

# KHAWARIZMI ACADEMY

## Policies & Procedures Manual

Controlled Copy

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## Version Control Table

Version	Date	Prepared by	Reviewed by	Approved by	Description of Changes
1.0	06.12.2023	IQA VQ Supervisor QMIE	NQD committee.	Chief Executive Officer (CEO)	Initial baseline version of the unified institutional policies and procedures manual issued.
2.0	10.6.2026	IQA VQ Supervisor QMIE	NQD committee.	Chief Executive Officer (CEO)	Comprehensive institutional revision and expansion integrating: (1) Governance, Strategic Framework, and Organizational structures; (2) Employment Lifecycle, Talent Acquisition, and Onboarding frameworks; (3) Compensation, Leaves, and Work Environment policies; (4) Vocational Quality Assurance and Academic Governance standards; (5) Financial Management, Purchasing, and Inventory controls; (6) <b>Section 9: Regulatory Disclosures</b> and Teach-Out protocols; (7) <b>Section 10: Social Responsibilities and Engagement</b> ; and (8) <b>Section 11: Environment, Health &amp; Safety (EHS)</b> policies, including Document Control and versioning protocols aligned with ACTVET, NQC, and UAE regulatory requirements for the 2026–2031 accreditation cycle.

## Document Control Template

<b>Document Title</b>	<b>Policies &amp; Procedures Manual</b>
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<b>Effective Date</b>	10 June 2026
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<b>Developed by</b>	Vocational Qualification (VQ) Committee
<b>Reviewed by</b>	IQA
<b>Reviewer Signatory</b>	
<b>Approved by</b>	CEO
<b>Authorized Signatory</b>	
<b>Confidentiality Level</b>	Internal Document
<b>Related Documents</b>	IQA Manual, Learner's Manual, Staff Handbook, Risk Management Plan, EHS Manual, KA Strategy 2026-2031
<b>Distribution</b>	BoT, CEO, Academic Director, IQA, All Department Heads, Line Managers
<b>Supersedes</b>	Ver. 1.0

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<b>Approved by:</b>	CEO
<b>Responsible Department:</b>	IQA

## 1. Institutional Overview and Strategic Direction

### 1.1 About Khawarizmi Academy (KA)

Khawarizmi Academy has evolved from its foundational roots as a pioneering technical training center established in the mid-1980s into a highly sophisticated, strategy-driven institution for vocational education, professional development, and national capacity building. Initially focused on localized classroom instruction, the Academy has maturely transformed its operational model to keep pace with the shifting socioeconomic and industrial landscape of Abu Dhabi and the wider United Arab Emirates.

In its earlier years as Al Khawarizmi Training Solutions, the institution built its reputation by offering standalone courses across distinct commercial fields-ranging from standard language instruction and business management to technical IT certifications and specialized service sectors like hospitality, corporate consulting, and oil and gas operations. This phase established The KA's core pedagogical methodology: prioritizing individual student development and ensuring that theoretical concepts could be directly applied to real-world workplaces. This early commitment to quality was

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supported by assembling a dedicated team of expert instructors and forming strategic testing alliances with international tech and professional bodies like CompTIA, Pearson VUE, PMI, and the Global Innovation Institute.

As the regulatory environment in the UAE matured, The KA underwent a significant structural evolution. Transitioning from a multi-sector technical training provider into a focused, licensed vocational academy, the institution aligned its entire curriculum framework with the strict quality indicators set by the Abu Dhabi Centre for Technical and Vocational Education and Training (ACTVET) and the National Qualifications Center (NQC). Instead of relying on isolated short courses, the KA shifted toward delivering comprehensive, multi-level qualifications and micro-credentials fully tied to the National Qualifications Framework.

Today, Khawarizmi Academy operates as a trusted, consultation-led learning partner for individual learners, major corporate organizations, and critical government entities. Our historical focus on technology, business, and language delivery has grown into a modernized training matrix capable of serving thousands of learners across high-demand sectors, including a deep integration with various public and private infrastructure fields.

## 1.2 Strategic Framework (2026/27 – 2030/31)

Khawarizmi Academy's strategic framework serves as our collective operational guide. It ensures our everyday training delivery, administrative functions, and quality benchmarks remain fully aligned with the long-term

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institutional ambitions of The KA, as well as federal directives for the vocational and higher education sector.

### 1.2.1 Mission Statement

#### **Vision**

A trusted partner for vocational excellence and lifelong learning in the UAE.

#### **Mission**

Empower learners through accredited vocational programs, professional training, and micro-credentials that build industry-relevant skills, open pathways to higher education, and advance career opportunities, in strict adherence to national quality frameworks and labor market agility standards.

#### **Core Values**

Our operational decisions, instructional delivery, and professional workplace conduct are anchored by five guiding principles:

- **Excellence:** Constantly pushing performance boundaries to deliver outstanding educational and operational value while meeting regulatory compliance benchmarks.
- **Innovation:** Adapting rapidly to technological advancements, digital integration, and industry shifts by offering modern, progressive training models.
- **Learner-Centricity:** Placing our trainees at the center of the learning experience to ensure practical, employability-driven outcomes.

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- **Collaboration:** Building deep, strategic relationships with priority sectors, government authorities, and international awarding institutions.
- **Integrity:** Maintaining transparency, professional accountability, and rigorous quality standards across all functions, adhering to streamlined service directives.

### Strategic Goals

Our five-year roadmap focuses specifically on expanding our qualification framework, corporate footprints, and public training enrollment. Employees are expected to align their work objectives with the specific goals listed under these three strategic pillars:

#### ***Pillar 1: National Qualifications (NQ)***

- Increase our total portfolio of accredited vocational programs at both national and international levels, fully aligned with official qualification frameworks and international standards.
- Introduce innovative qualifications and targeted micro-credentials in emerging and high-demand fields, supporting national lifelong learning and skills passport initiatives.
- Strengthen institutional quality standards, global recognition, and proactive compliance with official audit and institutional licensure frameworks.
- Expand general learner access and program outreach through flexible, blended/e-learning delivery models that meet rigorous quality assurance standards.

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### ***Pillar 2: Corporate Training (B2B)***

- Grow strategic corporate partnerships across our priority industrial and government sectors.
- Position Khawarizmi Academy as a consulting-led, strategic learning partner for corporate development.
- Build robust collaborations to directly support national workforce development and localization initiatives.
- Enhance overall client experience to secure consistently high satisfaction and long-term training impact.

### ***Pillar 3: Public Training (B2C)***

- Establish Khawarizmi Academy as the preferred learning destination for industry-relevant skills, practical learning, and recognized professional certifications.
- Continuously expand and refine our public B2C course portfolio based on market demands.
- Deliver strong learner value through accessible, affordable pricing frameworks and value-added initiatives.

#### 1.2.2 The Process for Changing the Vision, Mission, and Goals

- The vision, mission, and strategic goals of The KA will be formally reviewed every five years, or earlier if significant environmental, structural, or regulatory shifts require it.

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- The review process shall be comprehensive, ensuring that all relevant stakeholders—including staff, trainers, industry partners, and leadership—are actively involved and consulted.
- All evaluations will be conducted in light of the current internal and external operating environment, national qualification alignment, market needs, and institutional performance.
- The findings and recommendations resulting from the review shall be forwarded to the Board of Trustees / Executive Board for consideration.
- An initial proposal for any adjustments to the mission or strategic direction will be drafted by the Executive Board or designated strategic committee.
- The draft proposal will be circulated to gather feedback and critique from the broader stakeholder community.
- Once feedback is analyzed and incorporated, a refined vision, mission, or goal statement will be prepared.
- The Board of Trustees / Executive Board shall formally approve the updated statements and, where required, seek endorsement or approval from the relevant federal and local regulatory authorities to maintain fully accredited status.

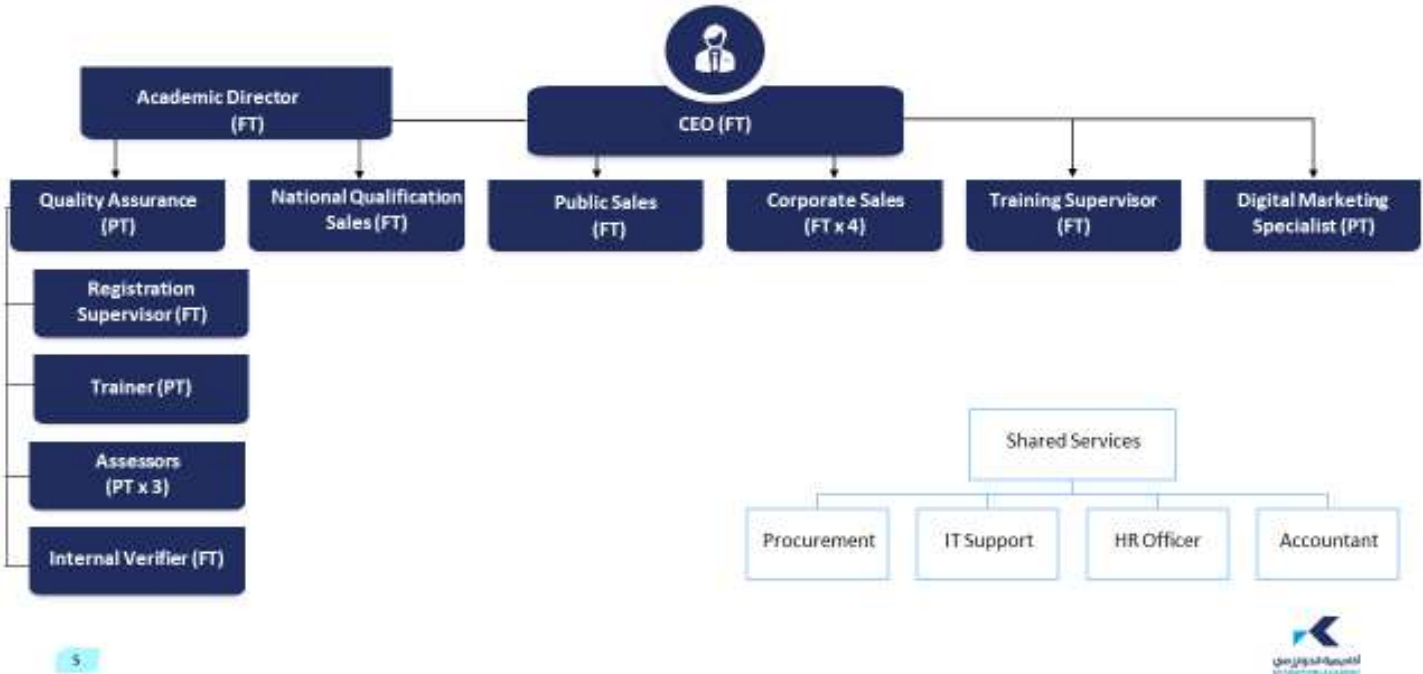
Upon receiving official regulatory approval, the changes will be formally adopted, published, and implemented across The KA's operations.

## 2. Governance and Management Structure

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## 2.1 Organizational Chart & Functional Reporting Lines

### Organizational structure at KA



## 2.2 Senior Staff Jobs & Responsibilities

### Chief Executive Officer (CEO)

The CEO of The KA provides executive leadership and administrative direction across all departments, ensuring operations conform to the institutional mission, strategic objectives, and national quality frameworks.

Specific duties and responsibilities include:

- Providing overall strategic leadership and overseeing the day-to-day business operations and administrative functions of The KA.

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- Managing institutional budgets, resources, and financial reporting to ensure long-term fiscal resilience and sustainability.
- Building and nurturing strategic partnerships with industry stakeholders, government entities, and the broader community.
- Maintaining active compliance with regulatory authorities and ensuring all operations adhere to federal licensing, quality, and governance standards.

### **Academic Director**

The Academic Director is responsible for advising the CEO on all issues related to the maintenance of high academic and vocational standards for existing and future educational programs.

Specific duties and responsibilities include:

- Overseeing the sound execution of all academic and vocational operations, including curriculum delivery, scheduling, and program development.
- Leading and supporting academic departments to ensure high-quality instruction, student motivation, and optimal utilization of educational resources.
- Monitoring key performance indicators related to student progression, faculty performance, academic standards, and instructional excellence.
- Collaborating with internal quality assurance and administrative teams to maintain compliance and drive continuous improvement across all educational projects.

### **Quality Assurance Director**

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The Quality Assurance Department Director maintains and enhances the institutional quality and standards framework essential to ensuring excellence in student learning, instructional delivery, and operational compliance.

Specific duties and responsibilities include:

- Supporting the development, review, and consistent implementation of institutional policies, procedures, and quality manuals across all programs and training courses.
- Maintaining comprehensive oversight of quality-related activities, internal audits, and external regulatory inspections across the institution.
- Providing expert guidance on national qualification standards, curriculum alignment, and performance benchmarks to senior management, faculty, and external partners.
- Facilitating structured stakeholder feedback loops and self-evaluation processes to drive continuous institutional improvement and accreditation readiness.

### **National Qualification Sales Officer**

The National Qualification Sales officer drives the promotion and enrollment of accredited vocational programs to expand The KA's qualification framework footprint.

Specific duties and responsibilities include:

- Promoting the portfolio of accredited national and international vocational qualifications to priority sectors and individuals.

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- Identifying market demands to introduce targeted qualifications and micro-credentials in emerging fields.
- Building strategic corporate and government relationships to expand program outreach and support national workforce development.
- Achieving enrollment targets and tracking client satisfaction to ensure high-quality training impact and continuous learner progression.

### **Public Sales Officer**

The Public Sales officer manages B2C public training enrollments, ensuring industry-relevant skills and professional certifications are accessible to the community.

Specific duties and responsibilities include:

- Establishing The KA as the preferred learning destination by effectively marketing and selling public short courses.
- Continuously expanding and refining the public course portfolio based on real-time market demands and community needs.
- Delivering strong learner value through clear communication of pricing frameworks, affordable options, and professional certifications.
- Managing public inquiries, registration pipelines, and customer service to secure high satisfaction and continuous enrollment growth.

### **Corporate Sales**

The Corporate Sales officers foster deep B2B partnerships and drive institutional growth across industrial and government sectors.

Specific duties and responsibilities include:

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- Growing strategic corporate partnerships and positioning The KA as a consulting-led, strategic learning partner for corporate development.
- Building robust collaborations to directly support national Emiratization initiatives and workforce development plans.
- Securing corporate contracts, enforcing clear payment terms, and prioritizing upfront or milestone-based payments to mitigate financial risk.
- Enhancing the overall client experience to ensure consistently high satisfaction, high retention, and long-term training impact.

### **Training Supervisor**

The Training Supervisor coordinates the day-to-day delivery of training programs, ensuring that operational, instructional, and facility benchmarks are consistently met.

Specific duties and responsibilities include:

- Overseeing the practical execution of training schedules, trainer allocations, and classroom or workshop activities.
- Supporting faculty and trainers to ensure instructional delivery is engaging, practical, and accessible to all learners.
- Ensuring that educational and training facilities are properly maintained, safe, and equipped with necessary resources.
- Monitoring training outcomes, tracking attendance and performance data, and facilitating continuous improvement based on learner feedback.

### **Registration Supervisor**

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The Registration Supervisor manages a secure, efficient student records system (both manual and electronic) to ensure accurate tracking of learner data and progression.

Specific duties and responsibilities include:

- Overseeing the registration, enrollment, and credit transfer processes in strict adherence to national qualification guidelines.
- Maintaining rigorous documentation for modular achievements, including micro-credentials and professional skills passports.
- Enforcing admission criteria and ensuring data protection, privacy, and integrity across all digital and physical student files.
- Generating statistical reports on student cohorts, progression, and graduation rates to support quality assurance and regulatory compliance.

