QUAL-IM-G

Improving the implementation of quality assurance in career guidance

Audit Procedure of Organizations Providing Career Guidance

Recommendations for certification bodies

Co-funded by the Erasmus+ Programme of the European Union

CONTENTS

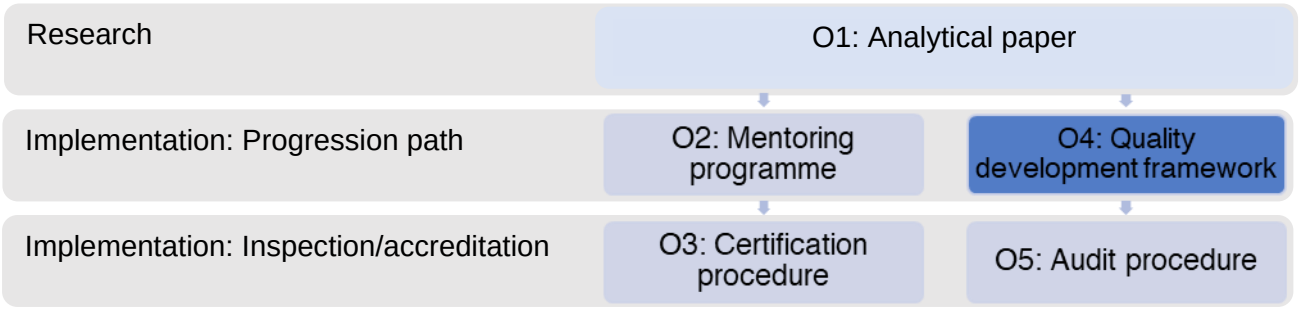
General Introduction

This document was produced within an Erasmus + funded project "Qual-IM-G" that builds on the experience of different projects, initiatives and existing mechanisms in the field of quality assurance for career guidance in the partner countries. It recognises that countries, depending on the history in the field of careers will have varying traditions in developing quality standards to support individual practitioners and organisational procedures and proposes a set of intellectual outputs that can optimize the implementation of existing mechanisms in the field of quality assurance for career guidance or facilitate the development of new ones:

- **O1: Analytical paper on impact and success factors of different QA approaches in Europe:** Through qualitative and quantitative research, the current state of different trans-national and national QA practices in CG were analysed. The paper identifies the success factors and impact of these different approaches and is the basis for the development of the following outputs (iCeGS).
- **O2: Mentoring programme for CG practitioners**: A non-formal mentoring/training programme that allows practitioners to comply with a quality standard. It contains training modules that allow the counsellor to develop skills and competences in areas required in most of the QA practices focused on individual counsellor. It contains a core mentoring programme for areas most important in certification processes and supplementary modules (abif).
- **O3: Certification/accreditation procedure of CG practitioners:** Procedure for the accreditation of counsellors with recommendations and examples of self-assessment tools and procedures, list of possible required evidence and a checklist for the implementation of such mechanism (SKPKR).
- **O4: Quality development framework (QDF) for providers**: A model that supports service providers with their continuous quality development and assurance irrespective of a formal external certification/auditing process (see O5). The implementation of the QDF requires voluntary commitment and a participative process of all members of the organization wishing to improve their services. The QDF is applicable to various Quality Standards existing in different countries. It focusses however on those indicators that are most commonly present in different standards (*nfb*).
- **O5: Audit/labelling procedure for providers**: Contains pre-audit process, self-evaluation questionnaire/checklist, audit plan and certification process diagram (BKS Úspech).

The following details these outputs and shows how they relate to the key aims of the project:

SUMMARY OF OUTPUTS



All the outputs are freely available for download on the website www.guidancequality.eu . For more details about the different outputs please contact the respective lead organization.

Country	Organization	Representative	Email address
Slovakia	Association for Career Guidance and Career Development	Board of the association	info@zkprk.sk
Czech Republique	Association for Career Guidance and Career Development	Alice Müllerová	sdruzenikp@gmail.com
Germany	National Guidance Forum in Education, Career and Employment	Karen Schober/ Barbara Lampe	info@forum-beratung.de
Austria	ABIF – analysis, consulting and interdisciplinary research	Claudia Liebeswar	liebeswar@abif.at
United Kingdom	International Centre for Guidance Studies at the University of Derby	Siobhan Neary	S.Neary@derby.ac.uk
Netherlands	NOLOC - Professional Association of career guidance counsellors in Netherlands	Board of the association	info@noloc.nl
Norway	Inland Norway University of Applied Science	Erik Haug	Erik.Haug@inn.no

Introduction to the certification process

This document proposes a complex procedure for certification of a **quality management systems** of organisations providing career guidance (hereinafter referred to as QMS) for the award of a certificate confirming that QMS is in compliance with a Quality Standard. This is just a sample procedure that can be adapted and simplified for a use in different kind of context for quality assurance. In general, these procedures are proposed to be used by a "Certification Body" (hereinafter CB) and for candidates for a certification. It should not be taken as it is, but adapted to a specific national or sectoral context of quality assurance in career guidance.

This document also contains the following tools:

- Annex 1: Audit application
- Annex 2: Quality implementation manual
- Annex 3: Stage 1 audit report template
- Annex 4: Stage 2 audit report template
- Annex 5: List of minor non-conformities

The following templates and examples are also available as part of the toolbox:

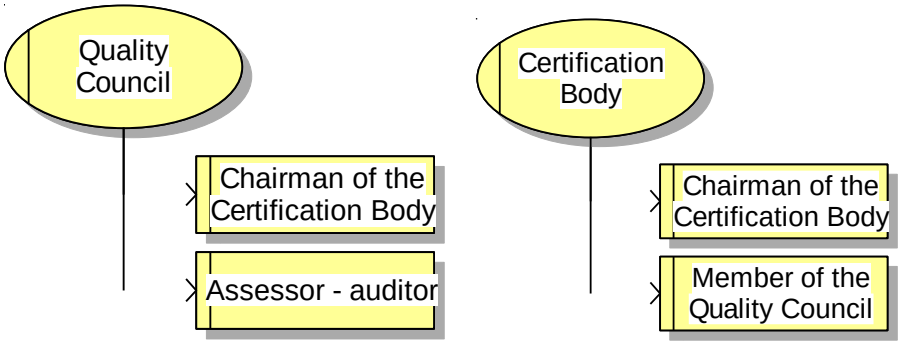
- Interested parties and risk catalogue table
- Quality policy of the QMS
- Quality objectives and performance parameters
- Training plan
- QMS Status report
- Book of corrective measures

Organizational structure of the certification body.

A certification body decides on awarding a certificate based on the report from the assessors (these two functions should be separated) and should have an odd number of members. Representatives from different sectors should be represented in the CB.

The certification body with the assessor can form a larger body responsible for the methodological development of the quality assurance system. This body is sometimes referred to as a "Quality Council".

The certification body shall consist of the following organizational structures:



Certification process

The process of certification of a career guidance quality management system is described in this Directive in graphical form using process description units as follows:

- A process description image is processed for the process. For each activity - function (green objects) is a textual description of what is done within the activity.
- Each activity has inputs, outputs in the range of documents, e-mails, clusters (Excel spreadsheets, applications) and to the right of the activity there is a functional place that performs the activity.

