Greenhill Institute Pty Ltd t/a Greenhill Institute
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QUALITY MANAGEMENT POLICY AND PROCEDURE

1. POLICY

This Policy & Procedure supports the *Standards for Registered Training Organisation 2025* and the *National Code 2018* in ensuring Greenhill Institute Pty Ltd t/a Greenhill Institute (herein referred to as ''GI'') delivers quality training and assessment and can adapt to client needs as required. It is also able to ensure that GI can act in a responsive manner to all identified issues and areas of concern.

This policy provides systems and processes to ensure that all stakeholders of GI can contribute to the development and improvement of the Registered Training Organisation.

2. PURPOSE

Greenhill Institute (GI) is committed to ensuring it can provide quality training and assessment services, ensure compliance, and effectively react to changing student needs, compliance requirements, and feedback from stakeholders. GI will ensure that all staff members are actively and regularly involved in formal meetings to provide relevant information and support to staff and allow staff the opportunity to suggest improvements and identify areas of concern.

The Quality Management process will be ultimately managed and implemented by the CEO.

The following activities will be undertaken to ensure all staff members are involved in the continuous improvement and quality processes.

2.1. Meetings

Meetings will be held on a quarterly basis (or if required earlier) and will follow a set agenda and be recorded in minutes. These meetings will be attended by:
- CEO/Training Manager,
- Trainers / Assessors
- Administration Manager/Student Administration/Support staff
- Any other stakeholder invited by CEO, e.g., Compliance Consultant, industry representative, etc.

The minutes of these meetings will be reviewed by the CEO to ensure all activities of GI are monitored effectively.

The meetings will ensure that the current activities, requirements, and general overview of 'GI' operations are undertaken and reported to the CEO through these meetings. Topics discussed:

- Compliance items
    - Identify any compliance issues, concerns, or achievements.
    - General ASQA updates
    - Updates regarding the *Standards for Registered Training Organisation 2025* and the *National Code 2018*
    - Other regulatory requirements
    - Discuss any continuous improvement undertaken.
    - Identify and discuss any policy and procedure amendments.
    - Updates of any Training Package or version changes/updates
    - Any changes to any qualifications on the Scope of Registration
    - Regular review and validation of training and assessment practices
    - Using feedback and data for self-assurance and continuous improvement

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- Policy & Procedure updates (including but not limited to):
    - Feedback, Complaints and Appeals Policy
    - Attendance and Course Monitoring Policy and Procedures
    - Assessment Policy and Procedure
    - Course Credit transfer and RPL Policy.
    - Transfer Between Provides Policy
    - Student Support, Welfare and Wellbeing Policy
    - Enrolment Kit-Including Enrolment policy, entry requirements and Enrolment quality checklist
    - Managing Education Agent Kit -includes Engaging and Monitoring Education Agents policy
    - Deferment, Suspension and Cancellation Policy
    - Critical Incident Policy
    - Staff Recruitment and Professional Development Policy
    - AQF Qualification Issuance Policy
    - Fee Payment and Refund Policy
    - Safety and Security Kit
    - OH&S Policy
    - Quality Management Policy and Procedures

- General Training Items
    - Discussion on the courses (i.e., student numbers, student progress, completion numbers, students on intervention, training resources)

Monitoring of Courses and Training Performance

In alignment with Standard 1.1, GI maintains structured processes to ensure the suitability and currency of its Training and Assessment Strategies (TAS) and verifies that delivery and assessment remain consistent with training product requirements, industry expectations, and AQF level outcomes. Quarterly reviews form a core component of the Quality Management System and are supported by a KPI-based monitoring framework that analyses trends in student progress, completion and participation patterns, assessment outcomes, staff performance, and delivery quality.

These reviews consider whether learners are progressing as expected, whether assessment and delivery remain fit-for-purpose, and whether resources, trainer capability and student support are adequate to achieve competency outcomes. Findings are documented through the Quality Management System and feed directly into GI's continuous improvement register, enabling early identification of risks, performance gaps, and opportunities for improvement so that training and assessment remain compliant, effective, and industry relevant.