### 2.3 Standing Committees

Standing committees serve to review, consider, and recommend operational actions and institutional policies within their specific functional areas, subject to final endorsement by executive leadership. These committees ensure robust governance, continuous quality improvement, risk management, and active alignment with federal educational frameworks and The KA's strategic goals .

Following are The KA's Standing Committees:

- **Executive Management & Strategic Committee** (Core Members: Chief Executive Officer, Academic Director, Internal Quality Assurance, Admissions

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& Registration, Learner Affairs, Marketing & Communications, Human Resources, IT, Finance, and HSE Officer)

- **Vocational Qualification Committee** (Core Members: Academic Director, Internal Quality Assurance, Lead Internal Verifier, and Training Supervisor)
- **Curriculum Review Committee** (Core Members: Chief Executive Officer/Executive Management, Academic Director, Internal Quality Assurance Team, Training/Vocational Qualifications Departments, and designated administrative support staff)
- **Health, Safety & Environment (HSE) Committee** (Core Members: Chief Executive Officer, Academic Director, Internal Quality Assurance, Human Resources, administrative support staff, and the HSE Officer)

### 3. Strategic Leadership and Quality Assurance

#### 3.1 Policy Development, Delegation, and Dissemination

**Document ID:** KA-QA-PPL-01 | **Version No:** 2.0 | **Effective Date:** June 2026 |

**Review Date:** June 2028

**Owner:** Quality assurance Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish a clear and consistent framework for creating, updating, and approving institutional policies and procedures, ensuring transparency and operational compliance across all KA units.

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- **Scope:** Applies to all academic, administrative, and operational units within Khawarizmi Academy.
- **Policy Statement:** A policy outlines the broad principles, rules, and compliance standards that steer our daily decisions, while procedures provide the exact, step-by-step actions needed to complete tasks and services. All active policies, procedures, flowcharts, and forms are compiled annually into the master Policies and Procedures Manual. The Board of Trustees delegates the approval and implementation of daily operational policies to the CEO via standing committees. The Quality Assurance Department Unit acts as the central Owner of these documents. New policies and major updates require final approval from the CEO, and the complete manual is shared with the Board of Trustees once a year for high-level review. Past editions of policies and handbooks are securely archived for a minimum of five years.
- **Procedures:**
  1. **Development:** The CEO assigns policy drafting to a designated employee or team based on department recommendations. The Quality Assurance Department Unit reviews the draft, consults legal counsel if needed, and submits it to the CEO for final authorization.
  2. **Review:** The Quality Assurance Department Unit triggers scheduled policy reviews based on the "Next Review Date" specified in each policy (not exceeding two years if no date is listed). If an early review is needed, the relevant department head submits a request. The department updates the

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policy, secures internal head-of-department sign-off, and forwards it to Quality Assurance for final checks and CEO approval.

- **Related Documents and Records:**
  - Master Policies and Procedures Manual
  - Policy and Procedure Drafting Template
  - Policy Review Log

### 3.2 Strategic and Operational Planning

**Document ID:** KA-QA-PPL-02 | **Version No:** 2.0 | **Effective Date:** June 2026 |  
**Review Date:** June 2028

**Owner:** Quality Assurance Department | **Approved By:** Executive Committee

- **Purpose:** To ensure The KA uses reliable data - such as performance audits and student surveys - to drive evidence-based decision-making and continuous improvement across management, academic, and administrative units.
- **Scope:** Applies to all KA management, academic, and administrative units.
- **Policy Statement:** Planning operates across short-term (annual) and long-term (five-year) cycles to ensure institutional goals are met using available resources. All strategic and operational improvement plans require formal approval prior to implementation and budgeting. Short-term planning uses yearly reports to update operational targets and track Key Performance

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Indicators (KPIs). Long-term planning involves five-year outlooks that analyze environmental factors and internal strengths to steer future growth.

- **Procedures:**

1. **Planning Phases:** Planning follows a four-step continuous loop: Assessment (gathering and analyzing data), Planning (updating goals based on findings), Resource Allocation (assigning staff, technology, and budgets), and Implementation (putting plans into action).
2. **Budgeting and Approvals:** Improvement plans must be approved by the Executive Committee. If a plan impacts only one department and stays within its existing budget, the department head approves it. If it needs extra funding, it goes to the CEO. For plans affecting multiple departments, the CEO evaluates the budget impact and holds final approval authority.

- **Related Documents and Records:**

- Five-Year Strategic Plan (2026–2031)
- Annual Operational Plans
- Departmental KPI Tracking Sheets
- Budget Allocation and Approval Forms

### 3.3 Vocational Education and Training (TVET) Management

**Document ID:** KA-QA-PPL-03 | **Version No:** 2.0 | **Effective Date:** June 2026 |

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**Owner:** Academic Director / IQA /NQ Supervisor | **Approved By:** CEO

- **Purpose:** To deliver high-quality vocational programs that build practical, marketable skills, assist learners' transition into the workforce, and meet federal quality frameworks and awarding body standards.
- **Scope:** Applies to all vocational courses, trainers, assessors, internal verifiers, and learners.
- **Policy Statement:** All vocational offerings must remain active and strictly comply with federal quality frameworks and awarding body standards. The KA maintains rigorous, secure records and subjects its vocational qualifications to regular, independent program reviews collaboratively once every five years.
- **Procedures:**
  1. **Compliance and Standards:** The Vocational Qualification Committee and Academic Director ensure all courses are officially approved. Trainers and assessors must clear regulatory portal approvals. The NQ Supervisor ensures learner records, transcripts, and completion authentication are kept in secure digital and cloud archives (MS SharePoint/Cloud) for a minimum of fifty years.
  2. **Academic Program Review Timeline:** 6–8 months prior: Notify department heads of the review.
    - 4–5 months prior: Submit reviewer list to the CEO.
    - 3–4 months prior: Invite reviewers formally and select a chair.
    - 2–3 months prior: Lock in site visit dates.

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- 2 months prior: Internal committees work with departments to ensure alignment with guidelines and fix gaps.
- 1–2 months prior: Send supporting materials to external reviewers.
- 2 weeks prior: Finalize the site visit agenda.
- 1–2 days: Conduct the formal site visit.
- 1–2 months after: Reviewers submit reports, the academic team prepares a response, the executive committee reviews the findings, and an action plan is created for final approval.
- **Related Documents and Records:**
  - NQ Program Approval Certificates
  - 50-Year Archive Cloud Access Logs
  - External Reviewer Reports and Action Plans

### 3.4 Risk Management

**Document ID:** KA-QA-PPL-04 | **Version No:** 3.0 | **Effective Date:** 10/6/2026  
| **Review Date:** 9/6/2028

**Owner:** HSE Officer | **Approved By:** CEO / Board of Trustees

- **Purpose:** To systematically discover, evaluate, and control risks to the organization's resources, operations, and reputation arising from financial volatility, legal responsibilities, technological problems, strategic management blunders, accidents, and natural calamities.
- **Scope:** Applies to all enterprise operations, assets, physical facilities, and profit centers across academic and operational areas.

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- **Policy Statement:** The goal of the risk management policy is to demonstrate that The KA is acting appropriately when it comes to anticipating risks, assessing risks, avoiding excessive risk, embracing necessary or desirable risks with appropriate safeguards, and responding to risks by purchasing insurance, taking control measures, or avoiding them altogether. Detailed risk management registers and compliance plans are maintained to protect all learners, staff, visitors, and contractors.
- **Procedures:**
  1. **Risk Discovery and Evaluation:** Risks are evaluated using a standardized matrix multiplying the likelihood of occurrence by the severity of impact, scored on a scale from 1 to 5. Risk owners identify vulnerabilities and log them in the central risk register.
  2. **Mitigation and Monitoring:** Management implements mitigating controls—such as requiring advance payments, non-refundable booking fees, enforcing clear contract terms, maintaining standby client lists, and conducting routine equipment diagnostics—to maintain operational stability and business continuity. The Executive Committee follows a quarterly review cycle to audit operational tracking metrics, analyze risk registers, and deploy targeted interventions within 14 days if deviations exceed acceptable strategic thresholds.
- **Related Documents and Records:**
  - Institutional Risk Management Plan
  - Institutional Risk Management Register

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- Incident and Exception Report Templates

### 3.5 Quality Framework and Continuous Improvement

**Document ID:** KA-QA-PPL-05 | **Version No:** 1.0 | **Effective Date:** May 2026 |

**Review Date:** May 2028

**Owner:** Quality Assurance Department | **Approved By:** Executive Management

- **Purpose:** To maintain rigorous quality standards that consistently satisfy regulatory guidelines and awarding body requirements while driving student satisfaction.
- **Scope:** Applies to all training, administrative, and operational functions.
- **Policy Statement:** The KA is an internationally certified institution, adhering to specified requirements for a quality management system to consistently provide products and services meeting customer and regulatory requirements. The KA receives an annual inspection visit by the external auditing team to ensure the implementation of quality standards. Identified gaps are addressed via corrective action plans cascaded into department operational plans and monitored year-round.
- **Procedures:**

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1. **Plan-Do-Check-Act (PDCA) Cycle:** Follow a four-step continuous improvement loop:
    - **Plan:** Design courses with industry experts mapped to national standards.
    - **Do:** Deliver hands-on training and assessments in safe, equipped environments.
    - **Check:** Independent Internal Quality Assurers (IQAs) monitor delivery and sample graded work to ensure fairness and consistency.
    - **Act:** Use feedback from students, employers, and auditors to resolve issues quickly and refine teaching strategies.
  2. **Shared Responsibility:** All staff (instructors, admins, Head of Depts.) follow manuals, maintain records, and support students to ensure graduates receive trusted, highly valued qualifications.
- **Related Documents and Records:**
    - ISO Certification and Audit Reports
    - Corrective Action Plan Logs
    - IQA Manual & PDCA Audit Records

### 3.6 Staff Roles in Assessment and Verification

**Document ID:** KA-QA-PPL-06 | **Version No:** 1.0 | **Effective Date:** Jan 2026 |

**Review Date:** Jan 2028

**Owner:** Academic Director / IQA | **Approved By:** CEO

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- **Purpose:** To protect academic integrity and ensure completely fair, unbiased grading by strictly separating the roles of teaching, assessing, and quality assurance.
- **Scope:** Applies to all academic staff, trainers, assessors, and Internal Quality Assurers.
- **Policy Statement:** To maintain high academic standards, The KA separates the roles of teaching, assessing, and internal quality assurance. This separation guarantees fair, transparent, and unbiased grading for all trainees.
- **Procedures:**
  1. **Responsibilities of Trainers:** Deliver engaging, competency-based instruction (per course outlines), guide practical exercises, provide formative feedback, and log daily attendance in the digital system.
  2. **Responsibilities of Assessors:** Judge completed student work against defined competency criteria (Competent / Not Yet Competent). Ensure evidence meets VARCS principles (Valid, Authentic, Reliable, Current, and Sufficient), provide written feedback, and maintain organized records for audits.
  3. **Responsibilities of Internal Quality Assurers (IQAs):** Operate independently to sample a minimum of 30% of assessment decisions. Review and approve assessment briefs before student distribution, provide documented feedback to assessors, lead standardization meetings, and prepare quality files for external verifier visits.

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- **Related Documents and Records:**
  - IQA Manual
  - Competency-Based Assessment Records
  - VARCS Assessment Validation Checklists
  - IQA Sampling Logs and Feedback Forms
  - Standardization Meeting Minutes

### 3.7 Review Schedules and Key Performance Indicators (KPIs)

**Document ID:** KA-QA-PPL-07 | **Version No:** 1.0 | **Effective Date:** June 2026 |

**Review Date:** June 2028

**Owner:** Quality Assurance Department | **Approved By:** CEO

- **Purpose:** To ensure an interconnected framework that ties daily, short-term actions directly to long-term institutional strategy via evidence-based tracking.
- **Scope:** Applies to all operational and TVET departments.
- **Policy Statement:** The KA uses a framework linking strategic goals with operational actions. Strategic planning runs in five-year cycles (master Strategic Plan). Operational planning occurs annually (initiatives and operational plans at the department level). KPIs and targets are set annually. Monitoring is carried out quarterly for initiatives, strategic KPIs, and operational departmental KPIs, ensuring evidence-based continuous improvement.

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- **Procedures:**
  1. **KPI Formulation:** At the start of each planning cycle, departments propose targets aligned with the strategy, compiled by the QA Unit and approved by the Executive Committee.
  2. **Quarterly Tracking:** Standing committees convene every 90 days to review operational dashboards. Risk and performance owners must submit mitigation reports within 14 days if metrics deviate by more than 10% from targets.
- **Related Documents and Records:**
  - Strategic KPI Dashboard
  - Departmental Operational Plans & KPI Tracking Sheets
  - Quarterly Review Meeting Minutes

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## 4. Qualifications and Admissions

### 4.1 Internal Quality Assurance (IQA)

**Document ID:** KA-QA-POL-4.A | **Version No:** 3.1 | **Effective Date:** 08/10/2025 | **Review Date:** 08/10/2027

**Owner:** IQA | **Approved By:** CEO

- **Purpose:** To establish a structured internal quality assurance system that ensures all programs, training delivery, and vocational assessments satisfy the rigorous compliance standards set by national and international regulatory and awarding bodies.
- **Scope:** Applies to all trainers, assessors, internal verifiers (IVs), quality assurance staff, and administrative personnel involved in vocational qualifications.
- **Policy Statement:** Internal Quality Assurance (IQA) is an institutional responsibility shared across all operational and academic functions. The IQA system consists of a collaborative framework involving the Trainer, the Assessor, and the Internal Verifier to maintain grading consistency, academic integrity, and continuous self-improvement as outlined in the institutional IQA Manual.
- **Procedures:**
  1. **Assessment Planning Review:** The IQA team reviews and approves assessment methods, plans, and tools to ensure they align with learner needs, holistic assessment strategies, and national qualification standards before formal distribution.

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2. **Sampling Strategy:** Implement an independent sampling strategy combining formative and summative random sampling (minimum 30% of assessment decisions) across a diverse range of units, learners, and assessors to guarantee fairness, authenticity, and accuracy as mapped in the verification strategy.
  3. **Standardization and Observations:** Conduct formal standardization meetings at least twice per cohort to discuss criteria, share best practices, resolve discrepancies, track continuous professional development (CPD) progress, and review assessor training needs. Additionally, perform random observations of assessors during formative and summative stages to monitor instructional and grading delivery.
  4. **Evidence Validation:** Conduct direct learner and assessor interviews to validate the authenticity, validity, reliability, currency, and sufficiency (VARCS) of assessment evidence, documenting all findings, sampling plans, and meeting minutes in the centralized IQA file.
- **Related Documents and Records:**
    - IQA Manual\_V.1.0.docx
    - Administration, Training, Assessment, and IQA Policies and Procedures (KTS IQA, Assessment and Verification Policies\_3.1.pdf)
    - KTS Assessment and IQA Strategy and Plan (Ver. 1.1)
    - Vocational Training & Assessment Guide (Training & Assessment Guide\_V.1.0.docx)
    - Assessor Observation Reports & CPD Tracking Logs

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## 4.2 Lifelong Learning and Re-admission

**Document ID:** KA-QA-POL-4.B | **Version No:** 2.0 | **Effective Date:** Jan 2026 |

**Review Date:** Jan 2028

**Owner:** Vocational Qualifications Department / Student Registration |

**Approved By:** CEO

- **Purpose:** To promote continuous educational progression and support lifelong learning by ensuring candidates are fully oriented on vocational pathways and governed by clear protocols for re-admission following a temporary withdrawal or dropout.
- **Scope:** Applies to all prospective candidates, re-admitting learners, assessors, internal verifiers, and registration staff.
- **Policy Statement:** The KA actively supports lifelong learning by ensuring that comprehensive information regarding vocational learning paths and qualification structures is explicitly provided to all trainees during their mandatory orientation. Re-admission of learners is permitted to allow them to continue their qualification journey after a period of interruption, subject to rigorous eligibility reviews.
- **Procedures:**
  1. **Orientation and Information Dissemination:** The student affairs and academic team must provide detailed information regarding available learning paths, modular unit structures, credit systems, and assessment requirements during the formal student induction and orientation session.