Used objects and operators

AND operator

"And simultaneously"
-processes continue in parallel
-the process starts when all events occur

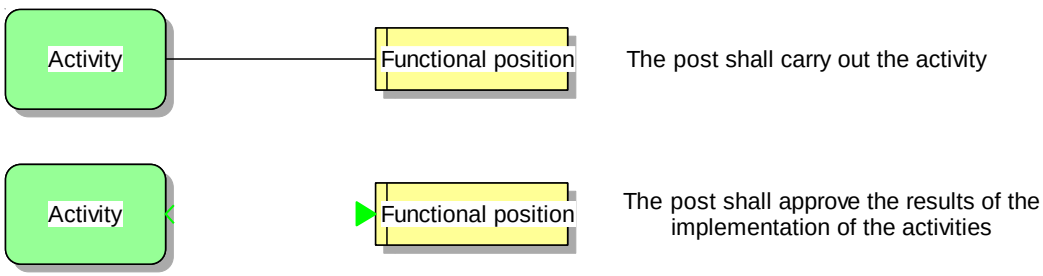
XOR operator

"Just one"
-the process continues with just one branch
-the process triggers the fulfillment of just one event

OR operator

"Or"
-after initial events means that the process can trigger one or more events
-for branching operations means that the process can continue with one or more branches

Links and relations in the process:

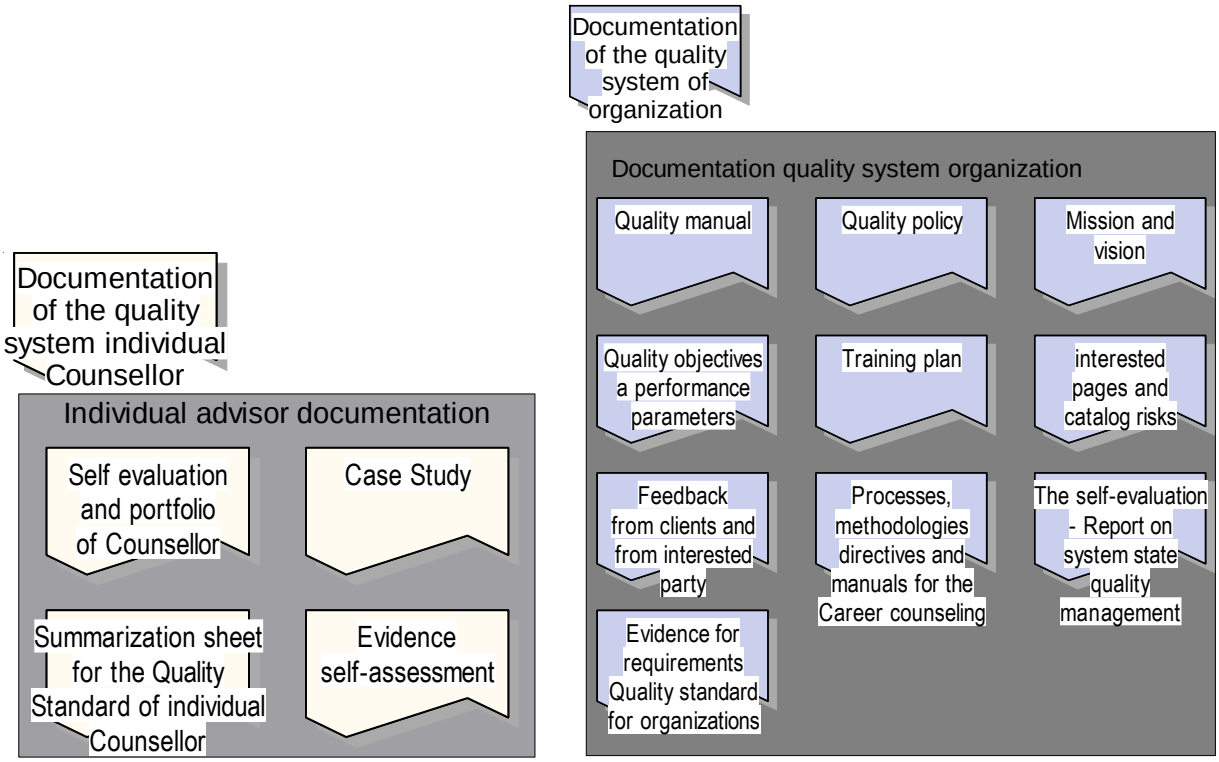


Legend to the certification process

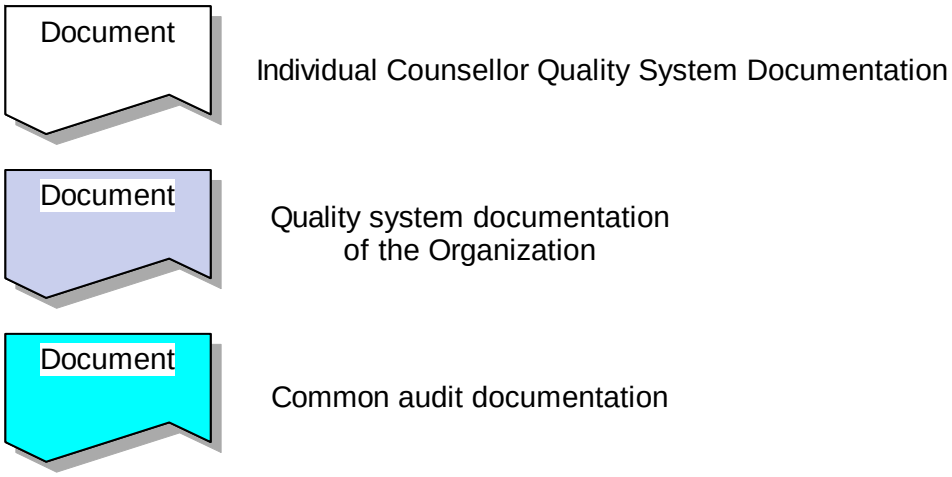
The process describes 2 types of implementation of a certification process:

- Process and requirements for individual career guidance counsellors
- Process and requirements for organizations providing career guidance

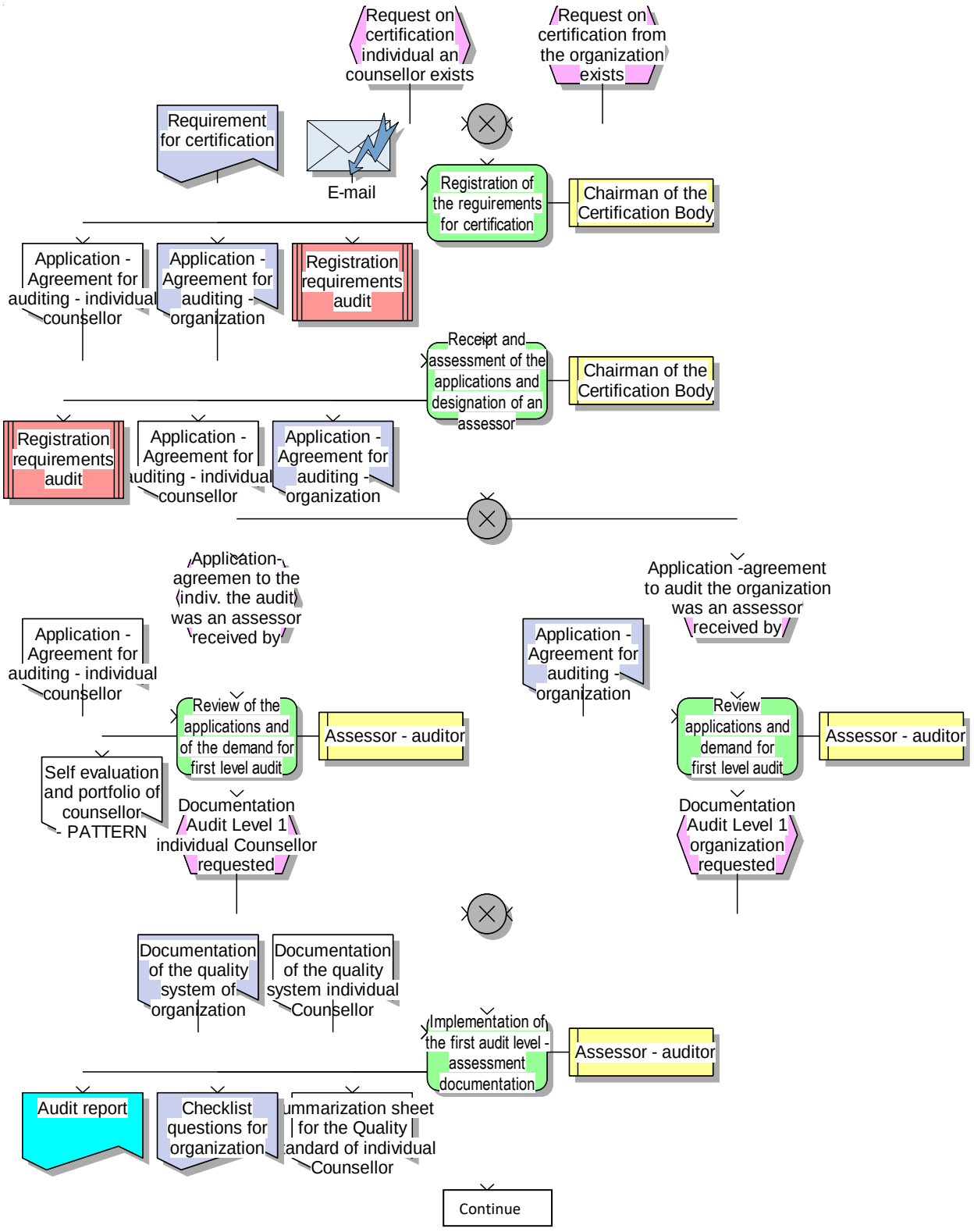
The scope of the required quality management system documentation for these groups of applicants is different. The difference is shown in the following schemes:

