Greenhill Institute Pty Ltd t/a Greenhill Institute
RTO NO. 45872 **I CRICOS NO.:** 04029K
Suite 2 - 17 David St Brunswick Vic 3056
Ph:1300136859 | **W:** greenhillinstitute.vic.edu.au
E: info@greenhillinstitute.vic.edu.au
ABN: 36650308875

SUGGESTION FORM

Name (Optional): _____

Phone (Optional): _____Date: _____ / _____ / _____

WHO ARE YOU?	TYPE OF SUGGESTION
☐ Student ☐ Trainer/Assessor ☐ Staff (Admin/Support) ☐ Faculty/Leadership ☐ Other: _____	☐ 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 GI's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2018.

Signature: _____ **Date:** _____ / _____ / _____

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OFFICE USE ONLY:			
Particulars	**Name**	**Signature**	**Date**
Suggestion received by:			
Reviewed/Assessed by:			
Is this leading to Feedback Complaints and Appeal	**Tick one:** ☐ **Yes** ☐ **No** *(only if yes, continue to next section, else close the case with resolution provided)*		
Does it require an entry to continuous improvement Register	**Tick one:** ☐ **Yes** ☐ **No** *(only if yes, continue to next section, else close the case with resolution provided)*		
Resolution Provided/Action taken:			
Decision/ Action taken by:			
☐ *Resolution provided on:* _____ / _____ / _____			
Signature: _____ **Date:** _____ / _____ / _____			