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2. **Re-admission Application:** Learners who have previously dropped out or withdrawn and wish to resume their studies must submit a formal re-admission request to the Student Registration department.
  3. **Eligibility and Currency Review:** The assigned Internal Quality Assurer (IQA) / Internal Verifier (IV) and the Assessor collaboratively review the applicant's prior learning records. They evaluate the student's file to ensure eligibility, verify the currency and validity of previously achieved units, and confirm continuity in accordance with the applicable guidelines from the national qualifications and awarding bodies at the time of re-admission.
  4. **Enrollment Formalization:** Upon successful validation of the learner's standing by the IQA and Assessor, the re-admission is approved, registration is finalized, and the central learner management system is updated.
- **Related Documents and Records:**
    - Learner's Handbook (Learner's Handbook\_V.2.0.docx)
    - Student Orientation and Induction Attendance & Checklist
    - Re-admission and Program Continuity Application Form
    - Learner Unit Progression and Achievement Logs

### 4.3 Recognition of Prior Learning (RPL)

**Document ID:** KA-QA-POL-4.C | **Version No:** 1.4 | **Effective Date:** January 2026 | **Review Date:** January 2028

**Owner:** Lead Internal Verifier (IV) / IQA | **Approved By:** CEO

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- **Purpose:** To establish a fair, transparent, and rigorous mechanism to assess and grant exemptions for work experience, uncertified training, publications, workshops, and informal education, allowing candidates to accelerate their qualification journey without duplicating learning.
- **Scope:** Applies to all prospective candidates who have completed a component similar in learning outcomes to courses offered at The KA, as well as assessors, internal verifiers, and quality assurance staff handling unit or credit exemptions.
- **Policy Statement:** The KA maintains a formalized Recognition of Prior Learning (RPL) policy to evaluate prior knowledge, skills, and competencies against equivalent course learning outcomes. Candidates must include relevant documents and evidence to demonstrate their prior learning. All evidence submitted must fully satisfy the principles of validity, authenticity, reliability, current status, and sufficiency (VARCS).
- **Procedures:**
  1. **Phase 1: Initial Advisory, Data Consent, and Application:** Candidates seeking exemptions receive initial guidance from the Vocational Qualifications (VQ) Department. The candidate must submit a complete application along with mapping matrices, workplace logs, and a portfolio of evidence. During this initial phase, candidates must execute a formal Data Consent and Release Form granting The KA explicit authorization to share their internal workplace evidence portfolios with external verifiers, ACTVET inspectors, and awarding body auditors.

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2. **Phase 2: Portfolio Assessment:** Subject-matter expert assessors evaluate the submitted evidence strictly against the defined competency criteria and unit learning outcomes. This assessment may involve professional discussions or practical competency demonstrations.
3. **Phase 3: Internal Quality Assurance:** The Lead Internal Verifier (IV) / IQA team conducts an independent, rigorous review of the assessment decision, ensuring the portfolio meets national vocational standards and that no credit is granted twice for substantially the same course. Furthermore, no credit transfer or exemption will be given for core internship or project courses.
4. **Phase 4: Regulatory Approval and Credit Award:** The finalized evaluation summary and mapped exemptions are referred to the relevant awarding authorities (such as ACTVET/AWB/NQC) for feedback and potential revision. Upon regulatory consideration and approval, advanced standing is granted, exemptions are formally recorded, and The KA processes the admission. The outcome is communicated to the candidate in writing prior to enrollment. Candidates have the right to appeal decisions within fifteen (15) working days, which will be reviewed by an independent assessor not previously involved.
5. **Phase 5: Documentation and Securing Records:** All supporting documents—including applications, evidence portfolios, mapping reports, and evaluation summaries—must be submitted and retained for audit purposes. All RPL records must be stored securely in a restricted digital environment for a minimum of five (10) years. The Lead IV performs an

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annual review of all outcomes, assessor feedback notes, and appeal records, documenting all improvement actions in the centralized Quality Improvement Log.

- **Related Documents and Records:**

- Recognition of Prior Learning (RPL) Process & Procedures (ver. 1.4)
- Khawarizmi Academy Internal Quality Assurance Manual (IQA Manual\_V.1.0.docx)
- RPL Application and Evidence Portfolio

#### 4.4 Qualification Information and Completion Requirements

**Document ID:** KA-QA-POL-4.D | **Version No:** 2.0 | **Effective Date:** Jan 2026 |

**Review Date:** Jan 2028

**Owner:** Registration Supervisor / National Qualifications (NQ) Coordinator |

**Approved By:** CEO

- **Purpose:** To ensure absolute transparency of qualification criteria, credit structures, and completion pathways, and to govern the precise, auditable steps required to claim, verify, and issue vocational awards in strict compliance with federal regulatory authorities.
- **Scope:** Applies to all vocational learners, trainers, assessors, Internal Quality Assurers (IQAs), and registration staff across The KA.
- **Policy Statement:** The KA ensures that all comprehensive information related to qualifications, modular unit structures, credit values, and completion rules is made available to the learner through the Learner Handbook, which is provided immediately upon admission. Certificates and

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national qualifications are claimed, uploaded, and issued only after rigorous internal quality assurance, summative external verification, and digital portal endorsement by the relevant vocational and qualification authorities confirm full unit completion.

- **Procedures:**

1. **Unit tracking and Evidence Compilation:** Trainers and assessors track ongoing performance. A comprehensive, cumulative learner progress report with full supporting, valid, authentic, reliable, current, and sufficient (VARCS) evidence must be produced and verified for every single study unit.
2. **Professional Discussion:** Successfully passing the professional discussion with a Subject Matter Expert (SME), to verify the comprehension of specialized knowledge and skills and the learner's ability to apply them practically in accordance with the highest professional standards.
3. **Internship and Practical Clearance:** Where applicable to the vocational qualification, the learner must successfully finish and clear the mandatory workplace internship or practical capstone project, with supervisor and assessor sign-offs logged.
4. **Internal Quality Assurance (IQA) Competency Sign-off:** The assigned IQA conducts final sampling and evaluation of the assessment decisions to determine whether the learner has achieved competency (*Competent / Not Yet Competent*) across all constituent units, providing formal institutional approval to proceed with the certificate claim.

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5. **External Verification and Audit:** The fully verified internal audit trail and sampling files are submitted to the external verifier / external auditor appointed by the national awarding bodies (such as ACTVET or Qualifi). The external verifier reviews representative samples of student work and reports to confirm absolute compliance with national and international quality standards.
  6. **Digital Certification and Government Portal Upload:** Upon receiving positive endorsement and sign-off from the external verifier, the AK's Admission and Registration department proceeds to the digital accreditation phase. The team uploads and documents graduate data, transcripts, and final results digitally via the official systems and portals of the Abu Dhabi Centre for Technical and Vocational Education and Training (ACTVET) and the National Qualifications Center (NQC). Qualifications are issued with secure encryption and smart verification coding to allow authorized entities to verify authenticity instantly.
- **Related Documents and Records:**
    - Learner's Handbook
    - Vocational Training & Assessment Guide
    - Form TAG-F3: IQA Portfolio Sampling Sign-off Sheet
    - Summative External Verification Audit Report
    - ACTVET / NQC Digital Portal Completion and Upload Receipts

#### 4.5 Training, Assessment and Feedback

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- **Purpose:** To ensure that all instructional delivery, assessment practices, and feedback mechanisms adhere strictly to federal regulations, provide transparent guidance for academic decision-making, streamline internal educational processes, and foster continuous evidence-based improvement in alignment with the National Qualifications Center (NQC) and ACTVET quality frameworks.
- **Scope:** Applies to all academic managers, full-time and part-time trainers, assessors, internal verifiers, and vocational learners across The KA.
- **Policy Statement:** The KA guarantees adherence to national laws and regulatory guidelines through established training, assessment, and feedback policies. Training delivery must be interactive, learner-centric, and practically oriented. Assessments must employ a holistic approach, utilizing valid evidence types while strictly adhering to grading turnaround times and workload limits. Formative and summative feedback must be documented systematically to guide learner progression and ensure all grading decisions are fair, reliable, and bias-free.
- **Procedures:**
  1. **Training Planning and Delivery:** Trainers formulate detailed session plans and delivery schedules prior to cohort commencement. Training delivery must integrate practical, hands-on activities, real-world simulations, and

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utilization of the Smart Learning Management System (LMS) as the official digital learning environment. Trainers must maintain safe, well-equipped learning environments and accurately log daily attendance digitally.

2. **Assessment Planning and Holistic Approach:** Assessors plan assessments using a holistic approach, considering key factors such as learner needs, qualification standards, and unit structures. Assessment plans, methods, and tools must be submitted to the Internal Quality Assurer (IQA) for review and approval to minimize assessment risks and ensure clarity before distribution to learners.
3. **Conducting Assessments and Formative/Summative Feedback:** Assessors guide learners through practical exercises and administer formal assessments. Trainers provide formative feedback during the learning process, allowing learners to understand how to improve their skills prior to summative evaluation. For summative submissions, assessors evaluate completed student work strictly against defined competency criteria (Competent / Not Yet Competent) and provide clear, constructive, written feedback in accordance with specified feedback timelines (e.g., standard grading turnaround and remediation rules).
4. **Remediation and Re-assessment:** If a learner receives a "Not Yet Competent" (NYC) grade on a summative submission, the assessor outlines specific areas for improvement and grants an opportunity for re-assessment in line with the institutional remediation policy. All re-assessment decisions are subject to the same rigorous internal verification as first submissions.

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- **Related Documents and Records:**

- Administration, Training, Assessment, and IQA Policies and Procedures (KA-QA-POL-3.1)
- KTS Assessment and Internal Quality Assurance (IQA) Strategy and Plan (Ver. 1.1)
- Vocational Training & Assessment Guide (TAG\_V.1.0.docx)
- Form TAG-F1: Holistic Assignment Mapping Matrix
- Form TAG-F2: Professional Discussion Report
- Learner Assessment Submission and Feedback Tracking Logs

#### 4.6 Code of Conduct and Malpractice

**Document ID:** KA-QA-POL-4.F | **Version No:** 3.1 | **Effective Date:** 08/10/2025  
| **Review Date:** 08/10/2027

**Owner:** Academic Director / Quality Assurance Department | **Approved By:**  
CEO

- **Purpose:** To maintain a safe, orderly, and academically rigorous environment by defining behavioral and ethical expectations, establishing clear protocols for handling misconduct, plagiarism, cheating, and health, safety, and environment (HSE) violations.
- **Scope:** Applies to all vocational learners, full-time and part-time trainers, assessors, and administrative personnel across all KA operations.

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- **Policy Statement:** The KA enforces strict guidelines covering classroom conduct, academic honesty, resource utilization, and HSE compliance. Any act of behavioral disruption, plagiarism, collusion, cheating, or safety non-compliance is strictly prohibited. All assessed work must be the learner's own authentic work, and any suspected malpractice must be formally investigated, penalized, and reported to the relevant regulatory and awarding bodies.
- **Procedures:**
  1. **Classroom and Academic Conduct:** Learners must adhere to the behavioral codes outlined in the Learner Handbook, attend sessions punctually, utilize institutional resources respectfully, and follow all HSE instructions in workshops and labs.
  2. **Discovery and Reporting of Misconduct:** If a trainer, invigilator, or Internal Quality Assurer (IQA) identifies behavioral disruption, safety non-compliance, or academic malpractice (e.g., plagiarism, cheating, or falsification of evidence), they must document the incident and report it in writing to the Academic Director immediately.
  3. **Disciplinary Panel and Investigation:** The Academic Director convenes a disciplinary panel to investigate the reported infraction, review assessment evidence, interview involved parties, and determine proportionate disciplinary actions (e.g., formal warning, unit failure, suspension, or permanent expulsion).

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4. **Awarding Body Notification:** In cases where academic malpractice is confirmed on units leading to national qualifications, the Academic Director and IQA formally log the incident and notify the awarding body (ACTVET / Qualifi) and vocational regulators as dictated by compliance frameworks.

- **Related Documents and Records:**

1. Administration, Training, Assessment, and IQA Policies and Procedures (KA-QA-POL-3.1)
2. Khawarizmi Academy IQA Manual (V.1.0.docx)
3. Learner’s Handbook (Learner's Handbook\_V.2.0.docx)
4. Disciplinary Panel Investigation Report & Hearing Minutes
5. Malpractice Incident Log

#### 4.7 Outcomes of the Qualification are Issued, Recorded and Reported

**Document ID:** KA-QA-POL-4.G | **Version No:** 2.0 | **Effective Date:** September 2025 | **Review Date:** August 2027

**Owner:** Vocational Qualifications Supervisor / Registration Supervisor |

**Approved By:** Vocational Qualification Committee / CEO

- **Purpose:** To establish a secure, accurate, and fully compliant framework for issuing, recording, and reporting the outcomes of all vocational qualifications, ensuring absolute alignment with national standards and regulatory data systems.

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- **Scope:** Applies to the Vocational Qualifications (VQ) Supervisor, Registration Department, Internal Quality Assurers, and academic leadership involved in data management and certification.
- **Policy Statement:** The KA mandates that all qualification outcomes, units achieved, and records of achievement are issued, recorded, and reported in strict accordance with the National Qualifications Framework (QF Emirates Handbook) and the specific data issuance, archiving, and reporting requirements of the National Qualifications Center (NQC) and ACTVET. Regular oversight mechanisms are enforced to guarantee the integrity and traceability of all credentialing data.
- **Procedures:**
  1. **Result Verification and System Logging:** Following successful external verification and audit (as outlined in section 3/D), the Internal Quality Assurer (IQA) and assessors finalize the competency outcomes. The VQ Supervisor / Registration Supervisor formally logs the finalized "Competent" (C) or "Not Yet Competent" (NYC) outcomes into the centralized digital student records database.
  2. **Regulatory Reporting and Data Transmission:** The Registration Department transmits the verified completion data, learner profiles, and unit outcomes to the official digital portals of the regulating authorities (ACTVET/NQC) using secure, authenticated credentials to generate electronic certificates and records of achievement.

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3. **Monthly Compliance Auditing and Reporting:** The VQ Supervisor/Coordinator compiles a comprehensive monthly compliance and data issuance report. This report details all active learner registries, unit completions, and pending certification claims, and is formally submitted to the Academic Advisory Committee for institutional oversight and continuous monitoring.
  4. **Record Retention and Archive Protection:** All reports, assessment sheets, verification sign-offs, and NQC data transmission logs are securely archived in both digital cloud environments (e.g., restricted access MS SharePoint) and physical fireproof repositories, maintained with restricted access for a minimum duration of fifty (50) years to ensure long-term verifiability.
- **Related Documents and Records:**
    - National Qualifications Framework (QF Emirates Handbook)
    - NQC Data Issuance and Reporting Portal Logs
    - Monthly VQ Records and Data Issuance Compliance Report
    - Vocational Qualifications Committee Meeting Minutes
    - 50-Year Secure Digital Archive Access Logs

#### 4.8 Recognition of NQC Endorsed Qualifications and Records of Achievement Issued by Any Other ATP

**Document ID:** KA-QA-POL-4.H-I | **Version No:** 2.0 | **Effective Date:** September 2025 | **Review Date:** August 2027

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**Owner:** Academic Director / Vocational Qualifications Department |

**Approved By:** CEO

- **Purpose:** To establish a secure, fair, and rigorously governed mechanism for the Transfer of Qualifications (TOQ) and credit exemptions, allowing learners transferring from other authorized training providers (ATPs) to receive appropriate advanced standing without compromising academic integrity or duplicating credit.
- **Scope:** Applies to all transfer applicants, trainers, assessors, Internal Quality Assurers (IQAs), and academic leadership involved in credit evaluation and records management.
- **Policy Statement:** The KA recognizes NQC-endorsed qualifications and records of achievement (including study units) issued by any other authorized ATP accredited by the NQC in the UAE. Transfer credits are granted strictly following a robust mapping and verification of competencies. Duplicate credit for substantially the same course taken at two different ATPs is strictly prohibited. Furthermore, no credit transfers or exemptions shall be granted for core internship or practical project units. All TOQ decisions are handled on a case-by-case basis and are not treated as automatic.
- **Procedures:**
  1. **Application and Prerequisite Verification:** Applicants seeking to transfer from another ATP must formally apply and meet the KA's standard admission and entry requirements. The candidate must submit comprehensive application documents, including official transcripts from ACTVET, detailed

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course/unit descriptions, and comprehensive copies of learner work or evidence of completion from the previous ATP.

