

Suggestion for Improvement Form

Date:	/ /		
Name:			
Organisation (if applicable):			
1. Which of the following most appropriately describes your relationship with The Leadership College of Australia?			
<input type="checkbox"/> Student	<input type="checkbox"/> Staff member	<input type="checkbox"/> Management	<input type="checkbox"/> Employer or industry organisation
<input type="checkbox"/> Graduate	<input type="checkbox"/> Other:		
2. Please describe the opportunity for improvement. (This may include specific details about the area to be improved, how it could be improved, how you identified the improvement opportunity, and so on.)			
3. Please outline the potential benefits of making this improvement and/or implications of not making this improvement.			
4. In your opinion, to which area/s of the business does this opportunity for improvement most appropriately relate?			
<input type="checkbox"/> Training and assessment services	<input type="checkbox"/> Course materials		
<input type="checkbox"/> Student services	<input type="checkbox"/> Policy/procedure/system		
<input type="checkbox"/> General management	<input type="checkbox"/> Marketing		
<input type="checkbox"/> Documentation/recordkeeping	<input type="checkbox"/> Staff		
<input type="checkbox"/> Other:			
5. Has identification of this opportunity for improvement come from a complaint?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please give a rating on the importance and/or urgency of making this improvement.			
<input type="checkbox"/> Low priority – not urgent	<input type="checkbox"/> Medium priority – low urgency	<input type="checkbox"/> High priority – urgent	
Optional: please provide your contact details so we may contact you if required.			
Print name:		Date:	/ /
Signed:			

Please return this form to Address: xxxxxxxxxxxxxxxxxxxxxxx or Email: info@lca.edu.au

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Thank you for participating in our continuous improvement processes.

Office use only			
Register No:		Date received:	
Suggestion recorded:	Initial:	Date:	
Review date:	Date for review by management/ QA panel		
Decision:		Responsibility:	
Timeline:		Recorded:	Initial: Date:
Completed:	Initial:	Date:	Recorded: Initial: Date: