



Continuous Improvement Form – External

Date:	/ /		
Name:			
Organisation name (if applicable):			
1. Which of the following most appropriately describes your relationship with WAIFS?			
<input type="checkbox"/> Current Student	<input type="checkbox"/> Previous Student	<input type="checkbox"/> Employer or Industry Organisation	<input type="checkbox"/> Other:
2. This Continuous Improvement submission relates to: <i>Tick the appropriate box/es</i>			
<input type="checkbox"/> Training and assessment approaches	<input type="checkbox"/> Client Services	<input type="checkbox"/> General Management	<input type="checkbox"/> Documentation/Recordkeeping
<input type="checkbox"/> Course Materials	<input type="checkbox"/> Policy/Procedure/System	<input type="checkbox"/> Marketing	<input type="checkbox"/> Staff
<input type="checkbox"/> Other			
3. Please describe the opportunity for improvement. <i>This may include specific details about the area to be improved, how it could be improved, how you identified the improvement opportunity, and so on.</i>			
4. Please give a rating on the importance and/or urgency of making this improvement			
<input type="checkbox"/> Low priority – not urgent	<input type="checkbox"/> Medium priority – low urgency	<input type="checkbox"/> High priority – urgent	

Optional: please provide your contact details so we may contact you if required:	
Preferred Contact Method:	Email:
	Telephone: