



## 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:

- Amendment                       Deletion                       Addition

This CI submission relates to a:

- Procedure                       Training Resource                       System  
 Policy                       Assessment Resource                       Trainers / Assessors  
 Form                       Legislation                       Facility / Equipment  
 Other:

This CI opportunity was identified through:

- Complaint / Appeal                       Client Feedback / suggestion                       Staff suggestion  
 Training / Assessment Outcome                       Audit processes & outcomes                       Legislative / Compliance change  
 Validation                       Safety & Health                       Process breakdown  
 Review                       Update                       Other

Please outline the issue / cause which identified the CI opportunity:

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**Note: Please use Page 2 to record your recommendation for improvement.**

<b>Signature:</b>		<b>Date:</b>	/ /
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### SECTION 3 – Recommendations

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## SECTION 4 – Compliance Manager's recommendations to PEO

<input type="checkbox"/> All <input type="checkbox"/> As selected	<b>Comments:</b>     
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<b>PEO/Principal Signature:</b>		<b>Date:</b>	/ /
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## SECTION 5 – Actions Implemented by Compliance Manager

Agreed actions completed and effected:

<input type="checkbox"/> All <input type="checkbox"/> As selected <input type="checkbox"/> None	<b>Comments:</b>     
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<b>Signature:</b>		<b>Date:</b>	/ /
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### Admin Use Only

<input type="checkbox"/> CI Form Received	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> CI Lodgement recorded	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> CI Forwarded to PEO/Principal	<b>Initial</b>		<b>Date:</b>	/ /
<input type="checkbox"/> CI Closed	<b>Initial</b>		<b>Date:</b>	/ /