual staff as likely to be employed on a regular basis they will be included in the Induction process.

* 1. **General Guidelines and Procedures**

**6.2.1 Stages of the Induction Programme**

Induction programme shall consist of 3 stages:

Stage 1: Pre-employment induction on acceptance of the position

Stage 2: Professional Centre induction on entry

Stage 3: Follow up induction after five weeks

1. **Stage 1: Pre-employment induction**

It is the responsibility of Human Resource (HR) to complete the pre-employment induction. HR needs to ensure that the selected candidate(s) complete all relevant documentation pertaining to the post as per the Public Service Orders (PSO).

1. **Stage 2: Professional Centre induction**

It is the responsibility of the PC’s supervisor of the new employee to conduct the induction. For academic staff it is the responsibility of the Coordinator of Studies and for support staff it is the responsibility of the Administrative Manager or equivalent to conduct the induction. Induction should be as important as other tasks to ensure the communication of required information. The Induction Checklist *(Appendix 1)* should be used as a guide; however the checklist can be tailored to suit the individual needs of the new employee.

The PC shall provide the Staff Information Pack to new employees as soon as they commence. The information Pack contains information outlining the vision, mission and values as well as the Staff Handbook that contains relevant policies and procedures of the PC.

All new employees shall be assigned to a mentor, who will induct the employee during the first semester of employment. The mentor shall provide support, give advice on matters arising, answer questions informally, give practical tips, introduce staff, be involved in giving feedback, etc.

1. **Stage 3: Follow up Induction**

The new employee’s supervisor should ensure that each employee completes an Induction Evaluation within three weeks of completing the Induction. The evaluation should be documented in the employee personal file. An appraisal meeting prior to the end of the probation period should be organised to assess the suitability of the new employee for confirmation in post.

1. **POLICY IMPLEMENTATION**

The implementation of this policy shall be guided by the key underlying principle that all employees will undergo an Induction Programme. The programme will include an introduction to the strategies, policies and structures of the PC, combined with an induction to their department, their job and their duties.

1. **MONITORING, EVALUATION AND REVIEW**

Monitoring and evaluation of this Policy shall be carried out by the Administrative Manager in collaboration with HR and the Management Committee of the PC.

This Policy will be reviewed every five years in light of experience and good practice and to ensure it is up to date, relevant and useful.

**9.0 RESPONSIBILITY**

The Director shall have the responsibility to ensure that new staff as well as members of staff taking on new roles are appropriately inducted.

**10.0 RELATED INFORMATION**

**Professional Centre Documents:**

*Induction Checklist*

*All policies and procedures of the PC*

**Other Documents:**

*Professional Centre Charter*

*Tertiary Education Act 2011*

**APPENDIX 1**

**INDUCTION CHECKLIST**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Commencement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Type: Full-Time 🞎 Part-Time 🞎 Volunteer 🞎

*(tick appropriate box)*

**WELCOME**

Welcome new employee to the organisation.

Explain purpose of induction

*Provide copies of:*

* Staff Handbook
* All Policies and Procedures

**INTRODUCTION**

Provide an overview of the organisation, including:

* Mission
* Size
* Organisational structure
* Services provided
* Introduce employee

**CONDITIONS OF EMPLOYMENT**

Provide:

* Position description
* Relationship of job to other jobs within the organisation
* Leave entitlements
* Professional image
* Training and development

**WORKPLACE ENVIRONMENT**

1. Conduct PC tour
2. Provide overview of local area:

* Local shops/facilities
* Public transport

1. Introduce new employee to all academic and support staff

**MENTOR**

Assign a person to act as mentor for the next semester

Name of Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION**

Distribute Induction Evaluation for the employee to complete after the first three weeks.

**CONFIRMATION OF COMPLETED INDUCTION**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY NO.3: SIT COMMUNICATION POLICY**

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| ***Category:*** Telephone, | Fax and Internet Facilities | |  | ***Date of Issue: 01/2018*** |  |
| Responsible Office: | | Administrative Officer |  | Revision Date: | ***10/04/2019*** |
| Responsible Executive: | | Director **SIT** |  | ***Policy Number:…*** |  |
| Reviewed by: | | Directors and QAMC |  | ***Number of pages:*** | ***: 6*** |
| Approved by: | | SIT Governing Board |  | Revision Number: | ***: 2*** |

**1.0 INTRODUCTION**

1.0.1 Communication is a vital part of creating and maintaining a safe and efficient workplace environment.

1.0.2 Communication can be internal or external or both. Internal communication is between Management and staff, staff and learners at SIT.

1.0.3External communication is between SIT staff at and parents as with other clients in the community members and finally including the media.

1.0.4How we interact between ourselves employees and with clients will affect how well the SIT functions and how satisfying you find your work to be.

**2.0 PURPOSE**

2.0.1 The Seychelles Institute of Technology is committed to a productive and satisfying

work environment that operates efficiently and effectively. The SIT believes clear,

respectful, accurate, coordinated and timely workplace communication between the Management, teaching and support staff, learners, parents and other stakeholders

is very important.

2.0.2 This policy is intended to provide a framework for good communication within and

the work environment of the SIT.

2.0.3 The purpose is to ensure Management Committee members, lecturers, support staff

and learners are well informed, understand how the SIT operates, support each

other, carry out their daily tasks efficiently and effectively, and are focused on the

issues the SIT is dealing with and the strategic vision it is working towards.

**3.0** **SCOPE**

3.0.1 Shall apply to all SIT employees.

**3.1 Interpersonal communication**

3.1.1 Interpersonal communication is the way we communicate with others. It may be with another person, to a group of people or to the public. It includes written, verbal and non-verbal communication.

**3.2 Communication hierarchy**

3.2.1 In all organisations there is a correct line of communication. At SIT the first line of communication is your immediate superior or line supervisor. The [SIT organisational chart](https://www.dlsweb.rmit.edu.au/toolbox/health/toolbox_704/shared/resources/manual/org_chart.htm) will show you who your line supervisor is.

* + 1. You can discuss any issues or concerns you may have with your line supervisor. Your supervisor may then either take your concern to the next level or you may be advised to do so.
    2. If you go straight to the director or Deputy Director for Studies you will be advised to discuss the matter first with your supervisor.
  1. **External Correspondence**

3.3.1 All official correspondence leaving SIT should be on letter head.

3.3.2 All official correspondence should be addresses through the director

3.3.3 All correspondence when submitted should be attached with the right addressed

envelope. As much as possible please recycle used envelope internally.

3.3.5 All personal correspondence received by SIT should be placed in the respective departmental pigeon hole found in the Office assistant’s office.

3.3.6 Staff should check their pigeon hole twice daily to collect their personal mail.

3.3.7 SIT Letter head sample



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**Ministry of Education**

Industrial Estate Providence, Mahe Republic of Seychelles.

Telephone 248 2889401, , Email: *director.SIT@eduhq.edu.sc/info@sit.sc*

*Please address all correspondence to the Director*

* 1. **Channel of Communications**

3.4.1 All staffs are requested to observe the channels of communication i.e. any official correspondence leaving the Centre should be routed through the Director or Deputy Director.

* + 1. Staffs are also reminded that any institution matters of any kind affecting them are

to be discussed as follows: -

3.4.2.1 With the immediate Supervisor

3.4.2.2 With the Director

3.4.3 If no satisfaction is received. The employee has the right to appeal to the Chairman of the SIT Governing Board, the Tertiary Education Commission, Principal Secretary and finally Minister.

3.4.3.1 On no account should they bypass the authorities concerned and approach the Principal Secretary or Minister directly

**3. 5 Types of Communication protocols**

At SIT Campus routine workplace protocols exist for:

* written communication (sending and receiving information), and
* verbal communication (giving and following instructions and messages).

**3.5.1** Types of **written communication** used at SIT include:

* email, letters and faxes (internal and external)
* forms, reports and memos (internal and external)
* minutes and agendas for meetings (internal)
* technical and procedural manuals (internal)
* workplace signs (internal)
* whiteboards and pin-up boards (internal)

**3.5.2** **Verbal Communication**

The way we speak to other people can make a difference to the way information is received. At SIT verbal communication can be improved when:

* it is clear and concise,
* it is friendly and professional,
* appropriate [feedback](https://www.dlsweb.rmit.edu.au/toolbox/health/toolbox_704/shared/glossary/f.htm#feedback) is given,
* [active listening](https://www.dlsweb.rmit.edu.au/toolbox/health/toolbox_704/shared/glossary/a.htm#active_listening) is used,
* there is an awareness of [non-verbal communication](https://www.dlsweb.rmit.edu.au/toolbox/health/toolbox_704/shared/glossary/n.htm#non_verbal_communication) styles, and
* there is an understanding of cultural differences.

**3.5.3 Computer use**

Within SIT there will be information that is sensitive and confidential in nature stored on the computer network.

Unauthorised staff of SIT **shall not pass** on information of a personal or sensitive nature to any outside source!

When using computers at SIT:

* do not allow access to visitors to view information related to SIT operation,
* file printed information in the appropriate place according to the departments protocols, and
* place information that is to be discarded into the locked confidential papers bins for shredding prior to being discarded.

**3.5.3.1 Email**

Every member of staff of SIT will be issued with an internal email address and password which will allow them access to their personal inbox.

When writing emails:

* use polite and correct language,
* start with a greeting, for example "Dear Alix", until you know the person well enough to be able to address the email as "Hi Alix",
* explain yourself clearly,
* don't use abbreviations in emails; write all out in full, and
* end the email correctly saying "regards, Alix".

Remember that the person reading your email can’t see you so they can’t read your body language to see if you are joking, angry or serious!

