

# Suggestion for Improvement Form



<b>Current Details</b>			
<b>Learner Name:</b>		<b>Date:</b>	
<b>Suggestion(s) is relevant to:</b>	<input type="checkbox"/> Workplace		<input type="checkbox"/> TPSC
<b>1. If your suggestion(s) is relevant to TPSC, which of this area(s) does your suggestion for improvement most appropriate and relevant to?</b>			
<input type="checkbox"/> Student services	<input type="checkbox"/> TPSC staff incl Trainer/Assessor	<input type="checkbox"/> Training and assessment	
<input type="checkbox"/> Training resources/materials	<input type="checkbox"/> Training scheduling/timetabling	<input type="checkbox"/> TPSC policy/procedure/system	
<input type="checkbox"/> Documentation/Recordkeeping	<input type="checkbox"/> Management/Marketing	<input type="checkbox"/> Other:	
<b>2. Which of the following most appropriately describes your relationship with the workplace/TPSC?</b>			
<input type="checkbox"/> Learner	<input type="checkbox"/> Staff member	<input type="checkbox"/> Workplace Management	<input type="checkbox"/> Employer
<input type="checkbox"/> Trainer and Assessor	<input type="checkbox"/> TPSC Management	<input type="checkbox"/> Other (please specify):	
<b>3. Please describe the opportunity for improvement:</b>			
<b>a) Specific details about the area(s) to be improved</b>			
<b>b) How it could be improved?</b>			
<b>c) How you identified the improvement opportunity?</b>			
<b>d) Has this identification for improvement a result of a recent complaint?</b>	<input type="checkbox"/> Yes. If yes, briefly record the complaint		<input type="checkbox"/> No. If no, continue on with Q3e
<b>e) List the benefits from your suggestion</b>			
<b>f) Rate the priority of this improvement.</b>	<input type="checkbox"/> Low priority/urgent	<input type="checkbox"/> Medium priority/urgency	<input type="checkbox"/> High priority/urgent
<b>Optional: Would you like to be updated of the change/improvement?</b>		<input type="checkbox"/> Yes – provide personal contact details	<input type="checkbox"/> No
<b>Email:</b>		<b>Mobile:</b>	
Please return the completed and signed form to RTO Compliance Manager @info@tpsconsultancy.com.au			
<b>Signature:</b>		<b>Date:</b>	

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OFFICE USE ONLY			
Date received:			Received by:
Suggestion recorded	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Note reason)	Date updated:
Reason(s) for incomplete update:			
Review by:			Reviewed date:
Signature:			
Recorded by:			Recorded date:
Signature:			
Decision finalised by:			Finalised date:
Signature:			