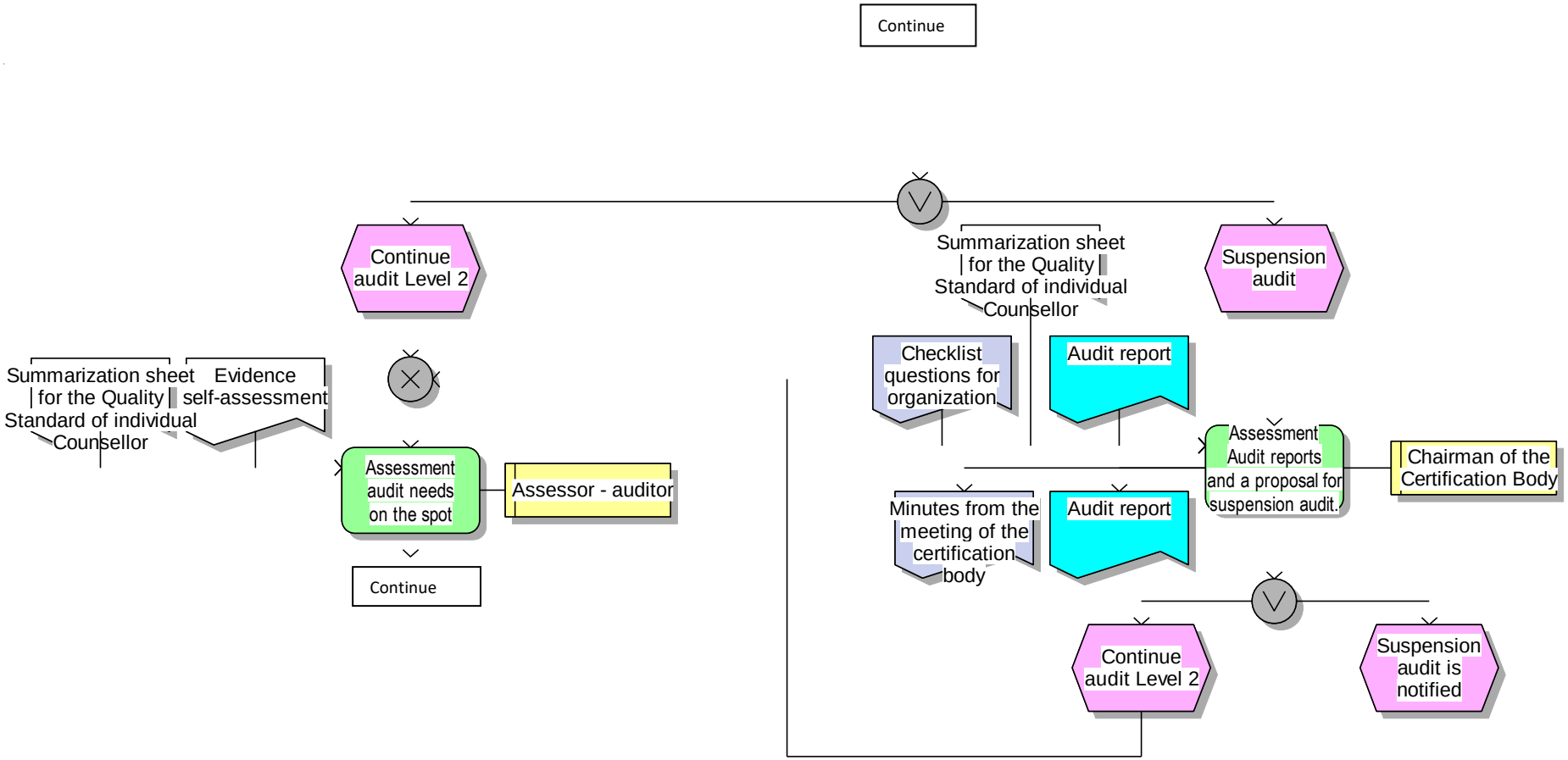


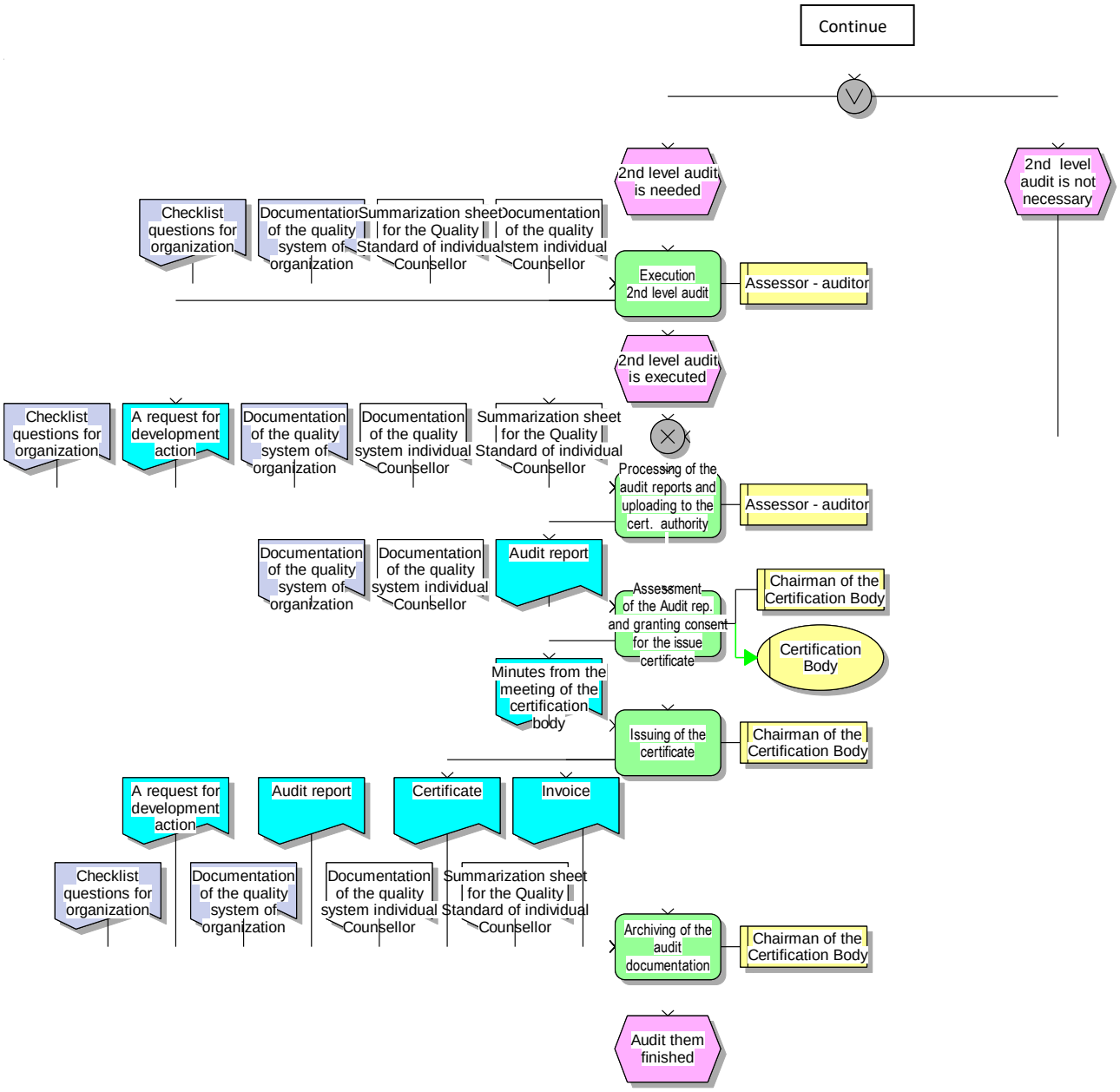
Displaying documents in a process model:



