



Continuous Improvement Request Form

Date Raised			
Raised by			
Position			
Categories			
<input type="checkbox"/> Internal Audit <input type="checkbox"/> Complaint & Appeal <input type="checkbox"/> Training material validation <input type="checkbox"/> Student Feedback <input type="checkbox"/> Risk Assessment Review <input type="checkbox"/> Quality Indicator <input type="checkbox"/> Trainer Feedback <input type="checkbox"/> WHS Audit <input type="checkbox"/> Assessment tool validation <input type="checkbox"/> Training Package Review <input type="checkbox"/> Moderation <input type="checkbox"/> Training & Assessment Strategy Review <input type="checkbox"/> Staff Meeting Review <input type="checkbox"/> Others (Please specify) _____			
Issue/s Identified			
Rectification/s to be made			
By Whom			
By When			
Action taken (please mention the documents affected)			
Agreed Action Completed by		Signature	Date
Feedback provided to staff / student / stakeholder that recommended action. Approved and Communicated to staff by the CEO			
CEO Name		Signature	Date
CI Review Date			