



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/Manager)	
Signed by CEO	
Closing Date	_____