Certification process diagram




Continue
Continue audit Level 2
Summarization sheet for the Quality Standard of individual Counsellor
Evidence self-assessment
Assessment audit needs on the spot
Assessor - auditor
Continue
Summarization sheet for the Quality Standard of individual Counsellor
Suspension audit
Checklist questions for organization
Audit report
Assessment Audit reports and a proposal for suspension audit.
Chairman of the Certification Body
Minutes from the meeting of the certification body
Audit report
Continue audit Level 2
Suspension audit is notified


Continue
2nd level audit is needed
2nd level audit is not necessary
Checklist questions for organization
Documentation of the quality system of organization
Summarization sheet for the Quality Standard of individual Counsellor
Documentation of the quality stem individual Counsellor
Execution 2nd level audit
Assessor - auditor
2nd level audit is executed
Checklist questions for organization
A request for development action
Documentation of the quality system of organization
Documentation of the quality system individual Counsellor
Summarization sheet for the Quality Standard of individual Counsellor
Processing of the audit reports and uploading to the cert. authority
Assessor - auditor
Documentation of the quality system of organization
Documentation of the quality system individual Counsellor
Audit report
Assessment of the Audit rep. and granting consent for the issue certificate
Chairman of the Certification Body
Certification Body
Minutes from the meeting of the certification body
Issuing of the certificate
Chairman of the Certification Body
A request for development action
Audit report
Certificate
Invoice
Checklist questions for organization
Documentation of the quality system of organization
Documentation of the quality system individual Counsellor
Summarization sheet for the Quality Standard of individual Counsellor
Archiving of the audit documentation
Chairman of the Certification Body
Audit them finished

Description of the process

1. Registration of the request/application for certification

The Chairman of the Certification Body records the request in the register of requests/application. At the same time, he/she assigns a registration number from the register to the application and establishes an audit agreement and sends this application for completion and signature to the applicant for the audit.

2. Receipt, assessment of the application and designation of an assessor

The Chairman of the Certification Body assesses the completeness of the application form and, if necessary, request additional information. When the application is complete with the applicant's signature and the cost of the audit, the Chairman of the Quality Council will forward the application for certification to the assigned lead assessor to begin the certification audit. He/she records the assessor's name in the register.

3. Review of the application and of the demand for stage 1 audit (individual counsellor)

The assessor notifies the Applicant by email of the initiation of the audit and sends him / her a self-assessment tool and a portfolio of the counsellor and agrees on the audit schedule.

In the case of a certification and recertification audit, all documentation is required. In the case of a control audit, the focus will be on the selected criteria of the Quality Standard so as to assess all the criteria during the control audit.

4. Review of the application and of the demand for stage 1 audit (organization)

The assessor shall request the following documentation for the stage 1 audit:

- Quality manual (optional)
- If the Manual is not available:
    - Quality policy
    - Mission and vision
    - Quality objectives and performance parameters
    - Training plan
    - Stakeholders and risk catalogue (optional)
    - Feedback from clients and stakeholders
    - Processes, methodologies and guidelines under which career guidance is performed
    - Self-assessment report - Report on the status of the quality management system
    - All the necessary evidence

5. Implementation of the stage 1 audit assessment documentation

The assessor assesses the self-assessment and the evidence and records the results of the assessment. In case of missing evidence or uncertainties, he/she will contact the audited organisation for additional information.

On the basis of mutual communication and information received, the assessor shall decide on the need to carry out the stage 2 audit (on-the-spot audit) or a suspension of the certification process due to failure to meet the requirements of the quality standard criteria.

In the event of a decision to suspend an audit, he shall prepare an Audit Report containing a description of the unsatisfactory Quality Standard criteria.

The report shall be sent to the Chairman of the Certification Body for discussion and decision by the certification bodies.

6. Assessment of the audit reports and proposal for suspension audit

The certification body, whose meeting is convened by the Chairman of the Quality Council in writing 14 days before the meeting, shall assess and decide on the proposal of the assessor to suspend the audit process. In such case the Chairman of the Certification Body shall notify the applicant of the decision to suspend the audit. If he / she fails to identify with the assessor's proposal, he / she shall inform the assessor of his / her opinion and ask him / her to proceed with the second stage audit.

7. Decision about the need for the stage 2 audit

The assessor may omit an on-the-spot audit if all documented evidence is presented by the audited organisation. Where necessary, an on-site audit shall be agreed with the audited organisation.

8. Realisation of the stage 2 audit

By conducting the stage 2 audit (on-site), the assessor verifies the lack of evidence from the first stage audit and checks whether the services provided meet the criteria of the Quality Standard. Any findings concerning minor deviations or potential for improvements shall be established and recorded. The audited entity shall (on the spot or within a specified time limit) take measures to remove findings within a deadline for implementation. (Requirement for development actions)

9. Processing on the audit reports and uploading to the certification body

The assessor prepares the audit report and submits it together with the evidence to the certification body.

10. Assessment of the audit report and granting consent for the issue certificate

The Certification Body assesses the submitted Audit Report, including all the evidence and decides whether to issue the certificate. if necessary, it may request additional documentation.

11. Issuing of the certificate

On the basis of the minutes of the meeting of the Certification Body, the Chairman of the Certification Body issues the certificate and at the same time issues the invoice for the audit and sends the documents to the audited by registered mail, by post or in person.

12.Archiving of the audit documentation

The Chairman of the Certification Body shall archive the audit documentation.

13.Specific regulations concerning the use of the certificate

A: Granting, maintaining the certificate

Based on audit records, audit reports, corrective actions and the client's commitment to implement the required remedies, the CB decides to grant, suspend or reject the certificate. This decision is notified to the client in writing.

Granting the cetificate

Once the certification requirements have been met, the CB informs the client of the certificate and issues the certificate. The certificate is issued according to the request and is sent to the client. The certificate is valid only for the certified entity and for the management system listed in the certificate to the extent (which careers services and for which target groups) are listed in the certificate. Any certificate transfer is prohibited.

The certification is valid for a limited period (e.g. 3-5 years) from the date of the certificate award or renewal, provided that the surveillance audit does not detect a deterioration of the management system or that the system does not meet the criteria requirements.

Issuing a certificate entitles a certified entity to use a certification mark.

Postponement of the certificate

If the client does not introduce the required corrective measures, the CB may decide to postpone its certification decision. After these corrective actions are implemented by the client, the auditor re-performs the audit, after which the CB will again decide to issue the certificate. The scope of this new audit is defined by the extent of corrective action.

Refusal of the certificate

If not all the requirements and criteria for granting the certificate were met, CB will reject the certificate. In this case, the client may file an appeal or a new application for certification. CB reviews the appeal with the necessary attention and independence and announces its decision to the client.

Maintaining the certificate (surveillance audits)

Surveillance audits cover all aspects of QMS-CCG and are carried out regularly at least once a year. This number can be changed if it is based on an official requirement.

The audit is carried out by a qualified auditor of the CB according to the audit program in order to ensure that the level of the management system is maintained.

Extending the scope of the certificate

If the scope of the certificate is extended to other activities, locations or services, the certified entity will fill out a new supplementary application. The audit is performed only in the activities for which the certification has been extended.

After successful auditing and certificate evaluations, the valid certificate remains valid for the remainder of the 3 year cycle. If a new certificate is required, the certified entity must return the previous certificate to the CERTIFICATE.

B: Suspension, revocation, cancellation, and expiration of the validity of the certificate

Suspension of the validity of the certificate is a temporary withdrawal of the certificate in case:

- detection of critical nonconformities in QMS-CCG,
- when the requirement of introducing important corrective actions was not satisfactorily carried out within the specified time limit,
- inappropriate use of the certificate,
- if there are discrepancies between the application, the terms of the certification, or the terms and conditions.

Suspension is a temporary measure that must be announced to the Certified Entity in writing, where the certificate specifies the reasons for the suspension of the certificate and under what conditions the suspension of the certificate will be removed. Before the end of the certificate's suspension period, an extraordinary audit will be carried out to verify the compliance with the conditions for re-granting the certificate. When the certificate conditions are met, they will notify the certified entity of terminating the certificate's suspension and of re-issuing the certificate. Failure to meet these conditions will lead to the removal of the certificate. The costs associated with the extraordinary audit shall be borne by the certified entity.

In the event of a certificate being suspended, a certified entity may not, during the suspension period, qualify for certification or refer to the certification in external communication.

