

## Continuous Improvement Request Form

SECTION 1 – CI Lodgement Details			
<b>Date:</b>		<b>CI No.:</b>	
<b>Name:</b>			
SECTION 2 – CI Details			
This request is a:			
<input type="checkbox"/> Amendment	<input type="checkbox"/> Deletion	<input type="checkbox"/> Addition	
This CI submission relates to a:			
<input type="checkbox"/> Procedure	<input type="checkbox"/> Training Resource	<input type="checkbox"/> System	
<input type="checkbox"/> Policy	<input type="checkbox"/> Assessment Resource	<input type="checkbox"/> Trainers / Assessors	
<input type="checkbox"/> Form	<input type="checkbox"/> Legislation	<input type="checkbox"/> Facility / Equipment	
<input type="checkbox"/> Other:			
This CI opportunity was identified through:			
<input type="checkbox"/> Complaint / Appeal	<input type="checkbox"/> Staff and Student / suggestion	<input type="checkbox"/> Staff suggestion	
<input type="checkbox"/> Training / Assessment Outcome	<input type="checkbox"/> Audit processes and outcomes	<input type="checkbox"/> Legislative / Compliance change	
<input type="checkbox"/> Validation	<input type="checkbox"/> Safety & Health	<input type="checkbox"/> Process breakdown	
<input type="checkbox"/> Other:			
Please outline the issue / cause which identified the CI opportunity:			
<b>Note: Please use Page 2 to record your recommendation for improvement.</b>			
<b>Signature:</b>		<b>Date:</b>	/ /
Admin Use Only			
<input type="checkbox"/> CI Form Received (Admin)	<b>Initial</b>		<b>Date:</b> / /
<input type="checkbox"/> CI Lodgement recorded (Register)	<b>Initial</b>		<b>Date:</b> / /
<input type="checkbox"/> CI Forwarded to Campus/Compliance Manager	<b>Initial</b>		<b>Date:</b> / /
<input type="checkbox"/> CI Closed	<b>Initial</b>		<b>Date:</b> / /
SECTION 3 – Recommendations			

## Continuous Improvement Request Form

<b>SECTION 4 – Management Approval</b>			
Approval is granted for the following recommendations:			
<b>Comments:</b>			
<input type="checkbox"/> All <input type="checkbox"/> As selected			
<b>Who:</b>		<b>Required by:</b>	/
<b>Campus/Compliance Manager Signature:</b>		<b>Date:</b>	/
<b>SECTION 5 – Actions Implemented</b>			
Agreed actions completed and effected:			
<b>Comments:</b>			
<input type="checkbox"/> All <input type="checkbox"/> As selected			
<b>Signature:</b>		<b>Date:</b>	/