**3.5.4 Pin up board**

Pin up boards may be used as a means of posting any notices about courses, organisational events or social events.

When using a pin up board, write the date that the notice is posted on the top of the notice and remove after two weeks.

**3.5.5 Telephone use**

Phones should be answered within four (4) rings.

Give the name of the organisation and then your own name and job role. For example:

“Good morning/afternoon, SIT. This is Maria, speaking. Can I help you?”

This helps people know they have dialed the correct organisation, who they are speaking to and what your role in the organisation is.

* Speak clearly and at a speed that enables people to understand you.
* Write any information down as you are listening as it is very easy to get off the phone and find you have forgotten who was speaking, a contact number for them and which information they wanted.
* End the telephone call with some kind of resolution for the person who rang, either get the person with whom they wish to speak, take a message for them, ask the person to ring back at a later time, or solve the issue yourself.

**3.5.5.1 Taking messages**

**When you take a message for someone make sure you understand the message correctly.**

* Repeat the information back to the sender to ensure that the information you have is correct.
* Ensure you have the time of the interaction, the message, the sender’s details, name, phone number, email or address if necessary, so that the recipient can contact them.
* Give messages as soon as it is possible, as it may be something that requires urgent attention. If possible check back to be sure that the person received the message.

**Telephone facilities and fax is provided only for official use only!**

**International calls are not permitted unless it is for official use!**

As much as possible the office assistant will try to transmit all incoming calls to the respective recipient. In case the recipient cannot be found or there is no extension line in his/her office the office assistant will note the message. It is the responsibilities of all staff to check with the office assistant if he/she does not have any message.

**Only in emergency cases that messages will be transmitted immediately!**

SIT can be reached by dialing +248 2889401, +248 2889402, +248 2889403 etc

There is also a direct line in the Director’s office and can be reached on + 248 2889410.

Please find annexed a list of all staff and all the departments extension numbers and email addresses.

**All users are reminded to keep all calls as short as possible.**

To minimize abuse, all calls made should be recorded in the phone log book.

Internet access on all SIT computers is provided free of charge to facilitate, research, teaching and learning.

**POLICY NO.4: STAFF PERFORMANCE APPRAISAL POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Category:* | *Professional Centre - Studies* |  | *Date of Issue:* | *01/01/15* |
| ***Responsible Office:*** | Professional Centre |  | ***Revision Date:*** | *N/A* |
| ***Responsible Executive:*** | *Director Professional Centre* |  | *Policy Number:* |  |
| ***Reviewed by:*** | *Directors and Staff of Professional Centre* |  | *Number of pages:* | *20* |
| ***Approved by:*** | *Senior Management Committee SMC* |  | ***Revision Number:*** | *00* |

1. **INTRODUCTION**

Reviewing employee performance and fostering staff development are critical for the achievement of the Professional Centre’s priorities and its overall success. As a tool to assist in the review of performance, employees participate in an annual performance appraisal and review process. Development and management of performance is a joint responsibility between the supervisor and the employee. Performance development and review is a process through which employees and supervisors can work together to identify, document and describe work expectations, discuss learning and development needs, and plan for future individual and organisational growth and development.

All members of staff of the PC are entitled to performance appraisal and review. Members of staff shall receive formal communication regarding their performance through an annual, documented, performance appraisal process. Appraising supervisors and staff shall use processes and procedures, which include:

* a system and timeline for periodic performance assessment using procedures and tools outlined in this Policy;
* standards and criteria against which staff performance can be objectively and constructively evaluated;
* individual plans and targets;
* two-way communication between the appraising supervisor and employee, and;
* staff grievance procedures as applicable for the appeal process.

1. **POLICY STATEMENT**

This policy sets out the responsibilities of supervisors and employees and specifies the processes for the implementation of staff performance appraisal and review.

The PC is committed to providing a working environment with structures and systems that supports the achievement of mutual objectives, encourages improvement and innovation, recognises individual performance and achievements, and addresses unsatisfactory performance through a performance development process.

The overall aim of the performance appraisal process is to maximise the effectiveness and potential of each member of staff so that the PC successfully delivers on its mandate. The appraisal process is designed to:

* Facilitate better communication between supervisors and staff.
* Provide a structured yet flexible approach to developing and managing performance.
* Provide a means by which annual performance appraisal and progress review interviews may occur.
* Provide all employees with a clear understanding of their work roles within the PC, including the contribution of their work to the achievement of the PC’s vision and objectives.
* Provide a process for identifying employee strengths and how they might best be utilised, and improved, and a means for developing further skills and knowledge for a successful career.
* Provide input into the Annual Training Plan.
* Monitor individual performance.
* Provide a formal means by which barriers to effective performance are identified and addressed.
* Ensure standards of performance at various levels are determined, reviewed and documented.
* Identify members of staff with potential for promotion, increment or other benefits.
* Provide the opportunity for employees to develop to their full potential.

**3.0 DEFINITIONS**

For the purpose of this policy, the following definitions are used:

*Appraising supervisor:* the line manager with responsibility for performance appraisal and review.

**4.0 ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC - Professional Centre

DPA – Department of Public Administration

**5.0 LEGAL CONTEXT OF THE POLICY**

1. **THE POLICY**

**6.1 Scope**

This policy applies to all full time staff of the PC with the exception of:

* Employees on PSC Contract – Performance review process is dictated by the DPA
* Employees on probation – this is covered in the probationary process.
* Part-time lecturers – they are subject to the terms and conditions outlined in their contract.
  1. **General Guidelines and Procedures**

**6.2.1 The Appraisal Process**

**6.2.1.1 General Requirements**

1. Formal staff appraisal is undertaken once a year for each staff member.
2. Appraising supervisors may carry out semi-annual or quarterly reviews so as to:

* foster better communication between staff and appraising supervisor
* monitor progress on plans and targets
* clarify expectations for the performance review period.

1. Members of staff who have been transferred to another Department during the performance review period may be appraised by both the current and previous supervisors but the current supervisor shall have the primary responsibility to undertake the performance review.

**6.2.1.2 Self-Appraisal**

1. Members of staff are required to carry out a self-appraisal in Part 1 of the Employee Performance Appraisal form (annexed) prior to the formal appraisal. Members of staff should strive to be fair, objective and constructive in their self-appraisal.
2. All members of staff are required to submit their action plan together with their self-appraisal undertaken in Part 1. The action plan should outline information pertaining to the following areas: aims/objectives derived from strategic plan, tasks/activities, deadlines for implementation, monitoring mechanisms, indicators / evidence of success and costs / implications. The information in the action plan may be subject to amendments during the appraisal process.

**6.2.1.3 Feedback on Self-Appraisal**

1. The feedback constitutes an interim discussion between the member of staff and appraising supervisor on the self-appraisal undertaken in Part 1 of the Employee Performance Appraisal form (annexed).
2. The feedback provides an opportunity for the member of staff to review and/or reconsider comments or ratings made in Part 1 of the Employee Performance Appraisal form (annexed).

**6.2.1.4 The Formal Appraisal and Review Meeting**

1. The appraisal discussion should take into account comments and recommendations arising from Part 1 and Part 2 of the Employee Performance Appraisal form (annexed).
2. The staff performance during the review period is evaluated according to the criteria and standards outlined in Part 3. of the Employee Performance Appraisal form (annexed).
3. The review should consider the following:

* Plans and targets set forth in action plans. This includes successes, failures and areas for improvement.
* Evidence from documents / file.
* Feedback from peers, subordinates, other supervisors and/or other managers.
* Expectations as per the requirements of the post and/or additional responsibility.
* Areas for professional development or training.
* Plans and targets for the next performance review period.

1. The ratings assigned for each criterion should be clearly justified and supported by documentary evidence where necessary.
2. The ratings assigned for each criterion should be agreed upon by the staff member and appraising supervisor. If an agreement cannot be reached, the member of staff may refer the case to the Director or the chairperson of the governing board.

**6.2.2 Processing the Appraisal Form**

1. Once the performance review is completed and agreed upon by the staff member and appraising supervisor, the staff member will be asked to sign the appraisal form.
2. The signed forms will be then forwarded to the Head of Administration for review and signature.
3. All forms are then forwarded to the Director for approval and signature.

**6.2.3 Responsibilities**

**6.2.3.1 Staff Member**

1. Completing the self-appraisal in Part 1 of the Employee Performance Appraisal form (annexed) intended to complement and assist in the feedback and evaluation in Parts 2 and 3 respectively.
2. Working with their Appraising Supervisor(s) and come to a mutual understanding and agreement in the following areas:

* Duties, responsibilities and expectations as per the requirements of the post and/or additional responsibility;
* Plans and targets including successes, failures and areas for improvement;
* Plans and targets for the next performance review period.

1. If disagreements arise during the appraisal meeting, the staff member is responsible for providing a written explanation of their disagreement that will be attached to the completed Appraisal Form.

**6.2.3.2 Appraising Supervisor**

1. Reviewing the self-appraisal undertaken in Part 1 of the Employee Performance Appraisal Form (annexed).
2. Completing the feedback on the self-appraisal in Part 2 of the Employee Performance Appraisal Form (annexed).
3. Discussing the feedback with the member of staff prior to the evaluation in Part 3 Performance Appraisal Form (annexed).
4. Evaluating staff based on criteria outlined in Part 3 Performance Appraisal Form (annexed).
5. Appraising Supervisors need to ensure that ratings for each criterion are consistent with the rating scale provided and that comments are reflective of the ratings assigned and justified using documentary evidence where necessary.