Revocation of the certificate

The certificate can revoke the certificate in case of:

- the finding that the management system is no longer in line with the required criteria, the Code of Conduct of the ZKPRK / IAEVG and the applicable laws of the Slovak Republic,
- non-compliance by a certified entity with a contract, including financial obligations,
- undertaking inappropriate steps, or failure to comply with the conditions for suspending the certificate.

Revocation can take place with or without a previous suspension of the certificate.

CB will notify the certified entity of the withdrawal of the certificate in writing. In this case, the certified entity may file an appeal.

If a certificate is revoked, the certified entity must immediately send the CB the certificate, stop any further use of the certificate, and may not refer to the certificate in external communication.

Cancellation of the certificate

The certificate will be canceled in these cases:

- when a certified entity does not reflect the renewal of a certificate,
- when the activities subject to certification cease to exist.

In the event of a certificate being cancelled, the certified entity must immediately send the CB the certificate, stop any further use of the certificate, and may not refer to the certificate in external communication.

Expiration of the certificate

The certificate automatically and legally loses its validity after the expiration of the validity of the certificate until it is renewed.

If the expiration date of the certificate arrives, the certified entity must immediately send the CB certificate, stop any further use of the certificate, and may not rely on the certificate.

Renewal of the certificate

The certificate must be renewed before expiration of its validity at the end of the 3 year cycle. Renewing a certificate requires a full recertification audit that is similar to a certification audit. With certificate renewal requirements, the certified entity will be notified during the audit during the last audit of the 3 year cycle.

C: Using the certificate

Issuing a certificate entitles a certified entity to refer to a CB granted certificate and to use a certification mark in accordance with the scope of certification. The right to use the certification mark is subject to valid certificat and to meeting all CB requirements and CB guidelines for using the certification mark.

Any use or referring to a certificate or certification mark that could be misleading will promptly be discussed by the CB, which may result in the suspension or removal of the certificate and medialization of the case.

Annex 1: Audit application

☐ Certification audit ☐ Recertification audit ☐ Control audit

Planned audit date:

1. Organisation details:

Name:			
Street			
Town / Post code			
ID:		IČ DPH:	
Phone:		Fax:	
www:		e-mail:	
Legal representative			

2. Organisational structure:

Legal form:		
Natore of provided services:		
Target group(s):		
Number of clients/provided services during last 12 months:		
Number of employees / of which number of counsellors		
Branches: (address / number of staff)		

Date: Signature of the legal representative:

DO NOT FILL - COMPLETE CERTIFICATION BODY !	
Leading auditor: Auditor:	
Price:	
Requested documentation for the stage 1 audit:	
Date for the sending of the documentation:	
Attachment:	Mutual rights and obligations

For the certification body: Leading auditor:

In..... Date: .....

Mutual rights and obligations

The applicant engages to:

- pay a fee for performing the certification process within 15 days of applying to the bank account …
- carry out a self-assessment and deliver the required documents within a specified deadline,
- respect the legislative requirements concerning the data protection and other privacy policies of all stakeholders (clients, partners, employees ...) when making the materials available for the certification process,
- Provide true information while respecting the privacy policies of its clients, partners and other stakeholders;
- assist the certification body and the evaluator in carrying out their duties in the certification process.

The auditors engage to:

- assess objectively and independently the fulfillment of the requirements of the quality standard for career guidance by the applicant,
- deliver the results of the stage 1 audit to the applicant no later than 15 days after the receipt of the requested materials,
- prepare a final process report no later than 15 days after the implementation of Stage 2 audit,
- send the final report to the certification committee.
- respect the principles of ethics as well as the legislative requirements for the protection of personal data and any other information and material disclosed, which are considered confidential and cannot be communicated to third parties.

Violation of any of these rights and obligations may lead to the interruption or termination of the certification process under the Commission's internal quality development guidelines.

Quality Development Committee of the CCRC

Annex 2: Quality implementation manual

1. Subject

This Quality Management System of Career Guidance Center outlines the requirements and provides guidance on creating, implementing, maintaining, reviewing and improving the Quality Management System of Career Guidance Centers (QMS). QMS can be applied on its own, or it can be part of a management system individual counsellors that is associated with an organization providing career guidance (legal entity). This document addresses issues related to the following quality requirements for a career guidance organization:

Context of the organization- CG

- Understanding the needs and expectations of interested parties
- Risk assessment (recommended, non-mandatory)

Leadership

- Management Committment
- Quality management system policies

Planning

- Strategy and vision
- Resources

Support

- Professional requirements
- Awareness and training
- Partnership
- Communication
- Documentation

Operation

- Planning and management of operations
- Processes
- Products and services
- Research and development

Performance evaluation

- Monitoring, measurement of operations
- Review of the QMS-CGC by the management
- Review of the QMS-CGC by an independent body

Improvement

- Nonconformities and corrective measures
- Continuous improvement

2. Terms and definitions:

See ISO Glossary here: https://www.iso.org/obp/ui/#iso:std:iso:9000:ed-4:v1:en

3. Context of the organization

The organisation must identify external and internal affairs relevant to its purpose, affecting its ability to achieve the objectives of its QMS. These issues include, without limitation, the following factors:

a) the size, structure of the organization and delegation of decision-making in the organization;
b) the places and sectors in which the organization operates or intends to operate;
c) applicable legal, regulatory, contractual and professional engagements and obligations.

3.1 Understanding the needs and expectations of interested parties

The organisation must identify:

a) Interested parties concerned by the QMP
b) Appropriate expectations and needs of these interested parties.

NOTE In identifying expectations and requirements of interested parties, an organization can distinguish between mandatory requirements and non-mandatory expectations, and voluntary commitments by stakeholders.

3.2 Risk assessment

This requirement is recommended, as we believe it will help the management to better grasp the system as such. Failure to comply with this requirement does not affect the decision to grant a certificate. The organisation must:

a) identify risks in providing career guidance, reasonably foreseeable by the organization, analyze, assess and assess the importance of identified risks to assess the suitability and effectiveness of existing risk mitigation measures of the organization
b) The risk assessment shall be reviewed each year
c) The risk assessment shall be documented

Instructions:
To map the risks associated with providing career guidance as a way of preventing potential damage, it is good to document stakeholders and define risks. Risks can be defined on the basis of a SWOT analysis and the risk is assessed as the product of the probability of the event and the effect of its occurrence. As a guide we attach a table that analyzes stakeholders and assesses risks at the same time.

Table of interested parties and risk assessment- example – Annex 1

4. Leadership

4.1 Management commitment

Management must demonstrate leadership and commitment with regard to QMS:

a) By ensuring that the QMS, including policy, is created, implemented, maintained and reviewed
b) by deploying appropriate and proportionate resources for the effective functioning of the QMS
c) by internal communication on the importance of effective QMS and compliance with system requirements
d) by managing and supporting personnel involved in the effectiveness of the quality management system by promoting an appropriate culture within the organization;
e) by promoting continuous improvement;

4.2 Quality management system policies

Top management must create, maintain and review QMS policies that:

a) will declare a commitment to comply with the career guidance quality management system
b) will declare a commitment to comply with the …Code of Ethics and applicable laws of the …
c) is appropriate for the purpose of the organization;

QMS policies must:

- be accessible as documented information;
- be communicated in appropriate languages within the organization and for business partners,
- be available to relevant interested parties as appropriate.

Implementation instructions:

Management will prepare the Quality Policy of Career Guidance Center, which declares its interest in providing guidance in accordance with this quality standard. It will subscribe to the commitment to comply with the Code of Ethics and the applicable laws. Good quality policy should allow customers, clients (if not the same as the customer) and counsellors to identify with it. Interested parties must see that management by its policy is committed to bringing them added value and bring benefits to the whole society.

Documented information means that the policy is on an informative medium (printed on paper put on the company's web site).)

Quality policies – example – Annex 2

5.Planning

5.1 Strategy and vision

The organization must define a vision for career guidance and its key career guidance performance parameters that help deliver the organization's vision. Vision is communicated to interested parties and contains wider social objectives of the service. These parameters must be regularly monitored and evaluated. This information must be documented and evaluated in the "QMS Status Report", which it submits annually to an external control body in a control or recertification audit.

The organization has to define quality objectives that QMS is committed to constantly improving but mainly bringing added value to clients and customers. Quality objectives must be based on the commitments given in the Quality Policy.

Instructions:

Management formulates the vision of a company - a commitment, a goal where it wants to be in career guidance in 2-3 years.

