

Suggestion for Improvement Form



Date:	/ /		
Name:			
Organisation: <i>If applicable</i>			
1. Which of the following most appropriately describes your relationship with Xpert Solutions.			
☐ Student	☐ Staff member	☐ Management	☐ Employer or industry organisation
☐ Graduate	☐ 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?			
☐ Training and assessment services ☐ Course materials ☐ Student services ☐ Policy/procedure/system		☐ General management ☐ Marketing ☐ Documentation/recordkeeping ☐ Other:	
5. Has identification of this opportunity for improvement come from a complaint?			☐ Yes ☐ No
6. Please give a rating on the importance and/or urgency of making this improvement.			
☐ Low priority – not urgent	☐ Medium priority – low urgency	☐ 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 ceo@xpert.edu.au

Office use only			
Register No:		Date received:	
Suggestion recorded:	Initial:	Date:	
Review date:			
Decision:		Responsibility:	
Timeline:		Recorded:	Initial: Date:
Completed:	Initial:	Date:	Recorded: Initial: Date:
Note: inclusion in the Management Review Report			