

Blended Learning International ACN 106 265 105 ABN 62 106 265 105

## Continuous Improvement Form

Submitted by (insert Student ID/Staff Member Name)		
Date	USI#	
This continuous improvement submission relates to: (tick appropriate box/es)		
Procedures	Training resources	Systems
Policy	Assessment resources	Training/assessors
Form	Legislation	Other
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 CEO		
Closing Date		

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