**6.2.3.3 Head of Administration**

1. Responsible for reviewing the completed Appraisal Forms to ensure that all sections have been completed and ratings and comments assigned for each criterion are justified with documentary evidence given where appropriate.
2. To verify that comments made by Appraising Supervisors under Training / Professional Development, Rotation/Transfer and Potential for Promotion are consistent with the internal policies of the PC including plans and targets as well as provisions made in the Employment Act and Public Service Orders (PSO).
3. Responsible for incorporating recommendations made pertaining to training and professional development in the Annual Training Plan subject to approval by the Director.

**6.2.3.4 Director**

1. Responsible for verifying the completed the completed Appraisal Forms against the comments and recommendations made by the Appraising Supervisor and the Head of the Administration.
2. Formulating comments and recommendations which provide for a holistic outlook of the employee including his/her needs in terms of professional development / Training and potential for promotion or allocation of additional responsibilities.
3. Liaising with the Head of Administration and implement decisions taken.
   * 1. **Relationship to salary and allowances**
4. The individual and overall rating for the different criteria will be used as benchmarks for determining:

* Education Performance Allowance for Lecturers
* Bonus for all members of staff (if applicable)
* Eligibility for allocation of additional responsibilities (i.e. Course Leader, Head of Studies, Head of Programme)
* Eligibility for promotion alongside the requirements of posts outlined the scheme of service
* Eligibility for an increment in salary.

**6.2.5 Regular Monitoring and Discussion Meetings**

1. This policy acknowledges that formal performance reviews are only beneficial when a solid foundation for the review has been laid through regular monitoring and discussion meetings throughout the evaluation period. It is not possible to make up for twelve months of inadequate communication in one interview.
2. Regular monitoring and discussion meetings are major responsibilities for all Appraising Supervisors.
3. During the meetings, agreement should be reached on any particular aspects of skills or work behaviour which will be the focus for the review period. If appropriate, targets should be reviewed and established jointly.
4. It is critical that supervisors recognise good performance and address unsatisfactory performance promptly and efficiently.
5. In acknowledging good performance, supervisors are encouraged to consciously recognise and acknowledge achievements and discuss such recognition at Management Meetings.
6. **POLICY IMPLEMENTATION**

All members of staff of the PC shall be responsible for the implementation of this policy.

The following principles shall guide the implementation of this policy:

1. *People-centred:* Taking an authentically people-centred approach will help the Appraising Supervisor and employee to connect. People are the route to organizational performance and as such employees need both challenge and support to motivate them to high achievement.
2. *Principle led:* The performance appraisal process is meant to be a reflection of good management and leadership and the Appraising Supervisor’s own principles of good management and leadership must be visibly apparent in the performance appraisal meeting.
3. *Mutual understanding:* Time is needed to explore the perspectives of both partners and demonstrably respect any differences.
4. *Problem solving:* Working together to resolve issues and problems will create workable and achievable solutions that both the employee and Appraising Supervisor will strive to achieve.
5. *Change and progression:* The purpose of the performance discussion must be to improve the performance of the employee and their contribution to the PC and to change performance that is problematic.
6. **MONITORING, EVALUATION AND REVIEW OF THE POLICY**

Monitoring and evaluation of this policy will be carried out by the PC Director in collaboration with the Administrative Manager.

This policy will be subject to a review every 3 years to respond to requirement to improve the process for assuring quality of appraisals and to take into considerationany changes and trends.

1. **RESPONSIBILITY**

The PC Director shall have the responsibility to ensure that the performance appraisal and review process is an open, two-way discussion between employees and supervisors about the employees’ performance and that the appraising supervisors conduct effective appraisals.

The Administrative Manager shall maintain records of completed Performance Appraisal Forms on personal files of employees.

**10.0 RELATED INFORMATION**

**Professional Centre Documents:**

*Training and Professional Development Policy*

*Staff Handbook*

**Other Documents:**

*Professional Centre Charter*

**EMPLOYEE PERFORMANCE APPRAISAL**

**Organisation:** SEYCHELLES TOURISM ACADEMY

**Period of Assessment:- From:** Jan 2023 **To:** December 2023

**Name of Employee:** Harry Jean

**Job Title:** LETURER **Basic Salary:** BAND 5, STEP 6

**Date Commenced Employment:** 10th OCTOBER 2012

**Date** **Appointment to Post**: 10th OCTOBER 2014

**National Identity Number:** 982 – 1298 – 1 – 1 – 34

**PART 1 – SELF APPRAISAL**

The self-appraisal provides employees with an opportunity to contribute towards the appraisal discussion undertaken in Part 2 and Part 3.

The questions / statements are structured such that they allow for reflection on duties and responsibilities undertaken to date (as is required from the job descriptions) including an analysis of achievements and setbacks. They are also intended to help employees organize their thoughts and share information with their supervisor prior to receiving their performance appraisal. In addition, the self-appraisal ensures that appraising supervisors are aware employee’s strengths and limitations and is thus in a better position to recommend areas for training and professional development during the next appraisal period.

1. Reflect on the duties you have been performing over the period under review and list your duties in order of performance. Rate your performance in each of these duties on a scale of:

1 – Excellent, 2 – Above average, 3 – Average, 4 – Below average, 5 – Poor

|  |  |
| --- | --- |
| **Major Duties** | **Rating (1-5)** |
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |
| (5) |  |

1. Summarize / List your major **achievements** for the period under review.

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. Summarize / List your major **setbacks** for the period under review.

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. How would rate your overall performance for the period under review?

|  |  |  |
| --- | --- | --- |
| **Rating** | **Description** | **Tick one only** |
| 5 - Excellent | I consider myself an excellent performer in the execution of my duties and responsibilities.  I have done an outstanding job.  My performance at this level is beyond of what is expected of me at my post (and additional responsibility, if applicable). |  |
| 4 - Above average | I consider myself an above average performer in the execution of my duties and responsibilities.  I have done a good job.  Some areas of my performance are beyond of what is expected of me at my post (and additional responsibility, if applicable). |  |
| 3 - Average | I consider myself an average performer in the execution of my duties and responsibilities.  I have done a satisfactory job.  There are some areas which I need to improve upon. |  |
| 2 - Below average | I consider myself a below average performer in the execution of my duties and responsibilities.  I have done a fair job.  There are major areas which I need to improve upon. |  |
| 1 - Poor | I consider myself a poor performer in the execution of my duties and responsibilities.  I have done a poor job.  I need support to improve myself in all areas. |  |

1. List any **training, professional development, conferences (local or international) or other activities** that you have participated in for the period under review.

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. List any **training, professional development, conferences (local or international) or other activities** that you would like participate in for the next review period.

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. **Plans and Targets** for the next review period.

(State specific and achievable goals/objectives you hope to achieve during the next appraisal period.)

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. What **issues would you like to discuss with your appraising supervisor** during the appraisal discussion?

|  |
| --- |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

|  |  |
| --- | --- |
| **Employee**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Supervisor**  I have read and discussed this self-appraisal with my employee and I understand its contents. My signature does not imply that I agree or disagree with the contents. | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PART 2 – FEEDBACK ON SELF-APPRAISAL BY THE APPRAISING SUPERVISOR**

The feedback on the self-appraisal constitutes an interim discussion between the member of staff and the appraising supervisor. It allows the appraising supervisor to reflect on comments, recommendations and ratings put forward in Part 1. It also provides an opportunity for the staff member staff to review and/or reconsider comments or rating given in Part 1.

**Name of Supervisor**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Post Title (incl. additional responsibility if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. a. Has the staff member listed all the major duties / responsibilities expected of him / her? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. If not, add other major duties:

|  |
| --- |
| **Other Major Duties** |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. What are your comments on the employee’s major achievements as listed in the self-appraisal?

|  |
| --- |
| **Comments** |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. What are your comments on the employee’s major setbacks as listed in the self-appraisal?

|  |
| --- |
| **Comments** |
| (1) |
| (2) |
| (3) |
| (4) |
| (5) |

1. What are your comments on the employee’s on the employee’s own rating as stated in the self-appraisal?

………………………………………………………………………………………………

……………………………………………………………………………………………………………………………...............................................................................................................

|  |  |
| --- | --- |
| **Supervisor**  **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Employee**  I have read and discussed the comments made by the supervisor. My signature does not imply that I agree or disagree with the contents. | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Comments by Employee:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………

|  |  |
| --- | --- |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PART 3 - TO BE COMPLETED BY THE APPRAISING SUPERVISOR**

**PLEASE NOTE:** The rating must be substantiated by specified comments on evidence examined or submitted and observed performance. For each item rate how well the employee has performed against the maximum possible level of performance expected of his/her post and responsibility where applicable. Rating should be in respect of (a) duties and responsibilities assigned (b) specific output and should be based on agreed standards.

