

SD02 – Suggestion for Improvement Form



Date:	____/____/____		
Name:			
Organisation:			
Which of the following most appropriately describes your relationship with Competitive Solutions Australia?	<input type="checkbox"/> Student <input type="checkbox"/> Past Student <input type="checkbox"/> Staff Member <input type="checkbox"/> Management <input type="checkbox"/> Employer or Industry Organisation <input type="checkbox"/> Other (Please specify): _____		
Describe the opportunity for improvement?			
Outline the potential benefits for making this improvement.			
What area of the business does this opportunity relate to?	<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/record keeping <input type="checkbox"/> Staff <input type="checkbox"/> Other (Please specify): _____		
Has this opportunity for improvement come from a complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Rate the importance or urgency of making this improvement	<input type="checkbox"/> High (Urgent) <input type="checkbox"/> Medium (Low urgency) <input type="checkbox"/> Low (Not urgent)		
Name (person submitting this form):			
Signature:			
Date:	____/____/____		
Print Name:		Date:	
Signed:			

Please return this form to: Competitive Solutions Australia Pty Ltd.
 Unit 24, 107 – 113 Heatherdale Rd,
 Ringwood, VIC 3134

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: