



Continuous Improvement Form

Submitted by _____

(insert Student ID/Staff Member Name)

Date _____

ID # _____

This continuous improvement submission relates to: (tick appropriate box/es)

| | | |
|-------------------------------------|---|---|
| Procedures <input type="checkbox"/> | Training resources <input type="checkbox"/> | Systems <input type="checkbox"/> |
| Policy <input type="checkbox"/> | Assessment resources <input type="checkbox"/> | Training/assessors <input type="checkbox"/> |
| Form <input type="checkbox"/> | Legislation <input type="checkbox"/> | Other <input type="checkbox"/> |

| | |
|--|-------|
| If this relates to continuous improvement of a current document/s please identify this/these | |
| What is the reason for the suggested change/s? | |
| What are the suggested change/s? | |
| Actions to be taken and timeframe (to be completed by Director) | |
| Signed by Director | |
| Date | _____ |