2. **Robust Academic and IQA Review:** The submitted unit evidence and transcripts are routed to the academic department and Internal Quality Assurer (IV) at the KA for a robust, comprehensive review. This process may be supported by an official letter from the previous ATP formally confirming the competency and level achieved by the learner for the units claimed.
3. **Approval and Sign-off:** If the review confirms that the learning outcomes match, an exemption is granted, classifying the unit as Competent (C) or Not Yet Competent (NYC). The TOQ summary must be verified by the IV and the Trainer (verifier), and then formally approved and signed by the Head of Department (HOD) and the Academic Director.
4. **Communication and Record Update:** The outcome of the credit transfer claim must be communicated to the learner in writing prior to their formal enrollment. If the claim is successful, the learner's academic record and profiles are updated accordingly by the NQ Supervisor / Registration Supervisor.
5. **Curriculum Control and Authority:** Academic departments periodically review course materials and content. Should a course content update occur, TOQ cannot be automatic. The academic department maintains sole and exclusive authority to decide on changes to course content, subject matter, and TOQ approvals. The same evaluation processes and procedures apply if

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the transfer applicant is already a holder of a national qualification from the KA or another authorized ATP.

- **Related Documents and Records:**

- Transfer of Qualifications (TOQ) Application Form
- Official ACTVET Transcripts and ATP Unit Completion Records
- TOQ Credit Exemption Review and Verification Log
- Vocational Qualifications Committee Meeting Minutes

## 5. Human Resources

### 5.1 Staff Handbook and Handling of Employee Legal Issues

**Document ID:** KA-HR-POL-5.1 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To provide all personnel with comprehensive, centralized operational guidelines, employment lifecycle rules, and institutional policies, and to establish a clear, supportive, and compliant protocol for handling employee legal issues, regulatory formalities, and critical incidents.
- **Scope:** Applies to all full-time, part-time, and contracted staff members across all academic, administrative, and operational units of Khawarizmi KA.
- **Policy Statement:** The KA maintains an official, up-to-date Staff Handbook that incorporates all compliance indicators required by vocational regulators

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(ACTVET/NQC). The handbook acts as the primary reference for employment conditions, talent acquisition, onboarding, compensation, leave, and performance expectations. Furthermore, the institution implements structured, compassionate, and legally compliant protocols to handle employee legal matters, including regulatory clearances, work permits, insurance claims, and emergency situations (such as repatriation and end-of-service settlements in the event of a critical incident or staff fatality).

- **Procedures:**

1. **Handbook Dissemination and Onboarding:** The HR Department issues the Staff Handbook to all newly recruited employees during their mandatory onboarding and orientation session. Employees must sign an acknowledgment receipt confirming they have read, understood, and agreed to abide by the institutional policies.
2. **Legal and Regulatory Support:** In the event an employee faces legal issues, immigration complications, or regulatory inquiries, the HR and administrative teams intervene immediately to provide institutional guidance, liaise with legal counsel, and ensure alignment with UAE labor law.
3. **Critical Incident and Fatality Protocol:** Upon official notification of an employee's critical injury or death, HR executes an immediate response: HR issues a respectful staff communication, assists the family with funeral arrangements and body repatriation, and processes legal formalities (e.g., visa cancellation, death certificates, insurance payouts, and end-of-service settlement dispositions paid to surviving dependents).

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4. **Periodic Review:** The HR Department reviews the Staff Handbook and legal handling procedures annually to incorporate any updates to federal employment laws or vocational compliance standards.
- **Related Documents and Records:**
    - Staff Handbook (Staff Handbook\_V.2.0.docx)
    - Employee Onboarding Acknowledgment Form
    - End-of-Service Benefits Policy

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## 5.2 Nepotism and Employee Relationships

**Document ID:** KA-HR-POL-5.2 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Board of Trustees / CEO

- **Purpose:** To preserve transparency, professional integrity, fairness, and operational objectivity by preventing conflicts of interest, favoritism, or compromised reporting lines arising from familial relationships or personal entanglements among staff members.
- **Scope:** Applies to all employees, management personnel, contractors, and governing board members of the KA.
- **Policy Statement:** The KA prohibits the employment or placement of immediate family members in positions where one relative directly or indirectly supervises, evaluates, influences the compensation of, or makes administrative decisions concerning the other. Employment of relatives is permissible only if there is no hierarchical reporting or operational overlap, and must be explicitly disclosed and approved in advance by the HR Department and CEO.
- **Procedures:**
  1. **Disclosure at Recruitment:** Candidates and existing staff must disclose any familial or close personal relationships with current KA employees during the talent acquisition or onboarding phase via a formal disclosure declaration.

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2. **Assessment of Conflict:** The HR Director evaluates the declared relationship to determine if a conflict of interest exists. If a direct reporting line or supervisory conflict is identified, the candidate will not be placed in that specific reporting structure.
  3. **Management of Subsequent Relationships:** If two employees enter into a relationship (e.g., marriage) that creates a nepotism conflict during their employment, they must notify HR within thirty (30) calendar days. Management will reassign one of the employees to an equivalent position in a different department or functional reporting line to eliminate the conflict of interest.
  4. **Annual Audit:** HR conducts an annual audit of organizational reporting lines and relationship disclosures to ensure continued compliance with the nepotism policy, logging any conflict resolutions in the central HR compliance register.
- **Related Documents and Records:**
    - Familial Relationship and Nepotism Disclosure Form
    - Conflict of Interest Management Plan
    - HR Organizational Reporting Lines Matrix
    - HR Compliance and Audit Register

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### 5.3 Recruitment, Selection, and Talent Acquisition

**Document ID:** KA-HR-POL-5.3 | **Version No:** 1.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish a transparent, merit-based talent acquisition process that attracts, selects, and employs highly qualified academic, administrative, and vocational professionals in strict compliance with UAE labor laws and federal regulatory standards.
- **Scope:** Applies to all recruitment, selection, and hiring activities across all KA departments and job families.
- **Policy Statement:** The KA is committed to equal opportunity and filling vacancies through an open, competitive process based on merit, qualifications, and professional competence. All appointments are subject to comprehensive credential vetting, background checks, and formal regulatory portal approvals (e.g., ACTVET/NQC portals for TVET instructional staff) prior to the issuance of an official employment offer. Nepotism in hiring is strictly prohibited (as governed by policy KA-HR-POL-5.2).
- **Procedures:**
  1. **Vacancy Requisition and Approval:** When a vacancy arises or a new position is created, the department head submits a formal Staff Requisition Form to HR. The CEO must approve the budget and headcount allocation before any recruitment action is initiated.

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2. **Job Classification and Advertising:** HR maps the role to the institutional Job Classification System and Grading Matrix (as detailed in the Staff Handbook). Positions are advertised through appropriate channels (internal, public, or professional networks) to attract a diverse pool of qualified candidates.
  3. **Shortlisting and Interviewing:** A designated Interview Panel reviews applications against the approved job description and selection criteria. The panel conducts structured interviews, assesses technical and pedagogical competencies, and shortlists the top candidate.
  4. **Vetting and Credential Verification:** HR conducts rigorous background screening, including verifying professional qualifications, checking at least two professional references, and authenticating academic degrees through relevant authorities (e.g., Ministry of Education attestation).
  5. **Regulatory Portal Approvals:** For vocational, instructional, and assessing roles, HR submits the candidate's credentials, CV, and certificates to the regulatory authorities' portals (ACTVET/NQC) to secure official electronic approval prior to employment.
  6. **Offer Letter Issuance:** Upon receiving regulatory clearance and panel sign-off, HR generates an official employment offer letter. The candidate must sign and return the offer along with required visa documents to formalize the talent acquisition process.
- **Related Documents and Records:**
    - Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 3: *Employment Lifecycle & Talent Acquisition*

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- Job Classification System & Grading Matrix
- Staff Requisition Form
- Interview Assessment Rubric & Panel Report

#### 5.4 Status of Appointment, Onboarding, and Probation

**Document ID:** KA-HR-POL-5.4 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To define the categories of employment appointments, establish a comprehensive onboarding process that integrates new hires into the institutional culture, and govern the probationary evaluation period to ensure professional alignment.
- **Scope:** Applies to all newly hired academic, administrative, and vocational staff members upon appointment.
- **Policy Statement:** The KA offers clear terms of appointment categorized into full-time, part-time, and contracted arrangements in compliance with UAE labor regulations. All newly appointed staff undergo a mandatory onboarding and orientation program to familiarize themselves with institutional governance, vocational quality frameworks, and operational manuals. Every new employee is subject to a six (6) month probationary period, during which performance, pedagogical competence, and conduct are formally evaluated prior to contract confirmation.

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- **Procedures:**

1. **Contract Issuance:** Upon receiving regulatory and vetting clearance (per KA-HR-POL-5.3), HR issues the official employment contract detailing the appointment status, compensation, and terms of service, which must be signed by the employee before or on the first day of work.
2. **Mandatory Onboarding and Induction:** On their first day, new hires begin the onboarding process. HR coordinates an induction program covering organizational structure, functional reporting lines, the Staff Handbook, timesheet rules, and health, safety, and environment (HSE) protocols.
3. **Probationary Mid-Point Review:** At the three-month mark, the direct line manager conducts an interim performance evaluation, providing formative feedback, identifying training gaps, and discussing initial adjustment to the workplace.
4. **Probationary Confirmation/Extension:** Two weeks prior to the expiration of the six-month probationary period, the line manager completes a formal Probationary Performance Appraisal. Based on competency, the manager recommends either confirmation of employment, an extension of probation (if permitted by labor law and regulatory guidelines), or termination of the contract. HR formally issues the confirmation or extension letter.

- **Related Documents and Records:**

- Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 3.2: *Status of Appointment*, Section 3.3: *Onboarding*, Section 3.4: *Probationary Period Policy*

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- Official Employment Contract (UAE MOL Standard)
- Staff Onboarding and Induction Checklist
- Confirmation Letter

## 5.5 Compensation, Benefits, and Working Hours

**Document ID:** KA-HR-POL-5.5 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To outline the institutional compensation philosophy, establish structured time-and-attendance tracking rules, and govern overtime and public holidays in compliance with UAE labor laws and operational transparency.
- **Scope:** Applies to all employees across all academic, administrative, and vocational departments.
- **Policy Statement:** The KA provides competitive compensation and benefits structured around a transparent salary program and job grading matrix. All employees must strictly adhere to designated working hours, punctuality standards, and attendance logging mechanisms (biometric or digital Smart LMS). Overtime must be pre-authorized and compensated in accordance with statutory regulations.

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- **Procedures:**
  1. **Salary Administration:** Salaries are disbursed monthly via the Wage Protection System (WPS) in local currency, inclusive of basic salary and applicable allowances as defined in the employment contract.
  2. **Attendance Logging:** Staff must accurately record their attendance at the start and end of each workday using the institutional biometric scanners or the digital Smart Learning Management System (LMS). Line managers monitor attendance punctuality weekly.
  3. **Overtime Authorization:** If operational demands require staff to work beyond standard contracted hours, the direct manager must submit an Overtime Pre-Approval Form. Unapproved overtime will not be compensated.
  4. **Public and National Holidays:** The KA observes all official public, national, and religious holidays declared by the UAE government for the private/education sector. HR circulates the annual holiday calendar at the beginning of each calendar year.
- **Related Documents and Records:**
  - Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 4: *Compensation, Benefits & Work Environment*
  - Institutional Job Grading Matrix & Salary Scale
  - Biometric / Digital LMS Attendance Logs
  - Overtime Pre-Approval Form & Monthly Timesheets

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## 5.6 Comprehensive Leaves Management

**Document ID:** KA-HR-POL-5.6 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish clear, structured, and equitable guidelines for requesting, approving, and tracking various types of employee leave, ensuring institutional operational continuity while maintaining full compliance with UAE labor laws.
- **Scope:** Applies to all full-time, part-time, and contracted personnel across all departments and job families.
- **Policy Statement:** The KA provides comprehensive leave entitlements, including annual leave, sick leave, maternity/paternity leave, Hajj leave, compassionate leave, and unpaid leave. All leaves must be formally requested, justified, and approved in advance through the digital HR information system. Academic and instructional staff are required to schedule and consume their primary annual leave during designated student vacation periods (e.g., Spring Break, Summer Term) to prevent disruption to teaching delivery and vocational training.
- **Procedures:**
  1. **Annual Leave Planning and Request:** Staff must submit their annual leave requests via the HR portal at least thirty (30) calendar days in advance. The direct line manager and HR review the request

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against operational requirements and teaching schedules before granting approval.

2. **Sick Leave Notification and Certification:** In the event of illness, the employee must notify their direct manager and HR within twenty-four (24) hours of absence. Upon return to work, the employee must submit an official medical certificate / sick leave report issued by a licensed medical facility, which HR logs into the HRIS.
  3. **Special and Compassionate Leaves:** Applications for maternity, paternity, compassionate, or Hajj leave must be submitted with supporting statutory documentation (e.g., birth certificates, medical reports, or official travel permits) for HR verification.
  4. **Digital Leave Tracking and Approval Workflow:** All leave applications follow a strict digital workflow: Employee Submits Request → Line Manager Assesses Operational Impact and Recommends → HR Verifies Entitlement and Balance → CEO Approves. Upon final approval, the HR Department updates the central HRIS ledger to deduct from the employee's accrued leave balance.
- **Related Documents and Records:**
    - Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 4.5: *Comprehensive Leaves Policy*
    - Leave Request & Authorization Form
    - Official Medical Certificates & Sick Leave Logs

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- Leave Balance and Tracking Ledger

## 5.7 Workplace Health, Safety, Environment (HSE), and Equal Opportunity

**Document ID:** KA-HR-POL-5.7 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Human Resources Department / Operations Manager | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure a safe, secure, healthy, and inclusive working environment that promotes diversity, prevents discrimination, and provides reasonable accommodations in compliance with UAE regulatory standards and vocational quality frameworks.
- **Scope:** Applies to all employees, management, contractors, and visitors across the AK premises and operational facilities.
- **Policy Statement:** The AK is committed to providing a workplace free from recognized hazards and unlawful discrimination. All staff must adhere strictly to institutional Health, Safety, and Environment (HSE) guidelines, report hazards immediately, and foster an inclusive culture. Employment opportunities, promotions, and professional development are provided fairly based on merit, without regard to race, color, nationality, gender, or age. The KA ensures full accessibility and reasonable accommodations for People of Determination.

