



Continuous improvement form – External

Date:	/ /		
Name:			
Organisation name (if applicable):			
1. Which of the following most appropriately describes your relationship with WAIFS?			
Current Student	Previous Student	Employer or Industry Organisation	Other:
2. This Continuous Improvement submission relates to:			
<i>Tick the appropriate box/es</i>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Training and assessment approaches		<input type="checkbox"/> Course Materials	
<input type="checkbox"/> Client Services		<input type="checkbox"/> Policy/Procedure/System	
<input type="checkbox"/> General Management		<input type="checkbox"/> Marketing	
<input type="checkbox"/> Documentation/Recordkeeping		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			
Low priority – not urgent	Medium priority – low urgency	High priority – urgent	

CRICOS Provider No. 03188C RTO Provider No. 52128	Author: Cristina Pomana	Current Version: 1.0	
Document name/number and file location: Continuous improvement form – External /S:\WAIFS Policies	Initial Issue date: 8/05/2014	Current Version Issue Date: 11/11/16	Next review date: 11/11/17
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Optional: please provide your contact details so we may contact you if required:

Preferred Contact
Method:

Email:

Telephone:

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