

## Continuous Improvement Form – External

Date:	/ /					
Name:						
Organisation name						
(if applicable):						
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:  Tick the appropriate box/es						
☐ Training and assessment approaches ☐ Course Materials						
Client Services		Policy/Procedu	Policy/Procedure/System			
General Manageme	ent	Marketing	eting			
☐ Documentation/Recordkeeping ☐ Staff						
Other						
3. Please describe the opportunity for improvement.  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.						
4. Please give a rating on the importance and/or urgency of making this improvement						
Low priority – not u	urgent Mediur urgency	n priority – low	gh priority – urgent			
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Optional: please provide your contact details so we may contact you if required:						
Preferred Contact	Email:					
Method:	Telephone:					
	*					

CRICOS Provider No. 03188C RTO Provider No. 52128	Author: Cristina Pomana		Current Version: 1.0	
Document name/number and file location:	Initial Issue date:	Current Version Issue Date:	Next review date:	Page 1 of 1
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