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- **Procedures:**
  1. **HSE Compliance and Hazard Reporting:** Staff must maintain a safe workspace, utilize required personal protective equipment (PPE) in vocational workshops, and report any safety hazards or near-misses immediately to the HSE/Operations officer using the Hazard Reporting Form.
  2. **Equal Opportunity in Employment:** Talent acquisition and HR operations follow strict non-discriminatory practices. Job postings, selections, and performance evaluations are audited to ensure fairness and diversity.
  3. **Workplace Accommodations:** HR and operations collaborate to assess and implement necessary physical, digital, or scheduling accommodations for employees identified as People of Determination to ensure equitable participation in the workplace.
  4. **Grievance of Unfair Treatment:** Any staff member who believes they have been subjected to discrimination, harassment, or HSE negligence may file a formal complaint through the grievance procedure (detailed in procedures KA-HR-POL-5.10) for immediate panel investigation.
- **Related Documents and Records:**
  - Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 4.6: *Workplace HSE*, Section 4.7: *Equal Opportunity & Diversity Policy*
  - IQA Manual (IQA Manual\_V.1.0.docx) - Section 2.5: *Equal Opportunity & Potent Determination Access*
  - Hazard / Incident Report Form

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- People of Determination Workplace Accommodation Log
- HSE Committee Meeting Minutes

## 5.8 Vocational Quality Assurance, Training, and Staff Roles

**Document ID:** KA-HR-POL-5.8 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Quality Assurance Department / Vocational Qualifications Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To define and govern the specific responsibilities of academic and vocational staff regarding internal quality assurance, assessment, and verification, and to establish a systematic process for tracking Continuous Professional Development (CPD) and updating regulatory credentials.
- **Scope:** Applies to all trainers, assessors, Internal Quality Assurers (IQAs/IVs), and academic management involved in vocational delivery and assessment.
- **Policy Statement:** The KI requires all instructional and quality assurance staff to actively maintain their vocational competencies, occupational currency, and pedagogical standards. Staff must strictly adhere to their designated roles in the assessment and internal verification processes as outlined in the institutional IQA Manual. All trainers and assessors must participate in regular professional development activities, which are tracked to address identified gaps and ensure compliance with ACTVET and NQC regulatory standards.

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- **Procedures:**

1. **Staff Roles in Assessment and Verification:** Staff must execute their defined quality roles without conflict of interest: the *Trainer* delivers the instruction, the *Assessor* evaluates learner evidence against competency criteria, and the *Internal Verifier/IQA* independently samples and verifies assessment decisions to guarantee fairness, consistency, and validity.
2. **Continuous Professional Development (CPD) Planning:** At the start of each academic year, staff outline their training needs. HR and the Quality Assurance Department maintain a centralized CPD Tracker for all assessors and trainers, recording internal and external professional development activities.
3. **Addressing Training Gaps:** The Lead IV and HR review assessment standardization meeting outcomes and observation reports. Where assessor or trainer competency gaps are identified, HR coordinates targeted training workshops or mentoring sessions to address them.
4. **Regulatory Credential Updates:** HR periodically audits instructional staff qualifications and industrial currency. Prior to the delivery of vocational programs, staff CVs, vocational qualifications, and occupational licenses are updated and submitted through the regulatory portals (ACTVET/NQC) for formal approval and re-accreditation.

- **Related Documents and Records:**

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- Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 5: *Vocational Quality Assurance & Academic Governance*
- Internal Quality Assurance Manual (IQA Manual\_V.1.0.docx) - Section 4.5: *Trainer Competence & Development*
- KTS Assessment and Internal Quality Assurance (IQA) Strategy and Plan
- Assessor / Trainer Continuous Professional Development (CPD) Tracking Log
- Standardization and Training Meeting Minutes

## 5.9 Academic Integrity and Malpractice Prevention

**Document ID:** KA-HR-POL-5.9 | **Version No:** 1.2 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Quality Assurance Department / Academic Director | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To safeguard institutional academic integrity by establishing strict ethical and professional standards for staff, ensuring zero tolerance for plagiarism, collusion, or assessment fraud in alignment with regulatory frameworks.
- **Scope:** Applies to all full-time, part-time, and contracted trainers, assessors, internal verifiers, and administrative personnel.
- **Policy Statement:** The KA enforces strict academic honesty across all training, assessment, and administrative operations. Staff must not engage

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in, facilitate, or ignore any form of malpractice, including plagiarism, collusion, or falsification of vocational records. All staff are obligated to uphold intellectual property rights and immediately report any suspected malpractice, which will be formally investigated and penalized.

- **Procedures:**

1. **Staff Obligations and Authenticity Checks:** Instructional and quality assurance staff must ensure that all delivered materials respect intellectual property rights. They must actively educate learners on academic honesty, guide them on proper referencing, and rigorously verify the authenticity and originality of all submitted learner portfolios (VARCS principles).
2. **Detection and Initial Reporting:** If a staff member suspects or detects malpractice (e.g., plagiarism, collusion, or falsification of assessment evidence) by a learner or a colleague, they must document the incident, gather supporting evidence, and report it in writing to the Academic Director immediately.
3. **Investigation and Disciplinary Action:** The Academic Director convenes an ad-hoc disciplinary panel to investigate the reported infraction. The panel reviews the evidence, interviews the involved parties, and determines proportionate disciplinary actions in accordance with the staff and learner handbooks.
4. **Regulatory Notification:** In cases where academic malpractice is confirmed on units leading to national qualifications, the KA formally logs the incident

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and notifies the relevant awarding bodies (such as ACTVET / NQC / Qualifi) as dictated by compliance guidelines.

- **Related Documents and Records:**

- Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 5.3: *Academic Integrity & Prevention of Malpractice (Staff Obligations)*
- Internal Quality Assurance Manual (IQA Manual\_V.1.0.docx) - Section 2.4: *Intellectual Property Rights, Plagiarism, and Academic Honesty*
- Learner’s Handbook (Learner’s Handbook\_V.2.0.docx) - Section on *Academic Honesty & Malpractice Penalties*
- Malpractice Incident Report Form
- Disciplinary Panel Hearing Minutes & Investigation Report

## 5.10 Performance Management, Disciplinary Matrix, and Grievance Rehressal

**Document ID:** KA-HR-POL-5.10 | **Version No:** 2.0 | **Effective Date:** 10 June 2026 | **Review Date:** 9 June 2028

**Owner:** Human Resources Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish a transparent framework for evaluating staff performance, managing grievances fairly, and enforcing disciplinary measures in accordance with UAE Labour Law (UAE Decree-Law No. 33 of 2021) and vocational regulatory standards.
- **Scope:** Applies to all academic, vocational, and administrative personnel across the KA.

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- **Policy Statement:** The KA implements a continuous performance evaluation system linked directly to Key Performance Indicators (KPIs) and vocational delivery metrics. A formal Disciplinary Matrix governs infractions such as misconduct or negligence. Employees retain the right to raise grievances without fear of retaliation, which are addressed through formal investigation and hearing sessions.
- **Procedures:**
  1. **Performance Evaluation:** Line managers conduct annual performance appraisals to review staff KPIs, instructional delivery effectiveness, and professional growth. Performance outcomes are documented and linked to development plans and reward guidelines.
  2. **Grievance Submission and Hearing:** Employees may submit a formal grievance in writing to HR. If deemed grievable, HR schedules a formal hearing session within two (2) weeks, allowing all parties to present evidence.
  3. **Disciplinary Action:** For behavioral or operational infractions, HR references the Disciplinary Matrix (ranging from verbal warnings to termination under Article 44 of the UAE Labour Law). Disciplinary panel investigation reports and hearing minutes are securely logged.
- **Related Documents and Records:**
  - Staff Handbook (Staff Handbook\_V.2.0.docx) - Section 6: *Performance Management & Professional Growth*, Section 7: *Separation, Discipline & Exit Processes*

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- Annual Performance Appraisal Form
- Grievance / Disciplinary Incident Report Form
- Formal Hearing Minutes & Investigation Report
- HR Disciplinary and Grievance Register

## 6. Learners

### 6.1 Learner Induction, Support, and Digital Learning Environment

**Document ID:** KA-LRN-POL-6.1 | **Version No:** 2.0 | **Effective Date:** 8 June 2026 | **Review Date:** 7 June 2028

**Owner:** Vocational Qualification Department / Learner Affairs | **Approved**

**By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure that all newly enrolled learners receive a comprehensive induction covering their rights, responsibilities, and academic pathways, and to govern access to learning support, digital platforms, and intellectual property.
- **Scope:** Applies to all registered vocational learners, trainers, assessors, internal verifiers, and student affairs staff.
- **Policy Statement:** The KA mandates a formal orientation and induction session for all incoming cohorts to introduce institutional policies,

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competency-based assessment rules, and regulatory frameworks. Learners are provided with licensed instructional resources and full access to the digital Smart Learning Management System (LMS). Dedicated academic, language, and numeracy support is guaranteed, while strict intellectual property (IP) protections are enforced over all distributed training materials.

- **Procedures:**

1. **Mandatory Induction Execution:** The Vocational Qualification Department conducts a formal orientation program at the start of the program. Learners receive the official Learner Handbook and are briefed on qualification structures, attendance thresholds, and grading criteria.
2. **Literacy, Numeracy, and Additional Support:** Initial assessments identify candidates requiring language, literacy, or numeracy support. Tailored interventions and reasonable adjustments are coordinated to ensure equitable access to learning and assessment.
3. **Smart LMS Access and Digital Onboarding:** Learners are issued secure credentials to access the digital Smart LMS. The platform serves as the official repository for digital learning materials, submission of assignments, and tracking of continuous formative feedback.

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4. **Intellectual Property and Material Usage:** All training manuals, presentations, and digital assets provided by the KA remain strictly under institutional or third-party intellectual property ownership. Learners are granted a personal, non-transferable license to use these materials solely for their educational progression and are strictly prohibited from unauthorized reproduction or distribution.

- **Related Documents and Records:**

- Learner’s Handbook (Learner’s Handbook\_V.2.0.docx)
- Learner Orientation and Induction Attendance Checklist
- Initial Assessment and Language/Numeracy Support Plan
- Smart LMS Access Log

## 6.2 Financial Obligations, Commitments, and Fee Refunds

**Document ID:** KA-LRN-POL-6.2 | **Version No:** 2.0 | **Effective Date:** 8 June 2026 | **Review Date:** 7 June 2028

**Owner:** Vocational Qualification Department / Finance Department |

**Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure absolute transparency in financial commitments, outline fee structures, and govern the auditable step-by-step process for

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processing fee refunds and handling financial defaults in alignment with institutional quality standards.

- **Scope:** Applies to all enrolled learners, sponsors, and registration/finance personnel.
- **Policy Statement:** The KA maintains strict transparency regarding all financial obligations, tuition structures, and refund policies (cross-referenced with policy KTS-QA-POL-7.2.2). Registration and admission fees are non-refundable under any circumstances. Fee refunds for program withdrawal follow a strict tiered reduction schedule based on the week of withdrawal, with no refunds permitted after the second week of study. Financial default protocols are enforced to maintain operational integrity, restricting access to classes and assessments for accounts in arrears.
- **Procedures:**
  1. **Registration and Non-Refundable Fees:** Upon official acceptance, learners must pay a registration and admission fee of AED 3,500, which is non-refundable and non-transferable to another learner under any circumstances. Furthermore, no refund requests are accepted if any official document (such as a "To Whomsoever It May Concern" certificate) has already been issued.
  2. **Tuition Fee Structure and Installments:** Learners must adhere to the established payment plan, paying a minimum of AED 1,500 per month within the first five (5) calendar days of each month.

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3. **Withdrawal and Refund Tiers:** In the event of a formal withdrawal, reductions are calculated from the total program fees (not just the initial installment) based on the date of submission:

- Withdrawal within the first week of registration: 25% deduction (75% refunded).
- Withdrawal within the second week of registration: 50% deduction (50% refunded).
- Withdrawal from the third week of registration onwards: 100% deduction (0% refunded).

No refund requests are accepted after three (3) weeks from the registration date.

4. **Payment Default Escalation:** If a learner defaults or falls behind on their monthly installments, HR/Finance enforces regulatory measures: the learner may be barred from attending lectures, submitting assignment evidence, or having their competency evaluated by an authorized assessor. Written requests for fee reviews or installment deferrals may be submitted and are subject to administrative approval.

5. **Refund Processing Workflow:** To initiate a refund, the withdrawing learner must submit a formal *Refund Request Form* along with original payment receipts to the training coordinator. The transaction undergoes seven (7) stages of internal quality and audit checks, and approved funds are disbursed (via bank transfer or check) within fifteen (15) working days from the date of final approval by the CEO or Academic Director.

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- **Related Documents and Records:**

- Learner’s Handbook (Learner's Handbook\_V.2.0.docx)
- Tuition Fee Refund Policy (KTS-QA-POL-7.2.2)
- Official Refund Request Form
- Payment Receipts & Monthly Installment Ledger
- Financial Clearance Form (at exit/withdrawal)

### 6.3 Competency-Based Assessment, Submissions, and Deadlines

**Document ID:** KA-LRN-POL-6.3 | **Version No:** 2.0 | **Effective Date:** 8 June 2026 | **Review Date:** 7 June 2028

**Owner:** Vocational Qualification Department / Quality Assurance Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To govern the rules, assessment methods, and strict submission procedures for competency-based qualifications, ensuring all student evidence is valid, authentic, reliable, current, and sufficient (VARCS) prior to local grading.
- **Scope:** Applies to all registered vocational learners, trainers, assessors, and internal verifiers.
- **Policy Statement:** The KA operates a rigorous Competency-Based Assessment system. Assessment outcomes are graded strictly on a binary basis as either *Competent (C)* or *Not Yet Competent (NYC)*. Assessors utilize a diverse range of holistic assessment methods (e.g., practical demonstrations, direct observations, professional discussions, work portfolios) to gather valid evidence. Learners must submit all coursework

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and evidence portfolios on or before the officially designated deadlines. Late submissions are subject to strict penalties unless an extension is formally granted under mitigating circumstances.

- **Procedures:**

1. **Assessment Methods and Evidence Compilation:** Assessors assign tasks matching the unit learning outcomes. Learners compile evidence of their skills and knowledge, ensuring that all submitted work satisfies the VARCS principles and is free of plagiarism or collusion.
2. **Submission Deadlines and Digital Lodgment:** Learners must upload their completed assessments, assignments, and evidence portfolios directly to the digital Smart Learning Management System (LMS) by 23:59 UAE Standard Time on the specified due date. Hard-copy submissions are not accepted unless specifically authorized for practical workshops.
3. **Extension Requests and Mitigating Circumstances:** If a learner faces exceptional, unforeseeable circumstances (e.g., severe medical emergencies, bereavement) that prevent them from meeting a deadline, they must submit a formal *Assessment Extension Request Form* with supporting evidence (e.g., medical sick leave certificates) to the trainer at least forty-eight (48) hours before the due date. The trainer and Internal Quality Assurer (IQA) evaluate the request; extensions are granted solely at

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the discretion of the Academic Director and cannot exceed five (5) working days.