The rating scale below shall be used by the appraising supervisor when evaluating staff performance on criteria.

|  |  |
| --- | --- |
| **Rating** | **Description** |
| 1 – Unsatisfactory | Indicates poor quality performance.  The staff performance on this criterion is not acceptable.  Requires immediate support in order to meet this criterion. |
| 2 - Needs Improvement | Indicates inconsistent performance.  The staff performance sometimes but not always meets expectations on this criterion.  Requires support in order to consistently meet the criteria. |
| 3 - Meets Standard | Indicates consistent performance and sometimes exceeds performance on this criterion.  Performance can be improved in some areas but current practices meet requirements of the post. |
| 4 - Exceeds Standard | Indicates high performance.  The staff does a very good job on this criterion.  Very few areas for improvement are readily identifiable. Some of the current practices exceed the requirements of the post. |
| 5 - Exceptional Performance | Indicates excellent performance.  The staff does an outstanding job on this criterion. Performance at this level goes beyond the requirements of the post. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **Rating** | | | | | **Evidence and/or Justification** | **Comments** |
| **1** | **2** | **3** | **4** | **5** |
| **GENERAL BEHAVIOUR**  How well does the staff member behave toward his/her colleagues?  To what extent does he/she socialize with other staff members?  To what extent is the staff member a role model of professionalism? |  |  |  |  |  |  |  |
| **ATTENDANCE AND PUNCTUALITY**  To what extent is the staff member present and punctual for work, classes, meetings, events and other commitments assigned to him/her? |  |  |  |  |  |  |  |
| **WORK OUTPUT**  To what extent does the staff member produce quality work / deliver quality teaching and learning? |  |  |  |  |  |  |  |
| **RELATIONSHIPS**  How well does the staff member foster personal and professional working relationships with colleagues and/or students? |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL COMPETENCE**  How well does the staff member use his/her specialized knowledge and experience to formulate plans and achieve objectives? |  |  |  |  |  |  |  |
| **INNOVATION**  How able is the staff member to conceive and develop new ideas? |  |  |  |  |  |  |  |
| **INITIATIVE**  To what extent does the staff member use initiative and show enthusiasm for his/her work? |  |  |  |  |  |  |  |
| **COMMITMENT**  To what extent does the staff member demonstrate commitment in his/her work? |  |  |  |  |  |  |  |
| **REPRESENTATION**  How comfortable would you feel having this staff member representing you at a meeting, conference or event? |  |  |  |  |  |  |  |
| **MANAGEMENT**  To what extent can the staff member co-ordinate the efforts of those under his/her responsibility in order to derive the maximum benefits? |  |  |  |  |  |  |  |
| **MANAGEMENT OF RESOURCES**  To what extent can the staff member analyse economic alternatives so as to maximize the use of money and materials to keep within his/her budget and to achieve objectives? |  |  |  |  |  |  |  |
| **LEADERSHIP**  To what extent does the staff member possess leadership qualities? |  |  |  |  |  |  |  |
| **PLANS AND TARGETS**  To what extent has the staff member achieved plans and targets?  and;  How achievable/realistic are the plans and targets for the forthcoming period? |  |  |  |  |  |  |  |
| **OTHER (SPECIFY)** |  |  |  |  |  |  |  |
| **AVERAGE RATING** |  |  |  |  |  |  |  |

List of warnings and other disciplinary measures taken against the employee during the period under assessment:

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT** | **RESULT** | **ACTION TAKEN** | **OUTCOME AGREED / TARGET**  **FOR IMPROVEMENT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supervisor**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Title/Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………………………………………………………**

**PART 2**

**Staff Member (Comments, if any)**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Signature ………………………………. Date ……../……../……..

**………………………………………………………………………………………………**

**PART 3**

**INTERVIEW REPORT**

Date of interview: ……../……../………..

Key issues discussed:

* Issue 1 ……………..
* Issue 2……………..
* Issue 3 …………….

Plans and Targets for forthcoming period (Refer to Action Plan Attached)

* Target 1….
* Target 2….
* Target 3….

**Supervisor**

On the basis of your ratings, what recommendations do you make in respect of this staff member?

1. Training/Professional Development

………………………………………………………………………………………………

………………………………………………………………………………………………

1. Job Rotation/Transfer

………………………………………………………………………………………………

………………………………………………………………………………………………

1. Potential for promotion

………………………………………………………………………………………………

………………………………………………………………………………………………

Signature ………………………………. Date ……../……../……..

**………………………………………………………………………………………………**

**PART 4**

**Assistant Director / Senior Coordinator** (cross-out/delete as appropriate)

Comments

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name ……………………………… Signature ………………………………….

Date ……../………./………..

**PART 5**

**Head of Administration**

Comments

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name ……………………………… Signature ………………………………….

Date ……../………./………..

**………………………………………………………………………………………………**

**PART 6**

**Director**

Comments

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Name ……………………………… Signature ………………………………….

Date ……../………./………..

**POLICY NO.5: TRAINING AND PROFESSIONAL DEVELOPMENT POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Category:* |  |  | *Date of Issue:* |  |
| ***Responsible Office:*** | **Professional Centre** |  | ***Revision Date:*** | *N/A* |
| ***Responsible Executive:*** | *Director Professional Centre* |  | *Policy Number:* |  |
| ***Reviewed by:*** |  |  | *Number of pages:* | *07* |
| ***Approved by:*** | *Senior Management Committee SMC* |  | ***Revision Number:*** | *00* |

1. **INTRODUCTION**

The Professional Centre acknowledges that members of staff are its most valuable resource, and it is committed to investment in their training and development. It recognises the importance of encouraging and supporting all employees to undertake training and/or professional development. It favours the building of a high performance culture that encourages staff not only to meet the current needs of their employment at the Professional Centre (PC) but also to develop capabilities to meet the future needs of their employment. Nonetheless, the main aim is to ensure that all employees are equipped with the knowledge, skills and attitudes required to meet the PC’s needs in relation to its vision, mission and strategic goals.

Training and professional development are thus seen as necessary investments in order to improve on the quality of programmes and other services offered by the PC. By investing in training and professional development, employees are afforded opportunities to achieve their full potential whilst fulfilling their need for job satisfaction. The PC also recognises that training and professional development are not only vital to meeting future goals and targets but they also make an essential contribution to the development of responsible and supportive employees and a progressive institution.

1. **POLICY STATEMENT**

An institution which performs well is one that retains its employees and one where its employees are motivated and committed. Therefore, the PC needs to have in place a policy for training and professional development of its staff.

This Policy embraces the following objectives:

1. to enable staff to acquire the knowledge and skills to enable them to perform effectively in their current roles
2. to enable staff to enhance their performance in their current roles
3. to enable staff to develop their careers effectively within the PC
4. to establish a commitment amongst all staff concerning the contribution they make to, and the responsibility they have for, improving the quality of the PC’s programmes and services to learners in pursuit of a total quality culture.
5. to develop a well-trained and flexible workforce responsive to continuous change and development
6. to promote maximum effectiveness of all PC’s staff to progress the PC’s key activities, for example, enhancing the learning experience of learners.
7. to establish a belief amongst staff that staff development is a lifelong activity, which is an essential and integral aspect of their job.

**3.0 DEFINITIONS**

*Professional Development*: Learning undertaken by employees through workshops, seminars, conferences and work attachments. These do not lead to the attainment of a full or part qualification.

*Training:* Learning undertaken by employees leading to the attainment of a full or part qualification.

*Appraising Supervisors:* Members of staff who form part of the Management Team or lecturers with additional responsibilities. These include Head of Studies/Programme and other supervisors.

*Quality Assurance Department*: This refers to the Principal Quality Assurance Officer and the Senior Quality Assurance Officer.

**4.0 ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC - Professional Centre

PSO – Public Services Order 2011

1. **LEGAL CONTEXT OF THE POLICY**

Human resource development and training is encapsulated at Order 148 of Chapter V1 of the PSO and it is stated that:

(a) The Management of the Public Service organisations are fully responsible for the attainment of organisational goals and the fullest development of the human resource available. Training of employees is part of their career development, the enhancement of which enables jobs to be carried more efficiently, thereby enabling the Public Service organisation’s development objectives to be reached more quickly and more completely.

**6.0 THE POLICY**

**6.1 Scope**

This policy applies to all members of staff employed on a full-time basis at the PC including employees on probation.

* 1. **General Guidelines and Procedures**

**6.2.1 Types of Training and Professional Development**

Training and professional development is interpreted to include the following types of activities which are by no means exhaustive or exclusive. Other training and/or professional development activities may be considered:

1. Induction for new staff
2. Training leading to the attainment of a full or part qualification
3. Updating to ensure compliance with requirements of relevant institutional bodies
4. Workshops, courses, seminars, conferences and opportunities for professional networking
5. Workplace training aimed at the development of specific skills and competencies
6. Distance learning programmes, access to open and flexible learning materials
7. Mandatory training and/or Professional Development (to meet the minimum requirements of posts)
8. Work Attachment / secondment for development and skills updating relevant to duties and responsibilities.
9. Coaching by other members of staff on specific job skills.

**6.2.2 Training and Professional Development Committee**

The Committee reports to the management of the PC and its main aims are to develop, monitor and promote training and professional development activities at the PC. The roles and responsibilities of the Committee are as follows:

1. Ensure that all employees receive the necessary induction, training and professional development to discharge their duties effectively;
2. Oversee the induction, professional development and training of employees;
3. Identify training and professional development needs of employees using information from appraisal, personal file and feedback from management and/or appraising supervisors;
4. Review nominations for training and professional development submitted by management and/or appraising supervisors;
5. Prepare and compile information from management and appraising supervisors for the training and professional development plan;
6. Monitor, review and evaluate the implementation of the training and professional development plan;
7. Review the training and professional development policy;
8. Support the development and implementation of training and professional development activities relevant to the vision, mission and strategic goals;
9. Liaise with management and employees in support of a coordinated approach to training and professional development;
10. Advise management and submit recommendations on matters pertaining to training and professional development and;
11. Coordinate the professional development and training activities held on campus.