Example: "To be a leader in the region of …." Performance parameters are goals for the coming year, which the organization also sets to ensure a gradual fulfilment of the vision.

Example: "Get at least 50 individual clients ....."

Quality objectives are objectives that are "appealing" to clients and assess the quality of service provided

Example: "The success of career counselling measured by the percentage of employment in the labour market, ……", "satisfaction of clients".

The necessary resources will be provided by the organization so that eg. allocate an external certification audit to the finance budget, identify and create a workspace for the employee he / she entrusts to manage the QMS.

Performance indicators and quality goals - example – Annex 3

5.2 Resources

The organization uses information sources on occupations, the world of work, the labour market, labour market forecasts, educational opportunities, salaries, volunteer opportunities. These resources are up to date and available to the target group in the appropriate form.
The organization can develop its own information material and / or systematically collect, formalize (adapts form) and use it to convey informal labour market information to clients (eg, through contact with employers, collection of articles, keeping contacts, mediation of contacts in the hidden labour market).

The organization has a procedure to ensure the accuracy, quality and impartiality of these data.

Instructions:

Up-to-date Information on the labour market, occupations and learning opportunities are an important factor in the success of counseling, so this information must be documented by the organization so that it can be shared within the organization and continuously updated.

6. Support

6.1 Professional requirements

The organization shall determine the necessary competence of its staff who have an impact on the performance of the QMS. The organization ensures that the stuff have appropriate education, training or experience and, if necessary, take measures to acquire and maintain the necessary competences and evaluates the effectiveness of the measures taken. It is important to suitably retain documented information as proof of competence.

6.2 Awareness and training

The organization provides staff members with appropriate preparation for the provision of career guidance in accordance with quality standards. It develops a training plan that reflects the following requirements:

a) participation in training activities, workshops at least twice a year with an impact on practice and / or in relation to the strategic direction of the services provided
b) at least once a year a meeting of career counsellors, an internal meeting within the organization where the service is provided is not counted,
c) membership of a professional organization

6.3 Partnerships

The organization creates partnerships that enable:

a) systematic, planned, targeted contacts with employers (participation in job fairs, tenders, company contracts)
b) direct contacts with employers (recruitment, evaluation and development centres, consulting ...)
c) cooperation with external actors (professionals from other professions, parents, educational counsellors, teachers, institutions)
d) formalized cooperation with external actors (e.g. partnership agreements, established processes for involving external actors, established activities), systematically evaluated and adapted

e) redirection of the client to alternative or complementary services.

6.4 Communication

The organization must determine internal and external QMS communications. (Who, when, how - meetings.....)
The organization has a dedicated communication strategy using multiple channels by target audience, specifically dedicated financial resources

6.5 Documentation

QMS-CGC must contain:

a) documented information required by this document;
b) documented information that are identified by the organization as essential to the effectiveness of the QMS

NOTE 1 The extent of documentation about QMS can vary depending on:
- the size of the organization and types of activities;
- complexity of processes and relations;
- staff qualification.

NOTE 2 Documented information may be stored separately as part of the QMS, or may be retained as part of other management systems (eg, compliance, finance, business, audit)

Instructions:
The management processes the requirements for the competence of the staff providing guidance in relation to the target group. Based on the analysis of the effectiveness of the guidance provided and the feedback from clients, individual employee training plan is elaborated (this includes people included in activities realized through partnerships and external consultants).
Management determines communication by introducing a system of meetings, workshops, non-work activities, participation in activities within partnerships, and so on.
The documented information means that the information is on an informative medium (printed on paper, put on the company's website).

- *is approved by the responsible employee*
- *has a specified expiration date*
- *is up to date*
- *is available to those who need it and are demonstrably familiar with it*

Training plan – example – Annex 4

7. Operations

7.1 Planning and management of operations

The organization must plan, implement, review and manage the processes required to meet the QMS requirements and implement risk management activities.

a) developing criteria for the process
b) implementing process management by criteria
c) by retaining documented information to the extent necessary to gain confidence that the processes have been performed as planned (eg by recording the process in the individual client component)

The organization must ensure that outsourced processes are managed, which means that the organization is responsible for ensuring that the outsourced activities comply with the quality criteria.

7.2 Processes

The organization has procedures formalized, explicitly described and traceable (guidelines, methodologies ....) in relation to the target groups and goals it wants to achieve. There are defined and formalized tools, standards and outputs from activities in the process. The emphasis in describing and setting up counselling processes is to assure:

a) that methods ere used are relevant for the service objectives and that counsellors are able to reflect the theoretical basis for their use. Counsellors should be able to use a wide range of methods for different types and needs of clients and / or methods and to adapt them to the needs of clients. Where appropriate, counsellors may use tools to objectify data, i.e. other than self-assessment methods (eg 360-degree assessment, model situations, performance tests, standardized questionnaires ...)
b) that clients are systematically and thoroughly informed about the progress, tools used, service objectives, prices, expected duration, conditions of cooperation, roles, mutual responsibilities etc.... Information is given in an individualized forms to ensure active information reception (information interview, interactive seminar). Detailed information is available to the client in writing and / or the information phase precedes the client's entry into the advisory process, and is described in the internal methodology. Client's understanding is systematically verified and / or is part of the contract with the client (general terms and conditions, cooperation agreement, order , parental consent ...)
c) that there is a special phase in the counselling process that enables client needs analysis and setting of personal goals for the process. This may be recorded in a separate document that is accessible to the client for verification and possible revision in the service delivery process.
d) that an active role of the client is maintained and the process leads to widening of client’c career opportunities. This can be achieved by the use of self-assessment/self-reflection methods and procedures (e.g. experiential, constructivist) and use of information resources that actively involve the client, enhance his / her self-knowledge and lead to a structured self-reflection and development of alternative professional objectives without external pressure and/or conflict of interest. The active role of the client can be demonstrated at all stages of the counselling process (e.g. use of meeting minutes with jointly defined conclusions and tasks) and the client can be involved in the creation of a counselling process (e.g., a joint selection of evaluation / counselling tools). Individual work of the client in the centre or at home can be used.
e) that the service is designed to develop career management skills and can use a systematic analysis of client’s needs and progress in terms of CMS development. The service can use tools, approaches or modules with defined learning objectives described as CMS.

7.3 Products and services

The organization is committed to providing demonstrable individualized advice based on the analysis of each client's needs (developmental stages for pupils, client's situation, need for CMS development ...) and can have a formalized procedure for linking the identified needs of the client / order to the course of the service and methods used.
Available spaces enable quality service provision (e.g. individual consultations in a discrete environment) and there are no barriers to service availability (appropriate flexible opening hours, evening workshops, barrier-free access where relevant).
The organization can use ICT tools, online platforms, webinars etc.
The organization has a formalized and established process to protect personal data in accordance with the GDPR.
An organization can have a dedicated space for a client to work with documentation or Internet access, available to him for "ordering" for clients who need it (e.g., disadvantaged)
Counselling process leads to written outputs that can be used outside the counseling process (CV, competency portfolio, personal client profile, written career plan, LinkedIN profile, final report).

7.4 Research and development

The organization will commit to some of the research and developments activities below in its Quality Manual:

a) proven adaptation to the use of existing tools and approaches based on identified customer needs, demands from service funders, current trends in career guidance (at least 1 example of adaptation of the use of an existing tool / method over the past year)
b) creating new custom tools and procedures (at least one example of a custom-built tool or method for the past year)
c) active participation in research studies in cooperation with external partners (universities, European and other projects)

Instructions:

When planning and managing processes we take into account the processed risk analysis and incorporate the measures taken to eliminate them into internal regulations (guidelines, procedures, methodologies ...) The criterion for the process is actually the goal that is set in performance parameters and quality objectives we want to deliver as well as in its efficiency (revenue, profit, number of clients ...). ***This document in part 7 (Operations) contains quality criteria that must be implemented in the processes in the form of norm, methodology etc.***

8. Performance evaluation

8.1 Monitoring, measurement of operations

This quality standard requires measuring and analysing of QMS management parameters (i.e. parameters that are part of the organization's management). This standard requires to measure and analyse the following additional parameters:

a) defined in the previous chapters (performance parameters, quality objectives, risk assessment, stakeholder requirements…)
b) collection of feedback and of the impact that clients and partners have on the service
c) impact evaluation.