4. **Late Submission Penalties:** Unexcused late submissions submitted within twenty-four (24) hours after the deadline will be accepted but capped at the "Competent" grade (no higher distinction, if applicable). Assignments submitted beyond twenty-four (24) hours late without an approved extension will be automatically graded as *Not Yet Competent (NYC)*, and the learner will be required to enter the formal remediation and re-assessment pathway.
  5. **Assessor Feedback and Grading Turnaround:** Assessors must evaluate the evidence, record their formal competency decision (*C / NYC*), and provide detailed written developmental feedback on the Smart LMS within the regulatory turnaround timeline (e.g., within seven to ten working days of submission).
- **Related Documents and Records:**
    - Learner's Handbook (Learner's Handbook\_V.2.0.docx)
    - Vocational Training & Assessment Guide (Training & Assessment Guide\_V.1.0.docx) - Section 2: *Learning Delivery & Assessment Methods*, Section 3: *Grading, Feedback, & Workloads*
    - Form TAG-F1: Holistic Assignment Mapping Matrix
    - Official Assessment Extension Request Form
    - Smart LMS Digital Submission and Grade Tracking Ledger

#### 6.4 Remediation, Re-assessment, and Appeals

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**Owner:** Vocational Qualification Department / Quality Assurance

Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To provide a fair, structured pathway for learners who receive a "Not Yet Competent" (NYC) grade to undertake remediation and re-assessment, and to ensure a transparent appeals process if due process is believed not to have been followed.
- **Scope:** Applies to all registered vocational learners, trainers, assessors, internal verifiers, and the academic appeals committee.
- **Policy Statement:** The KA guarantees learners the right to one (1) formal re-assessment opportunity for any summative assessment graded as *Not Yet Competent (NYC)*. Remediation support must be provided by the trainer prior to the re-assessment. All re-assessment decisions are subject to the same rigorous internal quality assurance and verification as first attempts. Furthermore, learners retain the right to appeal any academic or assessment decision within fifteen (15) working days of receiving the grade, triggering an independent review.
- **Procedures:**
  1. *Notification and Formative Feedback of NYC:* When an assessment portfolio fails to meet the criteria, the assessor formally records the grade as *Not Yet Competent (NYC)* on the Smart LMS and details constructive, written

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developmental feedback highlighting the specific performance criteria not met.

2. **Remediation and Re-assessment Planning:** The trainer/assessor conducts a brief remediation session to clarify gaps in knowledge or skills. A formal *Re-assessment Action Plan* is agreed upon, setting a strict deadline for re-submission, which typically occurs within five (5) to ten (10) working days following the feedback session.
3. **Second Submission and IQA Verification:** The learner resubmits their remediated evidence portfolio. The assessor evaluates the new evidence, and the Internal Quality Assurer (IQA) / Internal Verifier conducts an independent secondary review of the grading decision to ensure national standards are maintained before finalizing the outcome as Competent (C) or maintaining the NYC status.
4. **Formal Appeal Submission:** If a learner believes that fair assessment procedures were not followed, they must submit a formal *Assessment Appeal Form* in writing to the Quality Assurance Department within fifteen (15) working days of the original grade notification, attaching all relevant evidence.
5. **Appeal Review and Resolution:** The Academic Director appoints an independent assessor/IQA who was not involved in the original assessment to review the appeal. The reviewer evaluates the portfolio, evidence, and assessment trail, and communicates the formal appeal outcome in writing to

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the learner within twenty (20) working days of receiving the appeal.

Unresolved appeals may be escalated to the external awarding body.

- **Related Documents and Records:**

- Khawarizmi KA Learner's Handbook (Learner's Handbook\_V.2.0.docx) - Section 5.4: سياسة إعادة التقييم (*Re-assessment Policy*), Section on سياسة التظلمات والطعون (*Appeals Policy*)
  - Vocational Training & Assessment Guide (Training & Assessment Guide\_V.1.0.docx) - Section 3.3: *Grading Turnaround & Remediation Rule*
  - Official Assessment Appeal Form
  - Re-assessment Action Plan & Feedback Log
  - Independent Assessor Review Report & Appeals Register

## 6.5 Attendance Management, Punctuality, and Deregistration

**Document ID:** KA-LRN-POL-6.5 | **Version No:** 2.0 | **Effective Date:** 8 June 2026 | **Review Date:** 7 June 2028

**Owner:** Vocational Qualification Department / Registration Department |

**Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure consistent learner engagement, monitor instructional time, and establish a fair, transparent escalation process for absenteeism, warnings, and potential deregistration in compliance with vocational regulatory standards.

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- **Scope:** Applies to all registered vocational learners, trainers, and registration personnel.
- **Policy Statement:** Regular attendance and punctuality are vital for successful completion of competency-based qualifications. The KA mandates a minimum attendance threshold of eighty percent (80%) for all scheduled training sessions, workshops, and practical classes. Attendance is tracked digitally via biometric scanners and the Smart Learning Management System (LMS). Absences are strictly monitored, and failure to meet attendance requirements triggers an escalation pathway, up to and including suspension or deregistration from the qualification.
- **Procedures:**
  1. **Daily Attendance Logging:** Trainers verify and log learner attendance for every session using the digital biometric or Smart LMS portal within the first fifteen (15) minutes of class. Late arrivals exceeding fifteen minutes are marked as late, while arrivals exceeding thirty minutes are marked as absent for that session.
  2. **First Attendance Warning (10% Absence):** If a learner accumulates ten percent (10%) unexcused absence in a unit or program, the Smart LMS automatically generates an alert, and the registration supervisor issues a formal First Written Warning to the learner, counseling them on the attendance requirement.
  3. **Second / Final Warning (20% Absence):** If absenteeism reaches twenty percent (20%) unexcused (representing the maximum allowable limit), the

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Vocational Qualification Department issues a Second and Final Written Warning. The learner must provide valid, verified mitigating circumstances (e.g., certified sick leave) within three (3) working days to justify the absences.

4. **Deregistration and Suspension (30% Absence or Failure to Appeal):** If a learner's unexcused absence exceeds thirty percent (30%), or if they fail to respond to final warnings, the matter is referred to the Academic Director. The registration department initiates formal deregistration from the course, suspending the learner's Smart LMS access and notifying the awarding bodies (ACTVET/NQC) as required by compliance frameworks.
  5. **Exceptional Leave of Absence / Interruption of Studies:** In cases of severe, prolonged hardship (e.g., extended medical treatment, military service), learners may apply for a formal suspension of studies. Applications must be submitted with supporting evidence to the Academic Director for approval, allowing the learner to resume their studies in the next available academic term without penalty.
- **Related Documents and Records:**
    - Learner's Handbook (Learner's Handbook\_V.2.0.docx)
    - Digital Smart LMS Daily Attendance Logs
    - First Written Attendance Warning Letter (10%)
    - Second & Final Written Warning Letter (20%)
    - Formal Program Interruption / Suspension Request Form

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## 6.6 Learner Code of Conduct, Academic Integrity, and Malpractice

**Document ID:** KA-LRN-POL-6.6 | **Version No:** 2.0 | **Effective Date:** 8 June 2026 | **Review Date:** 7 June 2028

**Owner:** Vocational Qualification Department / Quality Assurance Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To maintain a safe, inclusive, and academically rigorous environment by defining behavioral and ethical expectations, establishing clear standards of academic honesty, and setting protocols for handling misconduct, plagiarism, and malpractice.
- **Scope:** Applies to all registered vocational learners across all programs and qualifications.
- **Policy Statement:** The KA enforces strict guidelines covering personal conduct, academic honesty, respect for UAE national identity and customs, and institutional resource utilization. Any act of behavioral disruption, insubordination, plagiarism, collusion, cheating, or safety non-compliance is strictly prohibited. All assessed work must be the learner's own authentic work, and any suspected malpractice must be formally investigated, penalized, and reported to the relevant regulatory and awarding bodies.
- **Procedures:**
  1. **Behavioral and Ethical Standards:** Learners must adhere to the behavioral codes outlined in the Learner Handbook, attend sessions punctually, dress modestly in accordance with UAE customs and traditions, utilize institutional

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resources respectfully, and follow all Health, Safety, and Environment (HSE) instructions in workshops and labs.

2. **Academic Honesty and Authenticity:** Learners must operate with full academic honesty, ensuring all submitted evidence follows the VARCS principles (Valid, Authentic, Reliable, Current, and Sufficient) and is free from plagiarism, copying, or collusion.
  3. **Discovery and Reporting of Infractions:** If a trainer, invigilator, or Internal Quality Assurer (IQA) identifies behavioral disruption, safety non-compliance, or academic malpractice, they must document the incident and report it in writing to the Academic Director immediately.
  4. **Disciplinary Panel and Investigation:** The Academic Director convenes a disciplinary panel to investigate the reported infraction, review assessment evidence, interview involved parties, and determine proportionate disciplinary actions (e.g., formal warning, unit failure, suspension, or permanent expulsion).
  5. **Awarding Body and Regulatory Notification:** In cases where academic malpractice is confirmed on units leading to national qualifications, the KA formally logs the incident and notifies the awarding bodies (ACTVET / Qualifi) and vocational regulators as dictated by compliance frameworks.
- **Related Documents and Records:**
    - Learner’s Handbook (Learner's Handbook\_V.2.0.docx)
    - Trainees Code of Conduct & Ethics Policy (KTS-QA-POL-6.6.2)
    - Health, Safety, and Environment Policy (KTS-QA-POL-8.4.3)

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- Malpractice Incident Report Form
- Disciplinary Panel Investigation Report & Hearing Minutes

## 7. Infrastructure Services

### 7.1 Learning Resource Center (LRC) Services and Access

**Document ID:** KA-INF-POL-7.1 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** LRC Supervisor – Shared Services | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure learners and staff have continuous access to adequate physical and digital learning resources to support independent study, vocational training, and research.
- **Scope:** Applies to all registered vocational learners, trainers, and administrative staff.
- **Policy Statement:** The KA maintains shared access to the (LIWA University) Learning Resource Center (LRC) located in Abu Dhabi Campus. The LRC provides comprehensive printed and digital collections (over 10,905 titles, 19,408 copies, and 4 research databases) which must be utilized strictly in

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accordance with institutional borrowing, copyright, and e-resource usage policies.

- **Procedures:**

1. **Campus Access:** Learners and staff can access the physical LRC facilities and its 260 study spaces during operational hours.
2. **Borrowing and E-Resources:** Active learners may borrow physical books or access digital journals using their institutional ID, adhering to standard loan periods.
3. **Copyright Compliance:** All users must respect intellectual property rights when copying or downloading library materials, avoiding unauthorized distribution.
4. **Collection Management:** Academic management periodically reviews LRC holdings to acquire new industry-relevant publications and remove obsolete titles.

- **Related Documents and Records:**

- LRC Borrowing and Copyright Policies / E-resources Usage Rules
- Learning Resource Center Manual 2021
- LRC Annual Utilization Report

## 7.2 ICT Infrastructure, Labs, and Hardware/Software Management

**Document ID:** KA-INF-POL-7.2 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

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**Owner:** IT Services Manager - Shared Services | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To maintain high-standard computer labs and networks that support the vocational curriculum, and to govern IT procurement, depreciation, and preventive maintenance.
- **Scope:** Applies to all computer labs, IT hardware, software, and network systems across the KA.
- **Policy Statement:** The KA maintains shared access with LIWA Group Holdings which standardizes its IT hardware and software on well-known international brands compatible with open industry standards. All purchased software must be genuine, with licenses sufficient for the entire population. IT assets depreciate over a 36-month cycle and must be uniquely tagged and inventoried. The Lab Technician carries out preventive maintenance, manages a 5% standby equipment buffer, and handles daily maintenance requests to ensure uninterrupted practical sessions.
- **Procedures:**
  1. **Procurement Workflow:** Department heads identify needs; the IT Manager requests quotes, and the CEO makes the final approval for standardized international hardware/software.
  2. **Asset Management:** Every IT item receives a unique fixed asset code before deployment, tracked via a computerized inventory system audited physically by HR annually.

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3. **Maintenance and Standby Buffer:** Lab Technicians check maintenance folders twice daily in labs. At least 5% of total equipment is kept on standby to immediately replace unrepairable systems.
  4. **Preventive Maintenance:** The Lab Technician performs monthly preventive maintenance on all computers/networks and installs daily automated anti-virus updates.
- **Related Documents and Records:**
    - IT Hardware and Software Procurement Logs
    - Computerized Fixed Assets Inventory Register
    - Lab Maintenance Request Forms & Folders
    - Monthly Preventive Maintenance Checklist

### 7.3 Network Security, Acceptable Use, and Disaster Recovery

**Document ID:** KA-INF-POL-7.3 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** IT Services Manager – Shared Services | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To protect institutional data integrity, secure administrative networks against cyber threats, enforce ethical technology use, and establish preventive controls against disasters (fire, power failure, etc.).
- **Scope:** Applies to all users of the KA's network, internet, and computing systems.
- **Policy Statement:** The KA maintains shared access with LIWA Group Holdings with administrative networks hosting registration, accounting, and

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CRM systems must be physically separated from the internet-connected campus network. Internet traffic is routed through ETISALAT proxy servers for content filtering. Users are strictly prohibited from misusing IT resources (e.g., cybercrime, unauthorized access, broadcasting content violating UAE values). Server rooms must be equipped with UPS backups and fire prevention systems. Violations of acceptable use are treated as gross misconduct and lead to severe disciplinary penalties.

- **Procedures:**

1. **Network Separation:** Administrative networks are logically and physically isolated from internet access. Internet-facing terminals are restricted and monitored via security software.
2. **Access Control and Passwords:** Access to servers requires valid credentials. CMOS setups are password-protected. Users must use strong passwords and change them regularly.
3. **Disaster Prevention Controls:** Server rooms must feature dedicated air conditioning, functional UPS systems (short-term backup), and smoke detectors/fire extinguishers. Civil Defense unannounced drills are conducted once a semester.
4. **Misuse Investigation:** Department heads investigate suspected IT abuse, breaches, or unauthorized resource relocation, applying penalties according to staff/learner disciplinary procedures.

- **Related Documents and Records:**

- Network Security and Proxy Filtering Logs

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- IT Disaster Recovery Plan (UPS, Fire, and Earthquake logs)
- Civil Defense Drill Reports / Fire Extinguisher Inspection Logs
- IT Misuse Incident Investigation Report

## 7.4 Technical Support, Digital Delivery, and Data Backup

**Document ID:** KA-INF-POL-7.4 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** IT Services Manager – Shared Services / Vocational Qualification Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To provide reliable technical support and complimentary software to stakeholders regardless of location, govern digital media course delivery via the Smart LMS, and ensure secure, generational backups of digital records.
- **Scope:** Applies to all academic, administrative, operational staff, and vocational learners.
- **Policy Statement:** The KA maintains shared access with LIWA Group Holdings which provides on-site and off-site technical support, including wireless internet access, complimentary educational software downloads, and IP address configuration. Digital media course delivery must be conducted securely through the Smart Learning Management System (LMS). All learner and employee digital records are maintained via cloud storage and Microsoft OneDrive. To guarantee business continuity, generational backups (grandfather/father/son) are performed weekly, stored on secure

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cloud/DVD media in fireproof cabinets, and periodically tested for restoration.

- **Procedures:**

1. **Technical Support Provision:** IT services assist faculty and learners with off-site system connectivity, complimentary software installation, and virus cleansing on personal devices used for coursework.
2. **Digital Course Delivery:** Trainers utilize the Smart LMS and institutional course websites (hosting course plans, lecture notes, and sample exams) authenticated via individual user logins.
3. **Cloud Records Maintenance:** Institutional, administrative, and learner files are securely stored on KA-approved Cloud/Microsoft OneDrive systems.
4. **Generational Backups Execution:** IT technicians perform weekly (and post-update) "generational" backups. Data is stored on cloud or DVDs kept in fireproof cabinets in the IT manager's office. Restoration testing is conducted periodically to verify data integrity.