- Current Course Overview
    - An overview of the courses currently running
    - Progress reports on delivery and assessments within each course
    - Trainers to report and discuss students' progress.
    - Attendance and progress of students to be discussed.

- Student Administration
    - Any student record issues
    - Assessment records and outstanding paperwork
    - General administration requirements
    - Database updates
    - Student progress

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- Feedback Summary
  - An overview of any student feedback that has been collected (either orientation, midpoint, or completion feedback)
  - An overview of any staff feedback that has been collected.
  - Complaints and appeals that have been logged.

- Internal / External Validation Discussion
  - Network updates.
  - Assessment/resource validations
  - Professional development undertaken by Trainers (to be documented on the Professional Development Logs)
  - Professional Development Logs will be completed on a quarterly basis in accordance with GI's Staff Recruitment and Professional Development Policy and the annual PD Plan. Trainers are required to record internal and external PD activities, ensuring evidence of industry currency, VET competency, and ongoing skill development relevant to the training products they deliver.

- Occupational Health & Safety Issues
  - Any Issues?

- General Business
  - Any items that may be of relevance to the operation of GI.
  - Any proposed significant changes to GI (E.g., ownership, high managerial positions, financial viability, etc.)
  - Any OHS issues.
  - IT updates/ issues
  - Other topics**,**

2.2. Feedback

Feedback will be gained from the following stakeholders:

- Students

- Staff

- Employers

Feedback will be gained through a variety of methods, as follows:

Student Feedback:

Students will be encouraged to bring any issues of concern they may have to the attention of the appropriate staff as soon as possible. This will ensure the ability for GI to address any immediate areas of concern.

Feedback shall be gained from the student at various points throughout their course at an informal level. GI shall also conduct formal feedback throughout the student course – midpoint and completion.

Midpoint Feedback:

At the midpoint of the student's course of study, students will be asked to complete a 'Feedback Survey'. This will allow GI to ensure that the student is satisfied with the services provided by GI and that they are receiving the services outlined in their enrolment information.

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The Feedback, Complaints & Appeals Form will be administered by Student Administration Department and the relevant Trainer/ Assessor. Completed surveys are to be submitted to the Student Administration Department.

A summary of the feedback collected is to be presented for review through meetings with the concerned staff where required action can be determined.

- In addition to the survey, informal feedback will be collected throughout student's study cycle this may be conducted with selected students to discuss their learning experience, engagement, assessment workload, trainer delivery, and support needs.

- This process supports ongoing monitoring of student welfare, academic progress, and satisfaction, in accordance with National Code 2018 Standard 6 & 10 and the ESOS Act 2000 student support obligations.

- Outcomes, improvement actions, and recommendations arising from midpoint feedback are to be documented through GI's Continuous Improvement Register and Quality Review Meetings.

Completion Feedback:

Students will be asked to complete a 'Learner Questionnaire - Completion Survey' upon completion of their course of study.

The mandated 'Learner Questionnaire' questions will be completed by the students. The data will be collected and reported in accordance with the requirements.

A summary of the feedback collected is to be presented for review through GI Meetings, where required action can be determined.

The questions contained in the survey can be viewed in the 'Learner Questionnaire Completion Survey' Document.

Staff Feedback:

Feedback will be sought from Staff on the effectiveness and efficiency of GI's policies, procedures, and service delivery. This feedback shall be gained through Meetings and informal discussions.

Meetings will be held regularly, where staff will be encouraged to provide feedback or suggestions on all aspects of GI's operation as an RTO. The meetings will have planned agendas with minutes taken, and the action required will be delegated and noted.

Where any changes are to be made because of feedback, the change(s) will be documented in the Continuous Improvement Register.

- Feedback may also include technical feedback such as industry engagement insights, currency requirements, changes in workplace practices, or resource suitability to ensure training remains aligned with industry expectations.

- Ad-hoc feedback may also be collected through random interactions with staff, trainers, and industry experts, allowing immediate identification of risks or improvement opportunities where formal meetings are not scheduled.

2.3. Internal Reviews and Compliance Management Plan

Greenhill Institute (GI) is committed to conducting a robust internal review and self-assurance system to ensure that its operations remain compliant, effective, and responsive to student and industry needs. This approach underpins a culture of continuous improvement and quality training outcomes.