8.2 Review of the QMS-CGC by the management

QMS-CGC to which the organization has committed itself, will be described in a quality manual that has the same structure as the chapters of this standard. The organization describes its commitment in the individual chapters, which it will later evaluate in the form of a self-assessment in the QMS Status Report and submit it together with the application to an independent body to assess compliance with the accepted quality requirement defined in this document. The time period between the adoption of the QMS Policy and the processing of the first QMS Status Report must be at least 6 months, so that the organization can provide relevant evidence of compliance with the Standard requirements.

8.3 Review of the QMS-CGC by and independent body

The certification body should have 7-9 members and quorum will be three votes. Representatives of the education, employment and private sector will have representation in the certification body. The auditors will be appointed by the … on the basis of their qualification requirements.

Audit is realized in two phases:

1. stage audit – documentation audit examines the conformity between the requirements with the report with submitted evidence.

2. stage audit – on the spot audit, where auditor verifies the conformity in the organization.

This standard will be reviewed by an independent reviewer as follows (similar to ISO standard):

1. First time as a certification audit, where all the requirements of the standard will be examined, valid for 3 years
2. Re-certification, every 3 years, to renew the validity of the certificate for 3 years – again, all the requirements of the standard will be examined
3. Control audit – every year, randomly selected requirements are verified in a way, that during a 3-year cycle all the requirements are checked.

Instructions:

Performance measurement and analysis is in fact the monitoring of whether the goals set were met and whether corrective action were taken in case of negative development of set indicators. This is a common process we do when we want to take effective action. As regards the monitoring of qualitative indicators that we have adopted and defined in quality policy and set them up in processes (directives, procedures), we monitor them based on the set of quality objectives through feedback questionnaires, impact surveys etc. The "Management review" can be considered a self-assessment and is based on the elaboration of the QMS Status Report, which assesses the fulfilment of established quality criteria.

QMS Report - example – Annex 5

9. Improvement

9.1 Nonconformities and corrective measures

If nonconformity occurs, organization must:

a) react promptly and appropriately:
   1. take measures for the management and correction;
   2. treat the consequences;
b) assess the need for measures to eliminate the source(s), so that the nonconformity does not reoccur:
   1. investigate nonconformities;
   2. identify sources;
   3. identify whether similar nonconformities exist or could potentially occur;
c) implement any necessary action;
d) investigate effectivite of every corrective measure;

Corrective measures must be proportionate to the effects of the nonconformities.

The organization must keep documented information as evidence:

- about the characteristic of the nonconformities and all taken measures;
- results of any corrective measure.

9.2 Continuous improvement

The organization must constantly improve the suitability, adequacy and effectiveness of the QMS. The main sources of improvement are the results and outputs of monitoring, measurement of results and impact analysis.

Instructions:

Main sources for improvement are outputs from measurement and monitoring:

- *Performance parameters evaluation*
- *Evaluation of quality objectives*
- *Assessing stakeholder requirements and risk management*
- *Feedback from clients*
- *Impact evaluation and parameters set by the organization*

Documenting continuous improvement can be done through taking corrective action. It can be appropriate to introduce a book of corrective actions. If there are repeated discrepancies in the quality management system, then include them in the risk analysis and take action.
Book of corrective actions - example – Annex 6

Annexes of the quality implementation manual are available separately - examples:

1. Interested parties and risk catalogue table
2. Quality policy of the QMS
3. Quality objectives and performance parameters
4. Training plan
5. QMS Status report
6. Book of corrective measures

Annex 3: Stage 1 audit report template

Type of audit:	
Audit basis (regulations for certification) / Norm / Date of issue:	Quality criteria elaborated into QMS/CCG
Date of the audit (on the spot):	
Client / customer:	
Streed / P.O.Box:	
ZIP / City:	
Management representative:	
Leading auditor/auditor:	
Area of validity of the certificate:	(e.g. Careers services for unemployed)
Quality manual QMS-CCG (revision/date):	
Attachments:	☒ Updated Stage 1 audit plan. ☐ Plan of matrix certification. ☐ Client's organizational chart. ☐ Clients process map.
Result of the Stage 1 audit:	☐ The QMS-CCG requirements for documentation are partially met, nonconformities must be removed before the Stage 2 audit. ☐ New documentation needs to be sent. ☐ The QMS-CCG requirements are mostly met, some improvements are possible before the Stage 2 audit. ☒ Stage 2 audit can be carried out.

Planned date for the Stage 2 audit	
Date and signature of the leading auditor:	

1. Fullfillment of the requirements for the implementation of the QMS

2.1 Customer has created, documented, implemented and maintained QMS that includes:

- ☒ the necessary identification, application, sequence and interaction of the existing processes, see. (process map, guidelines, methodology)
- ☒ documented stakeholder requirements and risk management;
- ☒ documented statement of quality policy and quality objectives;
- ☒ quality manual;
- ☒ documented resources for providing guidance;
- ☒ documented information for the management of QMS;
- ☒ documented procedure for monitoring impact and client satisfaction;
- ☒ documented process for assuring professionalism of the staff;
- ☒ documented procedure for implementing corrective actions and continual improvement;
- ☒ other documented procedures for.....

2.2 Structure of the QMS documentation of the customer is:

- ☐ process-oriented
- ☒ broken down by Quality Criteria CCG

2. Assessment of the results of Stage 1 audit

2.1 The documentation was assessed by random selection.

2.2 Nonconformities (N), if detected, minor nonconformities (MN) and recommendations for improvement (I) and positive remarks are included in the attachment 1 together with recommended corrective actions. **These findings need to be removed befor the Stage 2 audit.** Non-adressed findings will become deviations that may lead to interruption of the audit.

2.3 Given the nature of the audit by random sampling, it should be noted that there may still be other findings that were not detected in the Stage 1 audit..

2.4 The customer demonstrated the following to the leading auditor:

- ☒ an acceptable level of implementation of the quality management system requirements in the processes under review;
- ☒ performing the review of QMS-CCG by senior management documented in the QMS-CCG Report

3. Conclusion

Based on the review of the QMS-CCG documentation, the CQCG Certification Body‘s auditors state that the documentation requirements are met and a Stage 2 audit can be carried out.

Annex 4: Stage 2 audit report template

Type of audit:	
Audit basis *(regulations for certification)* / Norm / Date of issue:	Quality criteria elaborated into QMS/CCG
Date of the audit (on the spot):	
Client / customer:	
Streed / P.O.Box:	
ZIP / City:	
Management representative:	
Leading auditor/auditor:	
Attachments:	☒ Updated audit schedule (is available to the client) ☒ List of measures (is available to the client) ☐ Report of nonconformities ☐ Other: Plan of matrix certification
Výsledok auditu:	☒ Quality requirements are fullfilled: ☒ Awarding of the certificate is recommended. ☐ Maintaining of the certificate is recommended. ☐ Extending the scope of the certificate is recommended. ☒ Quality requirements are not fullfilled: ☐ Repeated audit is required. ☐ New/other documentation need to be filled. ☐ Suspension/revocation of the certificate is recommended.
Planned **future auditor:**	
Plánned **date of the future audit:**	

Date

Leading auditor

Data for the audited organization, area of validity

Audited organization ..... provides the following services .....

The organization currently has ..... employees.

Main processes of the organization:

- Career guidance
- Training
- Trade and marketing

The organization has the following customers: …….

An QMS-CCG review according to the QMS-CCG Criteria was performed during the audit - see audit plan.

Audit

The audit was performed by auditors of the certification body according to the Criteria in the quality standard. Another basis for the audit was the quality manual No. ..... and individual documented procedures cited in this manual, as well as operating and controlling procedures that were available in different units of the organization according to organization schemes and on the premises of the organization. The report is broken down by the standard division used by the Certification body.

The quality manual and documented procedures were reviewed and evaluated before the on-the-spot audit. Production and control procedures were randomly verified during the audit.

A random check of the processes described was performed according to the audit plan. As part of the process review, the management of the relevant records has been reviewed.

In view of the random nature of the audit, it should be noted that there may be other findings that could not be detected during the audit.

Auditors of the Certification Body have reviewed the customer's planned corrective actions, which were found acceptable. Deviations (D), if found, are documented in a separate deviations report. Nonconformities (N), if found, minor nonconformities (MN) and recommendations for improvement (I) as well as positive remarks are describet in Annex 1 together with the corresponding corrective actions. Small nonconformities (MN), according to auditors' assessments, do not jeopardize the effectiveness of the management system as a whole. Verification of the state of implementation / effectiveness of corrective actions will be carried out at the next audit.