- **Related Documents and Records:**

- Technical Support and Software Download Request Log
- Smart LMS and Course Website Access Logs
- Weekly Generational Backup Logs
- Backup Restoration Testing Report

## 8. Financial Management

### 8.1 Financial Governance, Budgeting, and Auditing

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**Document ID:** KA-FIN-POL-7.1 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Financial Management Services (NEMA Group Holdings) |

**Approved By:** Board of Trustees / CEO

- **Purpose:** To ensure strict financial discipline, propriety of transactions, and transparency in the use of institutional resources, leveraging the centralized financial services of NEMA Group Holdings in alignment with International Financial Reporting Standards (IFRS).
- **Scope:** Applies to all financial administration, budgeting, and auditing activities across all departments and programs of Khawarizmi Academy.
- **Policy Statement:** The KA does not maintain a dedicated internal finance department; instead, it utilizes the centralized financial management and administrative services provided by NEMA Group Holdings. Financial accounts, statements, and management reports are prepared on an accrual basis in strict accordance with IFRS. Comprehensive yearly budgets are formulated well in advance, and robust internal and external audit mechanisms are enforced to maintain fiscal integrity and manage operational risks.
- **Procedures:**
  1. **Centralized Financial Reporting:** The NEMA Group Holdings Finance Department prepares and submits monthly financial statements (Balance Sheet, Profit & Loss, Cash Flow, Budget-to-Actual comparisons, and Ageing

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Reports) to the KA's executive management by the tenth (10th) day of each month for the preceding month's operations.

2. **Annual Budgeting Cycle:** The yearly budget for the approaching financial year is prepared four (4) months prior to the closing of the current year. The NEMA finance team, in coordination with KA leadership, consults all departments to capture projected revenues (e.g., student enrollments) and operational expenses, which are then submitted to the Board of Trustees for final approval.
  3. **External Auditing:** The KA engages a reputable, licensed external audit firm to conduct annual financial audits (scheduled shortly after fiscal year-end) and semi-annual interim reviews to ensure accounting processes comply with IFRS and regulatory standards.
  4. **Internal Auditing:** Internal audits are conducted by the Group Internal Audit team (or designated external holding company audit resources) based on an annual risk-based plan approved by the Board of Trustees' Audit Committee, focusing on strategic, operational, and financial functions.
- **Related Documents and Records:**
    - Limits of Authority Manual (NEMA Group Holdings)
    - Monthly Financial Statements & Budget-to-Actual Variance
    - Board of Trustees Approved Annual Budget Schedules
    - Annual Audited Financial Reports & Group Internal Audit Reports

## 8.2 Authority Matrix and Expenditure Control

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**Document ID:** KA-FIN-POL-8.2 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Chief Executive Officer (CEO) / Financial Management Services (NEMA Group Holdings) | **Approved By:** Board of Trustees

- **Purpose:** To establish clear financial delegation, enforce strict expenditure controls, and maintain proper segregation of duties to ensure accountability and deter financial irregularities.
- **Scope:** Applies to all personnel holding budget-holding responsibilities or authorized to initiate and approve expenditures across the KA.
- **Policy Statement:** Financial expenditure authority is formally delegated from the Board of Trustees through the institutional Authority Matrix. Authorized personnel are strictly accountable for operational expenditures within their designated limits. To ensure effective internal control, the approval function, accounting/reconciliation function, and asset custody must be strictly separated. Any financial commitment made without proper authorization or outside the limits of authority is deemed invalid and becomes the personal financial obligation of the individual who initiated the commitment.
- **Procedures:**
  1. **Delegation of Authority:** Management and operational staff exercise purchasing and expenditure powers strictly in accordance with the pre-defined thresholds and authorized signatories outlined in the Limits of Authority Manual.

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2. **Segregation of Duties:** Adequate segregation of duties is maintained for all transactions. The individual requesting a purchase, the individual approving the transaction, and the individual reconciling the accounts must be different. Where complete segregation is impossible, detailed supervisory review is enforced as a compensating control.
  3. **Expenditure Approval Workflow:** All transactions must be verified for unencumbered budget availability prior to commitment. Requisitions and payments require escalating joint sign-offs based on financial tiers (e.g., departmental managers, Director of Finance, CEO, or Chairman for major capital expenditures) before a Local Purchase Order (LPO) is issued.
  4. **Substitute Authority:** In the absence of a primary approving authority, the next lower designated authority substitutes, provided they are distinct from both the requestor and the authorizer.
- **Related Documents and Records:**
    - KA Limits of Authority Manual / Authority Matrix
    - Purchase Requisitions & LPO Approval Logs
    - Segregation of Duties Compensating Control Register
    - Internal Audit Review and Compliance Reports

### 8.3 Cashiering Operations, Funds Safeguarding, and Fees

**Document ID:** KA-FIN-POL-8.3 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Financial Management Services (NEMA Group Holdings) /  
Registration Supervisor | **Approved By:** Chief Executive Officer (CEO)

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- **Purpose:** To establish secure, auditable, and efficient guidelines for cashiering activities, collections, disbursements, and petty cash management, while ensuring tuition fees and refund processes are transparently governed.
- **Scope:** Applies to all cashiering staff, the finance team, sponsoring bodies, and registered vocational learners.
- **Policy Statement:** The KA ensures that all financial collections (cash, checks, or card payments) are promptly, accurately, and securely recorded and deposited. Daily collections must not be utilized for direct payments and must be transferred to the bank daily to reduce exposure to risk or loss. Petty cash disbursements and student refunds are strictly regulated by predefined monetary thresholds and require appropriate multi-departmental approvals. Tuition fee structures, payment schedules, and tiered refund percentages are unambiguously communicated to learners, with non-refundable registration fees applied at intake.
- **Procedures:**
  1. **Collection and Receipting:** Authorized cashiers collect fees, issuing system-generated, uniquely serialized receipts immediately to the payee. Checks must be written correctly, with third-party or endorsed checks strictly prohibited.
  2. **Daily Banking and Reconciliation:** At the end of each business day, cashiers reconcile cash, checks, and card slips against system registers. All funds are

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securely deposited into the institutional bank account on the following business day, with validated deposit slips filed sequentially.

3. **Petty Cash and Minor Disbursements:** Petty cash accounts are maintained strictly for minor, urgent operational expenses and small student refunds. Transactions must not be split to bypass established spending limits. Payments exceeding designated thresholds must be processed via check or bank transfer. Staff advances for personal use are strictly prohibited.
  4. **Vault Security and CCTV:** Cash drawers must be attended and locked. Unbanked funds are stored overnight in a fire-resistant vault requiring dual-custody access keys. The cashiering area is monitored by CCTV cameras, with regular backups secured in coordination with institutional security.
  5. **Bank Reconciliations:** The finance team conducts daily verifications of transactions against bank statements. A comprehensive monthly bank reconciliation statement is prepared, verified by the Chief Accountant, and formally endorsed by the Director of Finance.
  6. **Fees and Refund Processing:** Tuition rates, payment deadlines, and refund eligibility are detailed in the Learner Handbook. Withdrawal refund calculations follow a strict tiered schedule based on the timing of the formal withdrawal request, with no refunds authorized beyond the initial weeks of the academic term.
- **Related Documents and Records:**
    - Learner's Handbook (Learner's Handbook\_V.2.0.docx) - Section on *Financial Obligations & Fee Refunds*

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- Daily Collection Reports & System-Generated Receipt Logs
- Petty Cash Replenishment Vouchers & Expense Invoices
- Official Refund Request Forms & Financial Clearance Records
- Monthly Bank Reconciliation Statements

## 8.4 Purchasing and Inventory Management

**Document ID:** KA-FIN-POL-8.4 | **Version No:** 1.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Procurement Department (NEMA Group Holdings) / Operations Management | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish transparent, efficient, and equitable guidelines and standards for the procurement of products, services, and inventory, ensuring value for money, full auditability, and compliance with regulatory and legal standards.
- **Scope:** Applies to the procurement of all goods, services, and student textbook inventory across the KA (excluding payroll, rentals, utilities, and government fees).
- **Policy Statement:** The KA enforces a strict framework of internal controls over all purchasing activities to guarantee proper segregation of duties, transparency, and documented audit trails. Only authorized central procurement units can make purchasing commitments on behalf of the institution; unauthorized purchases become the personal financial obligation of the individual who placed the order. Procurement must be sourced from

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a pre-approved, pre-qualified vendor list. Splitting transactions to bypass authorized monetary thresholds is strictly prohibited. Textbook inventory is tracked systematically and reconciled between the library and finance departments.

- **Procedures:**

1. **Procurement Planning and Requisitions:** Annual procurement planning is conducted to aggregate requirements, leverage bulk pricing, and reduce administrative overhead. Budget managers submit purchase requisitions only after verifying budget availability.
2. **Local Purchase Order (LPO) Thresholds and Approval:** Orders are not placed until the purchase requisition is reviewed and approved through escalating authorization tiers (involving procurement officers, finance leads, the CEO, or the Board of Trustees, depending on the contract value).
3. **Procurement Methods:** Depending on the nature and anticipated value of the requirement, purchasing utilizes specific methods, ranging from direct non-bid quotes (single source) to securing multiple competitive price quotations or initiating formal tendering (Sealed Bids / Request for Proposals).
4. **Vendor Management and Ethics:** Procurement is restricted to a list of preferred, pre-qualified vendors. To maintain the highest standards of integrity, all staff must avoid conflicts of interest, disclose any marketing

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promotions or gifts from suppliers, and strictly refuse personal benefits or kickbacks.

5. **Emergency and Sole Source Purchasing:** Non-competitive proposals are strictly limited to bona fide emergencies (where severe operational or financial damage would occur via normal delays) or sole source scenarios, both of which require written justification and pre-approval from executive management.
  6. **Receipt, Inspection, and Inventory Control:** Designated staff receive and inspect all delivered goods and services to verify that quantities and technical specifications match the approved LPO before forwarding delivery notes to accounts payable for payment processing. Physical and electronic textbooks are managed as inventory by the library, which issues items upon proof of learner registration and provides monthly stock movement reports to finance for accounting adjustments.
- **Related Documents and Records:**
    - Pre-qualified / Pre-approved Vendor List
    - Purchase Requisitions & Local Purchase Orders (LPOs)
    - Goods Receipt Notes & Delivery Verification Logs
    - Library Monthly Stock / Textbook Inventory Reports
    - Conflict of Interest & Gift Disclosure

## 9. Regulatory Disclosure

### 9.1 Cooperative Agreements and Contractual Relationships

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**Document ID:** KA-REG-POL-9.1 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** January 2028

**Owner:** Marketing Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To govern the systematic initiation, periodic review, and management of all third-party contracts and cooperative agreements, ensuring alignment with the KA's mission and minimization of operational or financial risks.
- **Scope:** Applies to all external partnerships, Memoranda of Understanding (MoUs), service level agreements, and vendor contracts entered into by the KA.
- **Policy Statement:** All binding institutional agreements must clearly define the scope of work, legal context, responsibilities, and execution timelines, authorized via the institutional limits of authority matrix. Contracts undergo a formal annual review to ensure obligations are actively fulfilled. For agreements involving strategic execution, performance is monitored against established Key Performance Indicators (KPIs), incorporating clear dispute resolution and accountability measures.
- **Procedures:**
  1. **Contract Initiation and Drafting:** Originating departments collaborate with administrative leads to draft contracts that specify deliverables, timelines, legal jurisdictions, and authorized signatories in accordance with governance policies.

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2. **Annual Periodic Review:** The administrative or academic unit that originated the agreement conducts an annual review to confirm the contract is active, appropriate, and aligned with institutional objectives. Contracts with automatic renewal clauses undergo thorough analysis and legal vetting before extension.
  3. **Supplier and Partner Performance Monitoring:** For contracts with binding operational responsibilities, portfolio owners track deliverables using clear KPIs, require periodic progress reports, and conduct user satisfaction surveys to verify service standards.
  4. **Dispute Resolution and Remedies:** Agreements integrate explicit dispute resolution protocols and, where applicable, penalty clauses (such as payment deductions or fee withholding) to address sub-par supplier performance.
  5. **Documentation and Archiving:** All contract evaluations are formally documented, signed by authorized officers, and filed securely alongside the master agreement for regulatory and audit accessibility.
- **Related Documents and Records:**
    - Authority Matrix & Limits of Authority Manual
    - Memoranda of Understanding (MoUs) & Service Level Agreements (SLAs)
    - Annual Contract Review & Evaluation Reports

## 9.2 Intellectual Property, Copyright, and Publications Governance

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**Document ID:** KA-REG-POL-9.2 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2027

**Owner:** Marketing Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To ensure all institutional publications, learning materials, and marketing assets comply with UAE copyright laws and vocational quality frameworks, thereby protecting the KA's intellectual property and institutional reputation.
- **Scope:** Applies to all digital, verbal, and printed publications, media engagements, and content developed by staff, learners, or external stakeholders.
- **Policy Statement:** The KA enforces strict ethical and legal standards regarding intellectual property in alignment with UAE Copyright and Authorship Protection Law (Federal Law No. 7 of 2002). All published information must be accurate, concise, and respectful of UAE cultural and religious values. Formal media engagements and press releases require explicit executive authorization. Data privacy and copyright permissions must be secured prior to utilizing third-party content or stakeholder imagery.
- **Procedures:**
  1. **Content Development and Approval:** Material intended for public release follows a strict approval matrix. Institutional profile updates require CEO approval, academic/vocational materials require Academic Director sign-off, and affiliation/accreditation disclosures must be authorized by the Quality Unit.

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2. **Copyright Compliance:** Content developers must ensure no unauthorized copyrighted material, software, or third-party logos are used without explicit licensing or written consent from the owning entity.
  3. **External Service Providers:** Engaging third-party creative or publication services (e.g., graphic designers, videographers) is coordinated via the Marketing Department using pre-qualified supplier lists and standard risk-mitigation contracts.
  4. **Media Engagements:** Official statements, press releases, and media relations are exclusively managed and disseminated by the Marketing Department to ensure a consistent, authorized institutional voice.
  5. **Consent and Data Security:** Authors must obtain formal written consent before publishing or displaying any personal data, testimonials, or imagery of learners and employees on public platforms.
- **Related Documents and Records:**
    - UAE Copyright and Authorship Protection Law No. 7 of 2002
    - Khawarizmi Academy Brand Guidelines & Publication Manual
    - Content Approval and Sign-off Form
    - Stakeholder / Learner Media Consent and Release Forms

### 9.3 Regulatory Compliance, Accreditations, and Teach-Out Protocols

**Document ID:** KA-REG-POL-9.3 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** Jan 2028

**Owner:** Quality Assurance Department / Vocational Qualification Department | **Approved By:** Chief Executive Officer (CEO)

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- **Purpose:** To ensure all vocational training and assessment services remain strictly consistent with the KA's scope of accreditation, scale of operations, and regulatory requirements, and to establish clear contingency measures for program teach-out.
- **Scope:** Applies to all vocational programs, qualifications, regulatory submissions, and enrolled learner cohorts.
- **Policy Statement:** The KA maintains absolute alignment with UAE federal and emirate-specific regulatory bodies, primarily the Abu Dhabi Centre for Technical & Vocational Education and Training (ACTVET) and the National Qualifications Centre (NQC). No vocational program will be advertised, promoted, or launched until official, written initial program authorization is granted by the regulators. In the rare event that an authorized program is cancelled or phased out, a fully regulated teach-out plan must be implemented to protect enrolled learners' academic progression and financial investments.
- **Procedures:**
  1. **Regulatory Monitoring and Audits:** The Quality Unit continuously monitors evolving UAE vocational legislation, conducts internal audits of academic and operational processes, and coordinates with external regulatory experts to ensure zero non-compliance.
  2. **Accreditation Scope Enforcement:** Instructional staff ensure that training delivery and assessments strictly adhere to the scope of qualifications accredited on the ACTVET/NQC portals.