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Regular Internal Reviews

GI conducts comprehensive internal reviews on a regular basis to evaluate compliance in conjunction with all applicable sections under the Standards for RTOs 2025. A review will take place involving key personnel of GI, including at least:

- o CEO
- o Administration Manager, Student Administration
- o Training Manager, Trainers/Assessors

- Review covers a broad scope, including enrolment processes, training delivery, assessment practices, student support, record-keeping, governance, marketing, and third-party arrangements.
- Review findings are documented in an internal audit report, which includes:
  - o Non-compliance or improvement opportunities
  - o Root cause analysis
  - o Recommended corrective actions
  - o Responsible persons and timelines
- Outcomes from review inform the Continuous Improvement Register, ensuring structured follow-up and implementation.
- If risks or potential non-compliances are identified during the review, further actions may be initiated

Self-Assurance

- GI's self-assurance approach is aligned with ASQA's Practice Guide: Self-Assurance Model, integrating ongoing review, monitoring, and documentation.

- The RTO ensures evidence-based decision-making, regularly reviewing data and processes to maintain high standards of integrity, accountability, and performance.

- Staff are trained and supported to engage in self-assurance processes, promoting shared responsibility across the organisation.

Areas of Internal Review

Self-assurance and audit activities include the review of:

- **Student performance and progression** – analysis of completion, withdrawal, and satisfaction trends.

- **Trainer and assessor capability** – monitoring of professional development, industry currency, and qualifications.

- **Training and Assessment Strategy (TAS) implementation** – checking alignment with actual delivery and assessment practices.

- **Assessment validation and moderation** – reviewing schedules, outcomes, and resulting updates to assessment tools.

- **Student feedback and complaints** – analysis to detect systemic issues and opportunities for improvement.

- **Third-party (Education Agent) delivery** – ensuring external parties comply with RTO obligations and student expectations.

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To complete the review in a systematic manner, the ***Compliance Monitoring Plan*** has been developed to review and monitor the Institution's operations, including each department as per the student study cycle.

- Compliance plan includes all areas of RTO operations from "marketing of courses" till 'Student completion" as per "student Study Cycle".
- Plan identifies documents to be reviewed for each area of operation and common non-compliances across the industry (Risks). Plan includes a target review date by which all reviews must be completed. A review report for each area will be compiled, which will include non-compliance identified because of the review and action taken to address the non-compliance.
- After review, where applicable, an action report will be filed in a "designated folder of each area". This folder will include old documents and policies, a review report and an action taken report.
- This plan will be implemented by the CEO and the RTO internal team and will be monitored and reviewed by an external compliance consultant by conducting regular reviews in between and a final annual audit at the end of the review period.
- Details, actions, and outcomes of the review are to be documented on the ***Continuous Improvement Register*** (refer to point 5) and ***Compliance Monitoring plan.***

Compliance Monitoring plan will be available with the Institution and provided upon request. Contact GI at 1300 136 859 or email us at info@greenhillinstitute.vic.edu.au to obtain a copy of this plan.

2.4. Staff Professional Development

To meet the requirements of Outcome Standard 3.1 of the Standards for RTOs 2025, GI ensures that all staff, including third-party providers, are competent, current, and supported through comprehensive and ongoing professional development.

Professional Development

Professional development is a foundation of quality training and assessment at GI. All academic and training staff are required to undertake regular professional development in areas relevant to their vocational training and assessment responsibilities, including:
- Vocational education and training (VET) principles
- Competency-based training and assessment
- Learning methodologies and assessment practices

GI supports both internal and external professional development activities to foster growth, maintain currency, and ensure excellence in service delivery.

Key Professional Development Principles

- **Mandatory Participation:** All academic staff must engage in professional development activities in accordance with the Professional Development Plan.

- **Currency and Competence:** Trainers and assessors must maintain both their vocational competencies and training and assessment qualifications in line with ASQA requirements and the VET Quality Framework.