**6.2.3** **Appraising Supervisors**

1. Appraising supervisors shall be responsible for assisting employees to identify professional development and training needs and review these on a regular basis. Appraising supervisors have a responsibility to monitor and evaluate the effectiveness of learning for employees who have undergone professional development and/or training. They should also ensure that employees implement the knowledge and skills acquired and ensure that feedback on professional development and/or training is shared.
   * 1. **Employees**
2. Employees are personally responsible for initiating participation in training and/or professional development programmes. In some cases, the employee’s commitment may involve the voluntary upgrading of skills at personal expense.
3. All employees should:
4. make productive use of the staff training and development opportunities available;
5. take personal responsibility and initiative for their continued professional development.
   * 1. **Induction**
6. Appropriate induction programmes shall be provided for all new staff within a reasonable period after their initial appointment. This constitutes an essential first step in staff training and professional development as well as integration into the work environment.
   * 1. **Training and Professional Development Needs**
7. Training and Professional Development may be identified at different levels; those which apply to the PC as a whole; those which apply to a group or department and those which apply to employees as individuals. It is imperative nevertheless that all training and professional development activities are aligned with the PC’s vision, mission and goals.
8. Central to the identification of needs at all levels is the performance appraisal process. As part of this process, employees should ensure that they formulate clear plans and targets for the appraisal period and that these are discussed and agreed on with Appraising Supervisors. By the same token, employees need to take into account the requirements of their job description whilst considering their long term career aspirations and identifying their needs arising from these.
   * 1. **Formulation of Training and Professional Development Plan**
9. Appraising Supervisors shall submit training and professional development needs to the Human Resource/Administrative Manager.
10. All requests shall be examined by the Training and Professional Development Committee that will then compile and evaluate the training and professional development needs of each department and employee based on the needs of the PC. The Committee shall then formulate a Training and Professional Development Plan and submit to the Director. The Plan shall be reviewed and updated annually.

**6.2.8 Training and/or Professional Development not part of the Training and Professional Development Plan**

1. All requests for training (although self–funded, which do not feature on the Training and Professional Development Plan) that necessitates employee’s release from official duties shall be submitted through the Appraising Supervisor who will then forward all requests to the Training and Professional Development Committee with his/her recommendations. The Director’s approval or non-approval shall be subject to recommendations made by the Committee.
2. Ad hoc fully funded training and/or professional development received from donor agencies that do not necessarily appear on the approved training plan but which bear relevancy to the PC’s strategic objectives will be circulated to relevant departments/sections for nomination of eligible staff member(s).
   * 1. **Record Keeping**
3. A record of training and/or professional development activities for each member of staff shall be maintained in their personal file.
   * 1. **Study Leave**
4. Employees who are enrolled on a training programme locally shall be entitled to study leave and leave to prepare for examinations in line the regulations of the Public Sector Orders 2011.
5. Employees shall submit a written request for study leave to prepare for examinations to the Director at least 5 working days in advance of the date of the examinations.
6. **POLICY IMPLEMENTATION**

This Policy shall be applied in all instances when there are opportunities for training and professional development for PC members of staff.

The implementation of the policy shall be guided by the following principles:

1. that all staff should have access to appropriate opportunities for initial professional development/induction in their jobs
2. that all staff should have access to appropriate opportunities for continuing professional development in their jobs
3. that the training and professional development opportunities provided should be relevant to the needs of staff for their employment at the PC
4. that the training and professional development opportunities should determined through an annual performance appraisal, a training needs analysis or requests from employees
5. that the training and professional development opportunities should be based on equality of opportunity; hence no employee should be excluded on the grounds of gender, age, marital status, disability, racial grounds, political affiliation, sexual orientation and religion and/or belief.
6. **MONITORING, EVALUATION AND REVIEW OF THE POLICY**

Monitoring and evaluation of this policy will be carried out by the PC Management Team.

This policy will be reviewed every 5 years to take into considerationany changes, new challenges and trends.

1. **RESPONSIBILITY**

The Human Resource Manager shall have operational responsibility for this Policy. The PC Director shall have the responsibility to ensure its effective implementation.

**10.0 RELATED INFORMATION**

**Professional Centre Documents:**

*Induction Policy for New Staff*

*Staff Performance Appraisal Policy*

**Other Documents:**

*Professional Centre Charter*

*Tertiary Education Act 2011*

**POLICY NO.6: HEALTH AND SAFETY POLICY -1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Category:* | *Professional Centre - Administration* |  | *Date of Issue: 01/01/18* |  |
| ***Responsible Office:*** | *Ministry of Education* |  | *Procedure Number:* |  |
| ***Responsible Executive:*** | *Director* **SIT** |  | *Number of pages:* | *04* |
| ***Reviewed by:*** | *Director SIT* |  | ***Revision Date:*** | *N/A* |
| ***Approved by:*** | *Senior Management Committee - Ministry of Education* |  | ***Revision Number:*** | *00* |

1. **INTRODUCTION**

This policy relates to the commitment of the Ministry of Education to the promotion of the health, safety and wellbeing of all members of the Professional Centre communities, to the provision of a safe and healthy work and learning environment, and to the prevention of occupational injuries and illnesses. Professional Centres consider the health, safety and welfare of staff and learners and a safe and healthy work and learning environment to be of paramount importance. All members of Professional Centres have a collective and individual responsibility with regards to health and safety.

**2.0 POLICY STATEMENT**

The Seychelles Institute of Technology (SIT) will provide a safe, healthy and conducive environment for all members of the PC community through:

1. Compliance with all applicable relevant legislation, codes of practice and standards
2. Providing and maintaining a safe system of work
3. Providing adequate and the necessary resources to fulfil SIT responsibilities.
4. Identifying and providing relevant health and safety training to members of the PC community
5. Implementing risk management processess to appropropriately control risks in the workplace
6. Communicating this policy and relevant health and safety information to all students, employees, contractors, visitors and relevant partners.
7. Encouraging a culture of consultation, initiative and responsibility across the SIT to continually improve the performance of the health and safety Management System.

**3.0 DEFINITIONS**

For the purpose of this policy, the following definitions are used:

“Members of the PC community” includes, but is not limited to, learners, staff, and visitors to SIT.

“Health and Safety Officer (HSO)” is an employee elected or designated under section 26 of the Occupational Health and Safety Decree, Cap 151.

1. **ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC – Professional Centre

HSR – Health and Safety Representative

HSO **-** Health and Safety Officer (of the Ministry of Education)

1. **LEGAL CONTEXT OF THE POLICY**

This policy is based on the following legal documents:

1. Public Health Act 2015
2. Disaster Risk Management Act 2014
3. Occupational Safety and Health Decree 1978
4. Occupational Safety and Health (Construction industry, confined space and welding) Regulations 1991
5. Occupational Safety and Health (Health and Welfare) Regulations 1991
6. Occupational Safety and Health (Amendment) Regulations 2003
7. Occupational Safety and Health (medical examinations) Regulations 2003
8. Radiation Safety and Security Act 2014
9. Food Act 2014
10. **THE POLICY**
    1. **Scope**

This policy shall apply to all learners, employees, parents, contractors and other visitors to the PC.

* 1. **General Guidelines and Procedures**

**6.2.1 Procedures to support the Policy**

To achieve a safe, healthy and conducive learning and working environment the PC will have in place the following procedures which should be followed:

1. Procedures in case of fire;
2. Procedures in case of tsunami;
3. Emergency procedures;
4. Accident reporting procedures;
5. Induction of new staff procedures;
6. Contractor induction/management procedures;
7. Procedures for laboratory conduct and handling, storage and disposal of chemicals;
8. Hazard reporting procedures ;
9. Staff welfare procedures;
10. Facilities design, upgrade and maintenance procedures;
11. Bomb threat procedures;
12. Grievances procedures (developed in accordance with the Occupational Health and Safety Regulations);
13. Other health and safety procedures which are applicable to the PC.

Copies of these procedures shall be available through the Director, Administrative Manager and HSR. Copies shall also be available in the SIT’s library. Staff shall be trained in these procedures at annual in-service training sessions. Familiarisation with the Policy and related procedures documents shall be a component of the Induction Programme for new employees.

* + 1. **Responsibilities for Health and Safety**
       1. **Responsibilities of Management**

The responsibilities of SIT Management are as follows:

1. Provide and maintain as far as practicable an environment that is safe and without risks to health;
2. Identify hazards, assess risk and implement control strategies to minimise risk of injury to people and property;
3. Ensure that the relevant Act and Regulations that apply to working conditions and work environment are observed and enforced;
4. Encourage consultation in addressing safety issues;
5. Design, purchase, install and maintain safe machinery and maintain a safe site;
6. Develop and implement safe systems of work;
7. Provide adequate safety information, training and supervision;
8. Put in place formal processes for reporting, recording and investigating potential or actual hazards on and around the grounds of the PC.
9. Ensure that the behaviour of all persons in the PC is safe and without risks to health.
   * + 1. **Responsibilities of other members of the PC community**

All members of the PC community have the responsibility to:

1. Be responsible for their own health and safety and for the health and safety of others who may be affected by their acts or omissions;
2. Adhere to the PC’s health and safety procedures, instructions and rules;
3. Co-operate with the employer with respect to any action taken by the employer to comply with any requirement imposed by or under the respective legislations;
4. Not wilfully or recklessly interfere or misuse anything provided in the interests of health and safety or the welfare of others;
5. Not wilfully place at risk the health and safety of any other person in the PC community.

**6.2.2.3 Responsibilities of the Health and Safety Officer**

The Health and Safety Officer (HSO) of the Ministry of Education shall provide:

1. advice on health and safety issues
2. guidance and support to SIT on all health and safety associated procedures.

**7.0 POLICY IMPLEMENTATION**

All members of SIT community shall abide by this policy and associated procedures at all times.

1. **MONITORING, EVALUATION AND REVIEW OF THE POLICY**

This Policy will be reviewed following legislative or organisational changes, or as a minimum, every three years.