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3. **Pre-Authorization Restrictions:** The administration refrains from announcing courses or accepting learner registrations prior to receiving formal, written program authorization from the awarding bodies and regulators.
4. **Teach-Out and Contingency Execution:** Should an authorized and active program be cancelled, affected learners are guaranteed institutional protection through one of three pathways:
  - Transfer to an alternative accredited program within the KA, with full recognition of prior learning (RPL) and credit transfers.
  - Transfer to an approved, equivalent training provider (ATP) via articulation agreements, transferring earned credits.
  - A full refund of all tuition fees paid to the KA for courses/units for which transfer credits cannot be arranged.
5. **Regulatory Approval of Teach-Out:** Any formal teach-out or transition agreement is submitted to and explicitly approved by the competent authorities (ACTVET / NQC / MOHESR) prior to execution.
- **Related Documents and Records:**
  - ACTVET / NQC Vocational Program Accreditation Certificates
  - Formal Program Authorization & Approval Letters
  - Internal Quality Assurance (IQA) Audit Reports
  - Regulated Program Teach-Out & Learner Transfer Agreement Forms

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## 9.4 Ethical Conduct, Anti-Corruption, and Conflict of Interest

**Document ID:** KA-REG-POL-9.4 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** January 2028

**Owner:** Quality Assurance Department / Compliance Officer | **Approved By:** Chief Executive Officer (CEO) / Board of Trustees

- **Purpose:** To enforce a strict zero-tolerance policy on bribery, fraud, and corruption, maintain ethical commercial interactions, and prevent conflicts of interest in compliance with UAE laws and vocational quality frameworks.
- **Scope:** Applies to all employees, consultants, contractors, management, trustees, committee members, and third parties interacting with the KA.
- **Policy Statement:** The KA is committed to operating with the highest levels of integrity, transparency, and honesty. Bribery, kickbacks, facilitation payments, and corrupt practices are strictly forbidden and constitute criminal offenses under UAE law. Board members and staff must not use their positions, influence, or institutional resources for personal or financial advantage. Customary business gifts and charitable contributions are tightly regulated to ensure they are not used to conceal improper influence.
- **Procedures:**
  1. **Anti-Bribery and Corruption Compliance:** All personnel must read, understand, and abide by anti-corruption guidelines. Any suspicion of bribery or corruption must be reported immediately to the compliance/quality manager.

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2. **Gifts and Hospitality:** Generosity or exchange of customary tokens (e.g., during seasonal holidays) is permitted only if it is nominal in value, transparent, presented in the name of the organization rather than an individual, and pre-cleared by the compliance manager. Cash or cash equivalents (gift cards, vouchers) are strictly prohibited.
  3. **Facilitation Payments and Kickbacks:** The making or accepting of facilitation payments or kickbacks is illegal and strictly prohibited.
  4. **Charitable Donations:** Charitable contributions are acceptable and encouraged but require prior compliance approval to ensure they are legitimate and not utilized as a cover for bribery.
  5. **Conflict of Interest Mitigation:** Staff and Board members must avoid situations creating real or apparent conflicts of interest. An impartial conflict of interest committee reviews disclosures and makes recommendations to protect institutional transparency.
  6. **Disciplinary and Legal Escalation:** Violations of this policy result in severe disciplinary action, including immediate termination for gross misconduct. Confirmed corrupt practices are escalated to legal and regulatory authorities for prosecution and financial penalties.
- **Related Documents and Records:**
    - UAE Federal Anti-Corruption & Transparency Legislation
    - Gifts, Hospitality, and Entertainment Disclosure Register
    - Conflict of Interest Disclosure Form & Committee Review Minutes
    - Third-Party Vendor Integrity Agreements

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## 10. Social Responsibilities and Engagement

### 10.1 External Stakeholder Relations and Communication

**Document ID:** KA-SRV-POL-10.1 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** January 2028

**Owner:** CEO Office / Marketing Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish structured, mutually beneficial communication channels with external stakeholders, ensuring transparent public information sharing and aligned strategic partnerships.
- **Scope:** Applies to all KA interactions with learners, employers, professional associations, regulatory bodies, media, and the local community.
- **Policy Statement:** The KA is committed to proactive, ethical communication and engagement with all external stakeholders. Non-confidential institutional information is shared openly to foster trust and advance vocational education. To maintain a consistent and professional institutional voice, all formal media engagements, press releases, and public statements are exclusively routed through the Chief Executive Officer (CEO) or designated official spokespersons.
- **Procedures:**
  1. **Stakeholder Communication and Information Sharing:** The KA regularly disseminates accurate institutional updates, newsletters, and policy

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pamphlets to keep stakeholders informed of vocational training programs and strategic developments.

2. **Regulatory and Governmental Interface:** Executive management actively engages with UAE regulatory authorities (such as ACTVET and NQC) to contribute to the formulation and implementation of vocational educational standards.
  3. **Public Face of the Institute:** The CEO serves as the primary public representative of the KA. Inquiries from external media or public entities are directed to the CEO's office for authorized response. Subordinate employees are strictly prohibited from speaking on behalf of the institution without explicit prior clearance from the CEO.
  4. **Partnership and Affiliation Management:** The KA pursues strategic affiliations with business, academic, and professional organizations that align with its mission and enhance practical learning opportunities for vocational learners.
- **Related Documents and Records:**
    - KA Stakeholder Communication & PR Strategy
    - Official Media Inquiry and Press Release Log
    - Register of Memoranda of Understanding (MoUs) and Affiliations
    - CEO Public Engagement Authorization Records

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## 10.2 Social and Community Engagement Activities

**Document ID:** KA-SRV-POL-10.2 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** December 2028

**Owner:** Learner Affairs / Career Unit / Academic Director | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To define the framework for community outreach, voluntary initiatives, and strategic partnerships, ensuring institutional activities contribute positively to civil society while upholding UAE cultural values.
- **Scope:** Applies to all community outreach, civic engagement, and service-learning initiatives involving staff and learners.
- **Policy Statement:** The KA actively integrates social responsibility and lifelong learning into its operational ethos. Community engagement initiatives are strategically designed to enrich vocational training through real-world application, volunteering, and civic collaboration. All outreach activities must strictly respect the UAE social system, Islamic principles, and local cultural traditions, ensuring fairness, transparency, and ethical conduct.
- **Procedures:**
  1. **Academic Community Engagement:** The Academic Unit establishes institutional relationships with peer organizations and technical institutes to promote knowledge transfer, trainer exchange programs, and collaborative educational research.
  2. **Employer and Corporate Engagement:** The Career Unit builds sustainable partnerships with industry associations and corporate employers to enhance

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practical learning, secure workplace training opportunities, and facilitate graduate employment.

3. **Social and Humanitarian Outreach:** The Learner Affairs Unit coordinates volunteerism and humanitarian initiatives, encouraging learners and staff to actively participate in cultural, social, and civil society development programs.
  4. **Values and Mission Alignment:** All engagement activities are audited to ensure they reflect institutional values, including lifelong learning, innovation, teamwork, and respect for national identity and customs.
- **Related Documents and Records:**
    - KA Social and Community Engagement Plan
    - Service-Learning and Volunteers Activity List
    - Industry Partner and Employer Collaboration Register
    - Academic Exchange and Institutional Partnership Agreements

### 10.3 Vocational Program Advisory Boards and Committees

**Document ID:** KA-SRV-POL-10.3 | **Version No:** 2.0 | **Effective Date:** January 2026 | **Review Date:** January 2028

**Owner:** Academic Department / Quality Assurance Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To maintain high academic and vocational standards by ensuring that training programs meet employer expectations, align with applied

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learning outcomes, and undergo rigorous, data-driven continuous improvement.

- **Scope:** Applies to all vocational qualifications, curriculum reviews, and the operations of external Advisory Boards and the internal Academic Advisory Committee.
- **Policy Statement:** The KA collaborates closely with industry experts, employers, and internal stakeholders to guarantee that practical training remains relevant, current, and aligned with the UAE labor market. Each vocational program is supported by an external Advisory Board consisting of occupational specialists who validate industry standards. Furthermore, an internal Vocational Qualification Committee (VQC) systematically reviews stakeholder feedback and assessment outcomes to drive program enhancements.
- **Procedures:**
  1. **External Program Advisory Boards:** Formal agreements are established with external industry experts and employers to form program-specific Advisory Boards. These boards meet regularly to provide labor market insights, evaluate practical skill requirements, and ensure curriculum reflects current occupational practices.
  2. **Vocational Qualification Committee (VQC):** The VQC functions as the internal governing body for program quality. It is chaired by the Academic Director and includes representatives from the Learning Resource Center

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(LRC), Learner Affairs, and nominated trainers from each academic department.

3. **Program Revision and Review Workflow:** When evaluating program updates, the AAC acts as an analytical review panel. It bases its decisions on a comprehensive review of external Advisory Board recommendations, student evaluations, graduate feedback surveys, employer satisfaction forms, and recommendations from Heads of Academic Departments.
  4. **Terms of Reference and Governance:** The specific membership appointments, meeting schedules, reporting lines, and detailed operational remits of the VQC and program Advisory Boards are explicitly documented and maintained within the institutional committee governance guidelines.
- **Related Documents and Records:**
    - KA Committees: Structure and Terms of Reference
    - External Program Advisory Board Terms of Reference & Meeting Minutes
    - Vocational Qualification Committee (VQC) Program Review & Evaluation Reports
    - Employer, Graduate, and Student Feedback Survey Summaries

## 11. Environment, Health, and Safety (EHS)

### 11.1 Leadership and EHS Management Commitment

**Document ID:** KA-EHS-POL-11.1 | **Version No:** 8.4.3 | **Effective Date:** 10 June 2026 | **Review Date:** 9 June 2028

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**Owner:** Health & Safety Officer / HR Department | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To establish the KA's overarching commitment to providing a safe, secure, and healthy environment for all individuals on campus, integrating health, safety, fire safety, and first aid under a unified management system.
- **Scope:** Applies to all employees, trainers, administrative staff, trainees, visitors, and contractors accessing the KA's facilities, classrooms, specialized workshops, offices, and outdoor sites.
- **Policy Statement:** The KA assumes full moral and legal responsibility to prevent accidents, occupational illnesses, and injuries. Operations are conducted in strict compliance with UAE federal regulations, ACTVET, NQC, and the UAE Civil Defense Code. Management ensures safe facilities, annual policy reviews, and adequate compliance documentation.
- **Procedures:**
  1. **Annual Review:** The EHS Manual and core safety policies are formally reviewed annually by the Health and Safety Officer to incorporate new regulatory standards or operational changes.
  2. **Institutional Communication:** Safety guidelines, emergency protocols, and EHS objectives are actively communicated across the institution through inductions, training sessions, and visible signage.
  3. **Escalation and Governance:** Significant EHS risks, non-compliances, or incident trends identified by the H&S Officer are escalated to the Executive

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Committee for inclusion in the Quarterly Risk Audit Cycle and Master Risk Register.

- **Related Documents and Records:**
  - EHS Manual (EHS Manual\_2026.docx)
  - Master Risk Register (KA-IRMP-2026-V3)
  - Health and Safety Compliance Log

## 11.2 Risk Assessment and Vocational Hazard Control

**Document ID:** KA-EHS-POL-11.2 | **Version No:** 8.4.3 | **Effective Date:** 10 June 2026 | **Review Date:** 9 June 2028

**Owner:** Health & Safety Officer / Workshop Supervisors | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To enforce proactive hazard identification and risk evaluation across all vocational, academic, and operational activities, ensuring risks are reduced to as low as reasonably practicable.
- **Scope:** Applies to all specialized vocational workshops, computer laboratories, facility modifications, and new training activities.
- **Policy Statement:** Risk assessments must be documented prior to any new training activity, vocational workshop session, or facility modification. Staff and learners share the responsibility for maintaining a safe environment. Operations utilize a standard Likelihood x Severity matrix, and activities with high unmitigated risk are strictly prohibited from proceeding.

- **Procedures:**

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1. **Risk Assessment Workflow:** Hazards are identified, risk likelihood and severity are evaluated, control measures are implemented, and effectiveness is monitored and reviewed annually.
  2. **Scoring and Thresholds:** Risk ratings of 1–4 are considered low risk, 5–12 medium risk, and 15–25 high risk (where the activity must not proceed until further controls are established).
  3. **Inspections and Registers:** A comprehensive Risk Assessment Register is maintained, reviewed by the Internal Quality Assurer (IQA), and updated quarterly. The H&S Officer conducts quarterly safety inspections.
  4. **Trainer and Employee Duties:** Trainers and employees must enforce safety instructions, use personal protective equipment (PPE) correctly, report hazards immediately, and maintain absolute cleanliness in workshop areas.
- **Related Documents and Records:**
    - EHS Risk Assessment Register / Template
    - Master Risk Register Scoring Matrix (KA-IRMP-2026-V3)
    - Quarterly Safety Inspection Checklists

### 11.3 First Aid and Emergency Medical Response

**Document ID:** KA-EHS-POL-11.3 | **Version No:** 8.4.3 | **Effective Date:** 10 June 2026 | **Review Date:** 9 June 2028

**Owner:** Health & Safety Officer / First Aider | **Approved By:** Chief Executive Officer (CEO)

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- **Purpose:** To ensure prompt, effective, and compliant medical and emergency response is available to any person injured or taken ill on institutional premises.
- **Scope:** Applies to all learners, staff, and visitors across the KA's physical premises and operational environments.
- **Policy Statement:** The KA maintains dedicated first aid provisions and emergency response procedures in line with UAE health and safety requirements. A certified First Aider must be present on-site during all training and operational hours. Clear emergency steps are established to manage crises systematically and protect life safety.
- **Procedures:**
  1. **First Aid Administration:** First aid boxes are positioned in all training areas, reception zones, and offices, and are restocked monthly. Accurate records are maintained for all treatments administered.
  2. **Emergency Evacuation and R.A.C.E.:** In the event of an emergency, the R.A.C.E. protocol applies: **R**escue individuals from danger, **A**larm and pull the fire alarm, **C**onfine the fire/smoke by closing doors, and **E**vacuate immediately via safe fire exits.
  3. **Emergency Services Communication:** Immediate calls are placed to emergency services as necessary: Civil Defense (997), Ambulance (998), and Police (999).
  4. **Serious Medical Crises:** Serious emergencies are referred immediately to ambulance services (998) and reported directly to the H&S Officer.

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- **Related Documents and Records:**

- First Aid Record Logs
- Emergency Response Plan (ERP) Document
- Fire Safety Logbook

### 11.4 Environmental Sustainability and Resource Conservation

**Document ID:** KA-EHS-POL-11.4 | **Version No:** 8.4.3 | **Effective Date:** 10 June 2026 | **Review Date:** 9 June 2028

**Owner:** Facilities Management / Health & Safety Officer | **Approved By:** Chief Executive Officer (CEO)

- **Purpose:** To actively reduce the KA's environmental footprint in alignment with UAE sustainability visions and green building regulations by optimizing energy, water, and waste management.
- **Scope:** Applies to all resource consumption, procurement, waste disposal, and campus operations.
- **Policy Statement:** The KA implements proactive conservation and waste reduction measures across all academic and administrative zones. Digital-first operations are mandated to minimize paper usage. All recyclable and vocational waste streams must be segregated and handled through authorized municipal or specialized agencies.
- **Procedures:**
  1. **Energy Reduction:** Automated climate control settings and programmable thermostats are utilized. Mandatory shutdown of lighting, air conditioning,

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and projectors is enforced for empty classrooms and offices. All facilities are transitioned to energy-efficient LED lighting.

2. **Water Conservation:** Faucets and restrooms are fitted with water-efficient aerators and sensors. Plumbing systems undergo routine maintenance and immediate repair of any leaks.
  3. **Waste Management and Recycling:** Paperless operations are promoted via digital Learning Management Systems (LMS) and employee self-service (ESS) portals. Segregated recycling bins for plastic, paper, and general waste are distributed across campus. Specialized vocational or workshop waste is safely contained and disposed of via authorized municipal agencies.
- **Related Documents and Records:**
    - Sustainability & Resource Conservation Procedures
    - Digital LMS and ESS System Utilization Logs
    - Waste Disposal and Municipal Recycling Receipts

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