



Continuous Improvement Request Form

SECTION 1 – CI Lodgement Details

| | | | |
|--------------|--|----------------|--|
| Date: | | CI No.: | |
| Name: | | | |

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:

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

| | | | |
|-------------------|--|--------------|-----|
| Signature: | | Date: | / / |
|-------------------|--|--------------|-----|

SECTION 3 – Recommendations



Continuous Improvement Request Form

SECTION 4 – Compliance Manager’s recommendations to PEO

| | |
|--|----------------------------------|
| <input type="checkbox"/> All <input type="checkbox"/> As selected | Comments: |
|--|----------------------------------|

| | | |
|---------------------------------|--------------|-----|
| PEO/Principal Signature: | Date: | / / |
|---------------------------------|--------------|-----|

SECTION 5 – Actions Implemented by Compliance Manager

Agreed actions completed and effected:

| | |
|--|----------------------------------|
| <input type="checkbox"/> All <input type="checkbox"/> As selected <input checked="" type="checkbox"/> None | Comments: |
|--|----------------------------------|

| | | |
|-------------------|--------------|-----|
| Signature: | Date: | / / |
|-------------------|--------------|-----|

Admin Use Only

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