1. **RESPONSIBILITY**

The Health and Safety Representative (HSR)) shall have the responsibility of ensuring the implementation of this Policy and all associated procedures.

The term of appointment of the HSR shall be determined by the Director of SIT.

**10.0 RELATED INFORMATION**

**Professional Centre Documents:**

*Professional Centre Charter*

**Other Documents:**

**POLICY NO.7: HEALTH AND SAFETY POLICY -2**

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| --- | --- | --- | --- | --- |
| Category: | Professional Centre - Administration |  | Date of Issue: 01/01/18 | |
| ***Responsible Office:*** | ***Ministry of Education*** |  | Procedure Number: | N/A |
| ***Responsible Executive:*** | ***Director*** SIT |  | Number of pages: | 04 |
| ***Reviewed by:*** | ***Directors of*** Professional Centre |  | ***Revision Date:*** | N/A |
| ***Approved by:*** | ***SIT Governing Board*** |  | ***Revision Number:*** | 00 |

1. **INTRODUCTION**

It is a legal requirement that Seychelles Institute of Technology (SIT) maintains a safe and healthy working environment at all times during operation as well as after operation. In view of this, SIT shall ensure that:-

1. Practice fire evacuations take place ANNUALLY
2. ALL personnel are fully informed of, and trained in, the emergency evacuation procedures during induction into a department and annually thereafter.
3. All fire escape routes be kept clear at all times.
4. All escape routes and doorways be appropriately marked
5. Fire evacuation plans are mounted in a prominent position in each area
6. SIT has an assembly point
7. Appropriate safety signs are posted at prominent locations

**2.0 PROCEDURES IN THE EVENT OF A FIRE**

The procedure shall be applicable to all persons on Campus

**2.1 Procedure for sounding the alarm bell**

**2.1.1** In the event of a fire, the person(s) detecting the fire shall quickly direct to the nearest fire

alarm bell and **continuously sound the bell manually using the handle**

**2.1.2** The Director and Health and Safety Officer at SIT shall be alerted immediately stating the

exact location of the fire.

**2.1.3** The Director shall recommend to the Health and Safety Officer to dial 999 and report the

fire.

**2.1.4** When the fire brigade arrives direct them to the fire location.

**2.2 Procedures for Evacuation**

**2.2.1**. Upon hearing the fire alarm bell (s), all personnel should evacuate the building (s)

immediately, by the nearest exit door and make their way in a quick and orderly manner, to the evacuation assembly point.

**2.2.2** The class lecturer (s) assisted by their programme leader will take the roll call to account

for every learners and staff in each department, while, the Office Manager will take the

roll call to account for all Management and Support Staff .

**2.2.4** Upon receiving clearance from Fire Brigade, Management/Health and Safety Officer will

allow staff and learners to return to the building(s).

**2.3** **Procedures for Security at the Gate**

**2.3.1** Upon sighting a fire, the security officer(s) on duty shall report the incident to the Office

Manager during normal working hours.

Outside normal working hours and during weekends, the security officer shall call the director and report the fire incident.

**2.3.2** The Security Officer shall receive instructions from the Office Manager/ Director as to

whether to dispatch a 999 call.

**2.3.3** The Security Officer shall direct the fire brigades upon arrival on Campus, to the location.

of the fire, and if possible, provide appropriate information that may be enquired.

**2.3.4** The Security shall direct traffic, leading to the entrance at the gate, which may hinder the

emergency service response otherwise.

**Important!** The Security Officer(s) on duty shallnot hesitate to dispatch a 999 call in the event that a big fire with explosion is spotted

**2.4 Procedures to Fight small Fires using Fire Extinguishers**

**2.4.1** Fire extinguishers shall be installed in well secured locations in the Administration block,

in classroom block and in the different workshops. They are mainly Dry Powder Fire

Extinguishers and CO2 Fire extinguishers.

**2.4.2** Only staff trained to handle fire extinguishers should use them during a time of fire.

**2.4.3** When fighting a fire, use proper extinguisher

**Important! Fire extinguishers are never to be used for any purpose other than firefighting.**

**EMERGENCY PROCEDURES IN CASE OF A FIRE**

|  |
| --- |
| **IN CASE OF FIRE**  **Leave the Area Immediately**  **Close All Doors Behind you**  **Notify Management, staff, learners, visitors and other person on site –Verbal Alarm** |
| **UPON HEARING THE FIRE ALARM**  **Leave the Buildings using nearest fire exit**  **Close All Doors behind you**  **Walk Toward the Assembly Point.**  **Remain Alert for Instructions!**  **Roll Call will be carried out** |

**FIRE DRILL-EVACUATION FORM**

|  |  |
| --- | --- |
| **Name of Roller Caller** |  |
| **Date:** |  |
| **Number of personnel within SIT Buildings/premises** |  |
| **Number of personnel reaching evacuation point within 3 minutes** |  |
| Comments/problems/Suggestions | |

**POLICY NO.8: USE OF PROFESSIONAL CENTRE PREMISES AND FACILITIES POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category: | Professional Centre - Administrative |  | Date of Issue: | 01/01/16 |
| Responsible Office: | *Professional Centre* |  | Revision Date: | N/A |
| Responsible Executive: | Director |  | Policy Number: |  |
| Reviewed by: | Board of Professional Centre |  | Number of pages: | 06 |
| Approved by: | *Senior Management Committee - Ministry of Education* |  | Revision Number: | 00 |

1. **INTRODUCTION**

The premises and facilities of the Professional Centres in one way or another are continually being used by different organisations and groups for educational, social and recreational activities. To ensure the proper, safe and cost-effective use for these premises and facilities, it is imperative to have regulations in place.

1. **POLICY STATEMENT**

This Policy establishes the conditions under which the Professional Centre (PC) permits individuals, organisations and groups to use the PC premises and facilities. Activities shall in no way violate the purposes, policies, procedures, or regulations of the PC or State laws. All organisations, groups or individuals are expected to follow the rules and regulations governing the particular facility or grounds being used.

The grant of permission to an organization, group and/or individual to use PC premises and facilities in no way implies approval or disapproval of the individual, group or organization or the events it sponsors.

1. **DEFINITIONS**

*Professional Centre Premises and Facilities*: Any premise and facility under the management of the Professional Centre.

*Designated Professional Centre Official*: The PC staff member who has been approved by the Director and is authorised to determine whether individuals, organisations or groups may use PC premises and facilities.

1. **ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC – Professional Centre

1. **LEGAL CONTEXT OF THE POLICY**

The Government regulations regarding use of government premises and facilities provide the legal framework for this policy.

1. **THE POLICY**
   1. **Scope**

This policy applies to external groups and individuals and to all premises and facilities under the management of the PC. This policy imposes limits on the use of PC premises and facilities so that these premises and facilities can fulfil their primary mission to serve the PC in the areas of teaching and learning.

**6.2 General Guidelines and Procedures**

**6.2.1 Premises and facilities under this Policy**

Premises and facilities include but are not limited to:

* Auditorium/Theatre
* Lecture rooms/Classrooms/Conference rooms
* Library facilities
* Information and Communication Technology (ICT) facilities
* Sports and Leisure facilities
* Cafeteria/Restaurants/Canteens/Guest rooms.
* Campus grounds
* Other specialised facilities

**6.2.2 Categories of users**

* Ministry of Education
* Youth groups
* Other Ministries and Governmental Organizations or any other civil societies
* Other partners in education and training
* Private organizations
* Individuals

**6.2.3 Activities**

**Activities of which the premises and facilities may be used include the following:**

* Educational activities
* Social and recreational activities
* National activities/events
* Sports activities
* Cultural activities
* Commercial activities
* Private functions

**6.2.4 Regulations for use of premises and facilities of Professional Centres**

1. Designated Professional Centre (PC) officials are authorised to permit organisations, groups and/or individuals to use the premises and facilities, subject to the following conditions:

* the appropriate premises and facilities are available for the requested date and/or time;
* the organisation, group and/or individual agrees to comply with the restrictions set forth in the PC’s applicable policies and procedures and any agreement for the specified premises and facilities;
* the organisation, group and/or individual pays any applicable fee.

1. In line with the Education Circular №.3 of 2002 on the use of school premises, the premises and facilities of the PC shall not be used for any form of political activity.
2. The use of premises for educational activities by the Ministry of Education (and its agencies) shall be free of charge.
3. All other users shall be charged fees in accordance with specific regulations of the PC.
4. Request for use of premises and facilities should be made at least four (4) weeks in advance to the Director. It is a requirement for all applicants to complete an official form (Annexe i), which must be attached to the letter of request.
5. The user shall settle fees prior to the event and payment shall be made to the PC’s Office Manager.
6. A receipt for the use of premises and facilities shall be issued by the Office Manager upon settlement of fees.
7. It is incumbent upon the user to ensure that the premises and facilities placed at their disposal are appropriately used and maintained. The user will be made accountable for any loss or damage.
8. A joint inspection of the premises and facilities by the Office Manager and the user will be carried out before and after the event.
9. Users should restrict themselves only to the use of premises and facilities requested.
10. Users shall ensure that the place is cleaned and tidied after use.
11. In accordance with the Education Act, 2004, Section 85, there shall be no sale of any alcoholic beverages or tobacco on the premises of the PC.
12. **POLICY IMPLEMENTATION**

This policy shall be applied at all instances when there is an external request for use of PC premises and/or facilities.

1. **MONITORING, EVALUATION AND REVIEW OF THE POLICY**

Monitoring and evaluation of this policy will be carried out by the Office Manager through documentation kept in the *“Use of Professional premises and facilities”* file.

