



Continuous Improvement Form

Date raised: _____

Continuous Improvement Number: _____

Who is requesting the improvement action? _____

- | | |
|--|---|
| <input type="checkbox"/> Student(s) | <input type="checkbox"/> Stakeholder(s) |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Industry Consultation | <input type="checkbox"/> Other _____ |

Please tick the appropriate improvement action request.

- | | |
|---|--|
| <input type="checkbox"/> Grievance or complaint | <input type="checkbox"/> Human Resource Management |
| <input type="checkbox"/> Appeal | <input type="checkbox"/> Business development &/or opportunity |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Professional development |
| <input type="checkbox"/> Physical resources | <input type="checkbox"/> Specify other _____ |

Section 1

Issue / problem:

Cause:



Section 2

OFFICE USE ONLY

Risk level: **[1]** Critical **[2]** Important **[3]** Low risk

Recommendation/s:

Responsible officer:

Action (to be) taken:

To complete action by (date):

Action completed by (whom):

Section 3

Agreed action completed and effective

Signed: _____
Compliance Officer

Close date: _____