Audited requirements

Podľa SMK-CKP	Certification audit	1. surveillance audit	2. surveillance audit
3. Context of the organization - CCG			
3.1 Understanding the needs and expectations of interested parties	**X**	X	X
3.2 Risk assessment of CCG	**X**	X	X
4.Vodcovstvo			
4.1 Management Commitment	**X**	X	X
4.2 Quality management system policies of centres of career guidance	**X**	X	X
5. Planning			
5.3 Strategy and vision	**X**		
5.4 Resources	**X**		
6. Support			
6.1 Professiona requirements	**X**		
6.2 Awareness and training	**X**		
6.3 Partnerships	**X**		
6.4 Communication	**X**		
6.5 Documentation	**X**		
7. Operation			
7.1 Planning and management of operations	**X**		
7.2 Processes	**X**		
7.3 Products and services	**X**		
7.4 Research and development	**X**		
8. Performance evaluation			
8.1 Monitoring, measurement and performance analysis	**X**		
8.2 Review of the QMS-CCG by the management	**X**		
9. Improvement			
9.1 Nonconformities and corrective measures	**X**	X	X
9.2 Continuous improvement	**X**	X	X

Changes since the last audit

None.

Global evaluation

During the audit, it was found that ..... has / does not have a functional QMS-CCG that is complied to by all employees. Prerequisites for further quality improvement are created, especially with regard to the support by the company leadership, customer loyalty and high professionalism of the organization's staff. QMS is based on the application and use of documented procedures, the application of analyzes to improve the processes and their implementation, to determine the quality objectives and their evaluation on all levels of the organization.

The effectiveness of the quality management system is evaluated at regular intervals and leads to remedial action. The following areas (criteria) are considered in the evaluation:

- Assessment of the fulfillment of the quality objectives,
- customer satisfaction assessment,
- results of internal audits,
- results of the evaluation of the selected process indicators,
- product conformity.

Positive findings

Another positive development of quality management is found primarily in relation to the fullfillement of processes related to customer, customer satisfaction and continuous improvement.

Instructions

A surveillance audit is carried out during the time of the certificate's validity at the latest within one year. The date of the certification / recertification audit (the last day of the stage 2. audit) determines the date of the surveillance audit. The acceptable deadline is is -3 / + 0 months as of the last day of the stage 2. audit or recertification audit for the first surveillance audit, for the second surveillance audit this deadline is -3 / + 3 months. The exact date of the audit will be agreed with the organization in time by the lead auditor. For preparation of the next audit, the customer shall prepare the information on the state of compliance with the corrective actions in Annex 1 to the audit report.

Attachments :

1: List of minor nonconformities and recommendations for improvement

2: Summative evaluation of the audit

Attachment 2: Summative evaluation of the audit

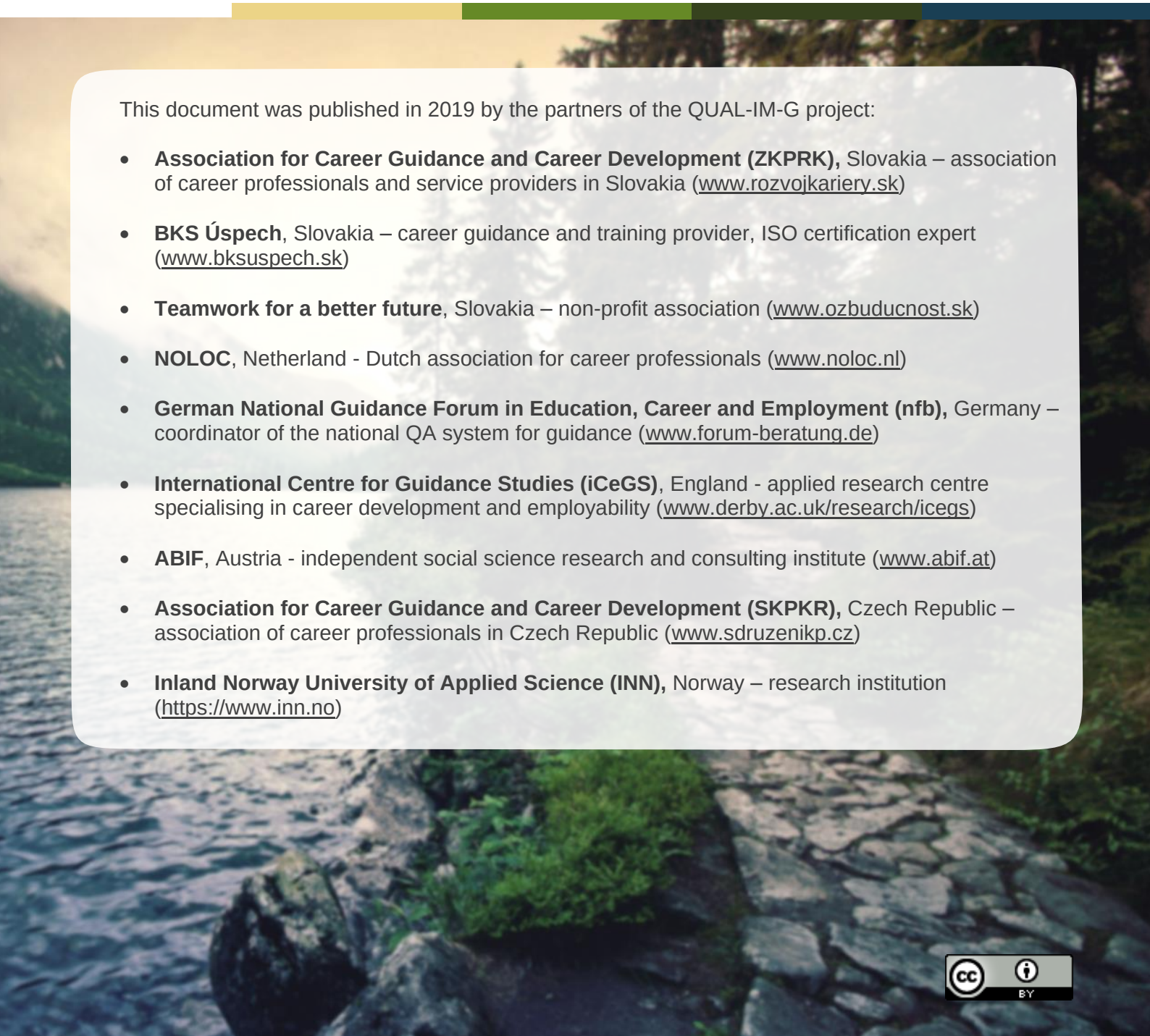
1. Total number of employees		
2. Duration of the Stage 2 audit on the spot (number of hours)		
3. Number of changes / of which were audited		
	áno	**nie**
4. The effectiveness of the quality system is demonstrated on the basis of the QMS-CCG status report	☒	☐
5. The established quality system creates necessary prerequisite for achieving the defined objectives. The degree of their fullfillement is regularly reviewed	☒	☐
6. Documentation includes quality policy, measurable goals, and documented procedures.	☒	☐
7. The summary quality system report is drawn up at least once a year.	☒	☐
8. The quality management system status report includes status information that has been gathered from monitoring, measurement, and feedback	☐	☐
9. The organization has procedures for tracking complaints from customers, data on these are collected and evaluated and appropriate measures are taken.	☒	☐
10. The findings and potential for improvement from the last audit were incorporated. The implemented measures have proven to be effective.	☐	☐
11. The auditors checked the qualifications and professional experience of auditees staff during the audit.	☒	☐
12. The organization provides resources to improve and maintain the quality system as well as to increase customer satisfaction.	☒	☐
13. Top management examines customer requirements in relation to increasing their satisfaction (customer orientation).	☒	☐
14. Continuous improvement of the quality system is ensured by collecting data, analysis and corrective measures.	☒	☐

Explanation: In case of negative answer, fill in a note here or write it down in the list of measures (Annex 1).

Notes:

Annex 5: List of minor non-conformities

Standard requirement *(n. of chapter)*	**Organizational unit**	**Findings (F)** **Recommendations for improvement (I)**	**Planned corrective measures** *(filled by the client)**	**Responsibility / Date** *(filled by the client)**	**State of fullfilment/ validity** *(filled by the auditor)*
		.			



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