This policy will be reviewed every 5 years to take into considerationany legal changes and trends.

1. **RESPONSIBILITY**

The Director shall have the responsibility of ensuring proper implementation of this policy by the Office Manager and the Designated PC Official.

10.0 RELATED INFORMATION

Professional Centre Documents:

*Professional Centre Charter*

Other Documents:

*Education Circular №.3 of 2002*

Related Links:

*Request Form (Annex 1)*

**Annex 1:**

**USE OF PROFESSIONAL CENTRE PREMISES AND FACILITIES REQUEST FORM**

**INSTRUCTIONS:**

This request form should be completed, attached to the letter of request and submitted to the Director at least four (4) weeks prior to the use of the facilities.

|  |
| --- |
| **APPLICANT INFORMATION** |
| NAME OF ORGANISATION (USER):……………………………………………………….  NAME OF APPLICANT:…………………………………………  DESIGNATION:…...............................................................................................................  TELEPHONE NUMBER:…………………………  POSTAL/EMAIL ADDRESS: …………………………………………………………………  PURPOSE OF USE: …………………………………………………………………………....  …………………………………………………………………………………………………….  SPECIFY EXACTLY WHICH PREMISES / FACILITIES ARE TO BE USED:   1. …………………………………………………………………………………………… 2. …………………………………………………………………………………………… 3. …………………………………………………………………………………………… 4. …………………………………………………………………………………………… 5. ……………………………………………………………………………………………   DATE OF USE:……………………………………………………………………………  TIME OF USE FROM:…............................................. TO:…………………………  …………………………………….. …………………………………  **APPLICANT’S SIGNATURE DATE** |
| **FOR OFFICIAL USE ONLY** |
| (Tick the appropriate box)  Approval has been granted for use of the premises / facilities specified above  Total fee applied to the approved use  SR  Approval has **NOT** been granted for use of the premises / facilities specified above  REMARKS: ……………………………………………………………………………………...  …………………………………………………………………………………………………….  …………………………………….. …………………………………  **SIGNATURE DATE** |

**POLICY NO.9: DEVELOPMENT OF SHORT COURSES POLICY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Category:* | *Professional Centre - Studies* |  | *Date of Issue:* | *01/01/16* |
| *Responsible Office:* | Professional Centre |  | *Revision Date:* | *N/A* |
| *Responsible Executive:* | *Director Professional Centre* |  | *Policy Number:* |  |
| *Reviewed by:* | *Director and Staff of Professional Centre* |  | *Number of pages:* | *04* |
| *Approved by:* | *SIT Board* |  | *Revision Number:* | *00* |

**1.0 INTRODUCTION**

The Professional Centre (PC) is dedicated to furthering the commitment to lifelong learning and should therefore provide opportunities for learners to access training as per individual and industry needs and requirements. Therefore, the PC should develop and deliver short training courses to meet those needs and requirements.

**2.0 POLICY STATEMENT**

Short courses differ from other training that lead to qualifications offered by the PC as they are often designed to meet specific client requirements. Short courses are normally defined under two categories:

1. Non credit-bearing short courses
2. Credit-bearing short courses

Both are generally generated and approved for a specific purpose, e.g. employer need, or are pre-approved modules delivered as short courses.

1. **DEFINITIONS**

For the purpose of this policy, the following definitions are used:

*Short course:* A short course requires less than 1200 notional (study) hoursof the learner, accordingly less than 120 credits. It may or may not be registered on the NationalQualifications Framework (NQF).

*Credit-bearing short courses:*Credit-bearing short courses carry credits at particular NQF levels.

*Non credit-bearing short courses:*These are professional / skills development training. These short courses do not carry credits at particular NQF levels.

*Credits:*An expression given to the estimated notional hours that are spent in order to reach the learning outcomesfor a credit-bearing short course. One credit is equal to 10 notional hours.

1. **ABBREVIATIONS**

For the purpose of this policy, the following abbreviations are used:

PC – Professional Centre

NQF – National Qualifications Framework

1. **LEGAL CONTEXT OF THE POLICY**

The PC is mandated by its Charter to develop and deliver short courses.

1. **THE POLICY**

**6.1 Scope**

This policy is applicable for all short courses developed and delivered by the PC.

**6.2 General Guidelines and Procedures**

**6.2.1 Specifications**

1. Non credit-bearing short courses serve to address pertinent needs and do not lead to an award. However, the provider may issue a document to indicate attendance and topics covered.
2. The minimum credit value for a credited short course is three credits and can lead to the award of a meaningful credential given in the name of the PC or an international affiliated body.
3. The standards applied to the validated programmes must apply to the credit-bearing short courses.
4. The PC shall provide all candidates with appropriate information about the course, including, objectives and standards, assessment and appeal.

**6.2.2 Development Process for Short Courses**

1. The course proposer should complete the required short courses proposal form and produce the associated course descriptor(s).
2. All proposals shall be discussed and signed by the Head of Programme and/or Coordinator of Studies.
3. All completed forms shall be submitted to the Academic Committee. The Committee will consider:
4. The market for the course
5. The cost and impact on resources
6. The alignment of learning outcomes with the learning and teaching methods and assessment.
7. Alignment with relevant level descriptors
8. Comparison with similar courses already in approval.
9. The chairperson of the Academic Committee, through the Director, shall then notify the course proposer of the Committee’s decision.
10. The Governing Board shall be informed of the short courses being conducted through regular Board updates.
11. The Coordinator of Studies shall maintain a record of all proposals.

**6.2.3 Costing for Short Courses**

1. The course fees must take into account three key factors:
2. The cost to run the course
3. The market at which the course is aimed
4. The profit margin.
5. The course fees shall be set at a level which enables all direct and indirect costs to be met i.e. the course must be totally self-financing. Therefore, accurate costing is essential and the projected participation rate as accurate as possible.
6. The following guidelines shall be considered when calculating the course fees:
7. Number of candidates
8. Any course-related administration costs
9. The hire cost of course venue, if any
10. Technical support if needed (PA system, laptops, projectors, etc.)
11. Other support equipment (flip chart, lectern)
12. Refreshments, if applicable
13. Certification
14. Marketing cost (if any material is developed to market the course)
15. Miscellaneous expenditure including stationery, copies of course materials for participants/books purchased and handouts and all other materials
16. Contingency of 20% for unforeseen costs.
17. Any other specific course-related costs.

**7.0 POLICY IMPLEMENTATION**

This policy shall be applied at all instances when short courses are to be developed and delivered by the PC.

1. **MONITORING, EVALUATION AND REVIEW OF THE POLICY**

Monitoring and evaluation of this policy will be carried out by the Coordinator of Studies through documentation kept in the short course development file.

This policy will be reviewed every 5 years to take into consideration any changes and trends.

1. **RESPONSIBILITY**

The Director shall have the final responsibility for ensuring that the terms of this policy are met in respect of development of short courses.

**10.0 RELATED INFORMATION**

**Professional Centre Documents:**

*Policies and Internal Procedures Manual*

**Other Documents:**

*Professional Centre Charter*

*Tertiary Education Act 2011*

*Short course calculation spreadsheet*

*Quality Assurance Manual of the Seychelles Qualifications Authority 2011*

**POLICY NO.10: POLICY ON INFORMATION TECHNOLCY (IT)**

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| --- | --- | --- | --- | --- |
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# Background

IT and Network Policies are created and mandatory to implement for maintaining, securing and ensuring legal and appropriate use of SIT’s IT resources. The policy terms assures a high quality, trusted and secure computing environment, with a responsibility of protecting and securing its property interests, data and intellectual property.

The SIT requires people to use its information technology resources in a responsible manner, abiding by all applicable laws, policies, and regulations.

# Purpose and Scope

Information technology plays a major role in supporting the school’s academic and administrative activities. The purpose of The Policy is to provide a framework for protecting:

* + - SIT’s’ IT/IS infrastructure;
    - key data and information;
    - those who have access to or who administer IT/IS facilities;
    - Individual’s who process or handle key data and information.

The Policy is designed to provide protection from internal and external security threats, whether deliberate or accidental by:

* + - defining SIT’s’ policy for the protection of the Confidentiality, Integrity and Availability of its' key data and information;
    - establishing responsibilities for information security;

# Entities affected by this policy

The Policy applies to the following categories, referred to hereafter as '*subjects*'.

* + - all full-time, part-time and temporary staff employed by, or working for or on behalf of SIT’s;
    - students studying at SIT’s;
    - contractors and consultants working for or on behalf of SIT’s;
    - All other individuals and groups who have been granted access to the school’s IS/IT systems and/or key data and information

# Assets

* 1. Inventories of information assets, including hardware, software will be maintained by the designated staff member and overseen by the System support officer.

# Physical and environmental security

Controls will be implemented as appropriate to prevent unauthorized access to, interference with, or damage to, information assets*.*

# Physical Security

Computer systems and networks will be protected by suitable physical and technical security controls

File servers and machines that hold or process high criticality, high sensitivity or high availability data will be located in physically secured areas.

Access to facilities that hold or process high criticality, high sensitivity or high availability data will be controlled.

# Communications and operations management

# Virus Protection

Appropriate software will be installed and managed to prevent the introduction and transmission of computer viruses both within and from outside the institute.

# Housekeeping

* + 1. **Data Storage**

Data on critical systems will be backed up on a weekly basis. This include the SIT’s website, intranet and the servers.

# Network Management

Controls will be implemented to achieve, maintain and control access to computer networks, including wireless LANs. Students and staff should be made aware that the network information and passwords must not be shared.

