



Continuous Improvement Request Form

Date Raised					
Raised by					
Position					
Categories					
<input type="checkbox"/>	Internal Audit	<input type="checkbox"/>	Risk Assessment Review		
<input type="checkbox"/>	Staff Meeting Review	<input type="checkbox"/>	Complaint & Appeal		
<input type="checkbox"/>	Training material validation	<input type="checkbox"/>	Quality Indicator		
<input type="checkbox"/>	Moderation	<input type="checkbox"/>	Student Feedback		
<input type="checkbox"/>	Assessment tool validation	<input type="checkbox"/>	Training Package Review		
<input type="checkbox"/>	Trainer Feedback	<input type="checkbox"/>	Training & Assessment Strategy 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	Signature		Date	
Completed by					
Feedback provided to staff / student / stakeholder that recommended action. Approved and Communicated to staff by the CEO					
CEO Name		Signature		Date	
CI Review Date					