International Institute of Training Pty Ltd

SUGGESTION FORM

Name (Optional):			
Phone no. (Optional):		**Date:**	

Who are you?	☐ Student ☐ Trainer/Assessor ☐ Staff (Admin/Support) ☐ Faculty/Leadership ☐ Other: _____
Type of Suggestion	☐ Academic (courses, training delivery, learning resources) ☐ Student Support (welfare, wellbeing, counselling, inclusivity) ☐ Facilities (classrooms, library, labs, equipment, technology) ☐ Administration (enrolment, records, communication, forms) ☐ Workplace/Staff (HR, processes, policies, teamwork) ☐ Events & Engagement (excursions, workshops, activities) ☐ Other: _____
Suggestion	

I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and IIT's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National Code 2018.

Signature: _____ Date: _____ / _____ / _____

OFFICE USE ONLY			
Particulars	**Name**	**Signature**	**Date**
Suggestion Received by:			
Reviewed/Assessed by:			
Is this leading to Feedback, Complaints and Appeals:	**Tick one**: ☐ Yes ☐ No *(Only if yes, continue to next section. Else, close the case with resolution provided.)*		
Does it require an entry to Continuous Improvement Register:	**Tick one**: ☐ Yes ☐ No *(Only if yes, continue to next section. Else, close the case with resolution provided.)*		
Resolution Provided/Action Taken:			
Decision/ Action Taken by:			
☐ Resolution provided on: _____ / _____ / _____			
IIT Staff Signature: _____ Date: _____ / _____ / _____			

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