# Exchanges of Information and Software

* + 1. **Software Usage and Control**

All major software upgrades will be appropriately controlled and tested through a managed process before live implementation.

# Internet Usage

Activities involving Internet usage, for example e-mail transmission and web site access, will be governed by the department of IT and the system support officer.

# Access control

Access to key data and information will be appropriately controlled. System support officer and the department of IT are responsible for access control.

# User Responsibilities

Users who use SIT’s’ computer systems and/or networks must do so in accordance with this policy document.

# Requirements for Systems Access

* + 1. **Remote Access**

Controls will be implemented to manage and control remote access to key data. System support officer and the department of IT are responsible for access control.

# Privilege Management

The allocation and use of system privileges on each computer platform shall be restricted and controlled by the system support officer.

# Passwords

The allocation and management of passwords shall be controlled by the system support officer. Users are required to follow good security practices in the selection, use and management of their passwords and to keep them confidential

# Unattended User Equipment

Users of IT/IS facilities are responsible for safeguarding key data by ensuring that desktop machines are not left logged-on when unattended, and that portable equipment in their custody is not exposed to opportunistic theft.

Where available, password protected screen-savers and automatic log-out mechanisms are to be used on office based systems to prevent individual accounts being used by persons other than the account holders, but not on cluster computers that are shared by multiple users.

# Monitoring System Access and Use

Access to and use of critical systems will be monitored for both staff and students. Reviewing the information will be the responsibility of the system support officer working with the department of IT.

# 7. Business continuity management

Controls will be implemented to counteract disruptions to SIT’s’ information processing facilities and to protect critical systems from the effects of major failures and disruption.

# Data Storage

Key data will be held on a network resource so that it is backed up through a routine managed process. Where this is not possible, provision must be made for regular and frequent backups to be taken.

# 8.1 Backup Media

A controlled and fully auditable process for the handling, transportation, storage and retrieval of backup media containing key data will be implemented by the system support officer.

# Compliance

Controls will be implemented to avoid contravention of legislation, regulatory and contractual obligations and security policy.

# Review of Security Policy

The Policy will be subjected to review annually and in the event of any major changes in circumstances, to ensure those controls remain effective.

# 9.1 Compliance with Security Policy

Compliance with The Policy is mandatory. Failure to comply with policy requirements, will be viewed as a breach of security. Any such event may be the subject of investigation and possible further action in accordance with SIT’s’ procedures.

**POLICY NO.11: POLICY ON INDUCTION OF LEARNERS**

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| --- | --- | --- | --- | --- |
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**1 PURPOSE**

1.1 To outline the processes and procedures to induct; new learners, apprentices/trainees and volunteers

undertaking trainings at SIT by the staff.

Induction is aligned to the strategic goals and priorities of the SIT. It also supports the Institution’s Core Values/ Charter which staff are expected to demonstrate.

**2 SCOPE**

2.1 This policy and procedures applies to SIT employees responsible for: Apprentice Induction, Existing on Campus Student Induction, Health and Safety Induction, WBE Induction, and part time students enrolled and admitted to a program of study at SIT.

**3 POLICY STATEMENT**

3.1. TVET students must be provided with an induction at the commencement of their studies to ensure they are aware of Workplace Health and Safety requirements and SIT policy documents. Provision of a structured induction ensures that SIT meets the requirements of the relevant standards as required by the regulating body (SQA)

Transition from Secondary school to Post Secondary Institution life is one of the most challenging events in a learner’s life. When new learners enter an institution, they come with diverse thoughts, backgrounds and preparations. They come into a new unfamiliar environment, and many of them have little knowledge of a college/university. An important task, therefore, is to welcome new learners to Higher Education and prepare them for their new role.

The learner Induction process is designed to help in the whole process.

**Learner Induction Programme**

Purpose of the learners’ Induction Programme is to help new students adjust and feel comfortable in the new environment, inculcate in them the ethos and culture of the institution, help them build bonds with other learners and faculty members, and expose them to a sense of larger purpose and self-exploration.

The term induction is generally used to describe the whole process whereby the learners adjust to or acclimatize to their new roles and environment. In other words, it is a well-planned event to educate the new entrants about the environment in a particular institution, and connect them with the people in it.

SIT’s student Induction Programme engages with the new learners as soon as they come into the institution; before regular classes start. At the start of the induction, the incumbents learn about the institutional policies, processes, practices, culture and values, and their mentor groups are formed.

Learners’ Induction would cover a number of different aspects (SIT):

List of activities to be included:

1. Workshop Health and Safety

2. Mentoring

4. Familiarization to Dept.

5. Extra-Curricular Activities

6. Explanations of the learners’ handbook

7. Signing of the agreement between the learner, parents/guardian and SIT.

The following activities during the Induction Programme would fully engage the learners for the entire duration of the Programme.

Workshop Health and Safety

The learners are briefed about and given a copy of the SIT Learner Insurance Policy that covers them during the duration of their studies at SIT which also includes the time they will spend on the WBE platform.

Mentoring

Mentoring and connecting with department members is the most important part of induction. Hopefully, it would set up a healthy relationship between the learners and the Departments.

Mentoring takes place in the context and setting of universal human values. It gets the learner to explore oneself and allows one to experience the joy of learning, stand up to peer pressure, take decisions with courage, be aware of relationships, be sensitive to others, understand the role of money in life, and feeling of prosperity, etc. Human values as enshrined in our constitution like justice, liberty, equality, fraternity, human dignity and the unity and integrity of the Nation can also be part of this discussion. Focus should be on inculcating values and responsibility.

Mentor- mentee relationship can help learners form a bond with Lecturers which can be of great help during various tough times.

Methodology of mentoring is extremely important. It must not be through do's and don’ts, but by getting students to explore and think by engaging them in a dialogue. It is best taught through group discussions and real life activities rather than lecturing. The role of group discussions, however, with clarity of thought of the Lecturers cannot be over emphasized. It is essential for giving exposure, guiding thoughts, and realizing values.

The following topics may be discussed during the Mentoring sessions.

1. Learner aspirations, family expectations

2. Gratitude towards people helping me

3. Human needs of (a) self and (b) body

4. Peer pressure

5. Prosperity

6. Relationships

7. Responsibilities

4 Other Activities

Familiarization with Institute/Department

Learners should be familiarised with their school/department/Programme of study/laboratories/workshops/ICT facilities and other facilities. Besides an orientation helping them differentiate between college life and school life along with career prospects offered by specific courses should be organised.

Extra-Curricular Activities at SIT

The new learners should be introduced to the extra-curricular activities at the college. They should be shown the facilities and informed about activities related to those activities.

THE INDUCTION PROCESS

STUDENT/LEARNER INDUCTION PROCEDURE

4 PROCEDURES

4.1 HOP’s, will notify the lecturers for the number of learners admitted on each programme. This information will be passed on prior to conducting the induction process.

4.2 Upon admission, students will be introduced with the Student Induction Checklist for their mode of study. They will be briefed on all the important Policies and Procedures by their respective department HOP/Lecturers in person during enrolment.

4.4 They will be required to sign a Student Induction Sign Off Sheet, to verify that they have completed the induction. The HOP/Lecturer will retain the completed sign off sheet in their student files.

5 RESPONSIBILITIES

Compliance, monitoring and review

5.1 The Registrar/SSO is responsible for implementing, monitoring, reviewing and ensuring compliance with this policy and procedure.

5.2The WBE HOP is responsible for sending learner induction information to organization’s or individuals who are delivering/assessing under a third-party agreement.

Reporting

5.3 No additional reporting is required.

Records management

5.4 Employees must manage records in accordance with the Records Management Policy and Procedure.

This includes retaining these records in SIT’s file management system.

5.5 SIT records must be retained for the minimum periods specified in the Policy. Before disposing of any records, approval must be sought from the Registrar.

**POLICY NO.12: POLICY ON DEVELOPMENT OF NEW PROGRAMMES**

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| --- | --- | --- | --- | --- |
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1. **PURP**To define the procedures to adopt when developing new programmes or amending existing ones.
2. **SCOPE**

This policy shall apply for all programme development and amendments.

1. **INTRODUCTION**

All proposals for new programmes, programme changes and amendments shall be undertaken as per validation requirements of the Seychelles Qualifications Authority.

A number of key issues, including academic rationale and resource requirements, have to be addressed before the approval process can begin.

**4.0 DETAILS**

* 1. **PROGRAMME DESIGN**

4.1.1 Programme design should:

1. Match aims and learning outcomes of the Seychelles Institute of Technology
2. Reflect the outcome of market research among potential applicants and employees
3. Reflect the government and Professional Centre strategies and policies
4. Consider range of diverse learners and the removal of barriers to equality of opportunity
5. Operate within the Professional Centre academic regulations
6. Provide appropriate level of academic challenge and rigour
7. Develop the learners’ capability (including the capability to learn, and to manage their own learning)
8. Offer opportunities for learners to develop their occupational competencies and ICT skills
9. Reflect staff expertise, including professional and research interests

4.1.2 Programme development shall be as per the approved government policy (presently This is Competency Based Approach (CBA).

1. **PROGRAMME DEVELOPMENT** 
   * 1. Programme development shall be led by a Programme Development Team appointed by the Director.
     2. The Director will appoint a designated person to chair the committee
     3. Members of the committee shall comprise:
     4. Content specialists
     5. Representatives of relevant industry/service sector
     6. Representatives of professional bodies
     7. Person(s) well-versed with the CBA approach programme
     8. Any other persons the Director deems necessary for the development of the specific programme
     9. The committee will report to the Academic Committee on the progress of the programme development
2. **The SQA *Guidelines for Providers*** will be used as a tool in the development process