

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 ASOC'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 <i>(Only if yes, continue to next section. Else, close the case with resolution provided.)</i>		
Does it require an entry to Continuous Improvement Register:	Tick one: ☐ Yes ☐ No <i>(Only if yes, continue to next section. Else, close the case with resolution provided.)</i>		
Resolution Provided/Action Taken:			
Decision/ Action Taken by:			
☐ Resolution provided on: ____ / ____ / ____			
ASOC Staff Signature: _____ Date: ____ / ____ / ____			