- **Scheduled Reviews:** Staff qualifications and industry experience are reviewed regularly against:
    - The VET Quality Framework
    - Current training packages and curriculum documents
    - Identified industry needs and changes

- **Continuous Improvement:** Additional qualifications, skills, or experience required are identified through these reviews and addressed promptly.

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Professional development is aimed at ensuring staff:

- Access, understand, and consistently implement organisational policies and procedures
- Are aware of legislative and regulatory obligations relevant to their roles
- Maintain industry currency and vocational expertise
- Understand and apply mutual recognition requirements for AQF qualifications and Statements of Attainment
- Stay up to date with Training and Assessment (TAE) competency requirements

All professional development activities are reviewed and logged by the Administration Manager or authorised representative as a "Professional Development Undertaken" record. Evidence of participation is placed in each trainer's staff file for audit and compliance purposes. Compliance risks related to staff development are identified, monitored, and reported through a structured process to ensure timely intervention.

All staff and third-party providers are regularly informed of any changes to the Standards for RTOs, compliance obligations, and organisational policies to ensure consistent understanding and application across all operations.

GI ensures that staff are not only equipped with up-to-date knowledge but are also empowered to report risks and contribute to ongoing compliance and quality assurance.

3.   EXTERNAL CONSULTATION

To maintain and improve the quality of GI's education processes and outcomes, GI will engage with an external quality consultant when the CEO deems it necessary.

3.1.   Validation of Training & Assessment Material

GI has systematic processes in place to conduct pre-assessment validations for all training products to ensure the assessment tools are consistent with the requirements of the training product, principles of assessment and rules of evidence.

GI shall undertake Validation activities to identify areas for improvement in assessment instruments. See Validation Policy and Procedure for more details.

For each training product, the RTO will set the frequency and rate (i.e. number of units to be validated each time) at which each Training Product should be validated ensuring that the minimum frequency is no less than once every five years and is done more frequently where GI is aware of the risks to its training outcomes, if there are any changes to the training product or if it receives any relevant feedback from the learners, trainers, assessors and/or industry).

Systematic Validation of GI's assessment practices and judgements will be undertaken by one or more persons who are not directly involved in the instance of delivery and assessment of the training product being validated, and who collectively have:
- Industry experience, skills and knowledge relevant to the product being validated
- The practical understanding of the skills and industry practices that are current and are relevant to the training product
- The training and assessment qualification or assessor skill set.
- Have no other involvement or interest in the operations of GI.

3.2.   Industry Consultation

GI will engage with industry experts to ensure its training and assessment practices are aligned with current methods, products, and performance expectations for the workplace tasks specified in the training package. In consultation with the experts GI will ensure that the trainers and assessors are equipped with current Industry skills and knowledge to impart the training effectively.

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In addition to consultation with industry experts, industry information may also be accessed through professional bodies and regulatory organisations such as but not limited to:

- Victorian Building Authority (VBA)
- WorkSafe Victoria
- Master Painters' Association of Victoria (MPAV)

These sources assist GI in maintaining current knowledge of industry trends, safety practices, regulatory requirements, and workplace expectations.

4. OBLIGATION REQUIREMENTS

CEO/Training Manager and Administration Manager will ensure GI meets its obligation requirements throughout the year by following RTO and ESOS obligation checklist available on ASQA's website as well as other obligations in line with the ESOS Act 2000.

These checklists will be reviewed at the start of each year to ensure GI is adhering with its obligations to stay compliant.

GI will focus on quality, continuous improvement, and ongoing compliance with the Standards.

*GI will update Appendix 1 - RTO and ESOS obligations checklists every year because ASQA makes yearly updates to this checklist and published it on the website. GI staff will be informed to follow Appendix 1 and latest news on ASQA's website to ensure latest and current checklist is used. https://www.asqa.gov.au/news-events.

Refer to Appendix 1* for further details.

4.1. Obligation for GI to maintain account

In accordance with Sections 28 and 29 of the Education Services for Overseas Students Act 2000 (ESOS Act), GI will maintain a separate account for tuition fees paid by overseas students or students or intending overseas student before the student has begun the course.

Please refer to the Tuition Protection Policy for more details available at the Institution's reception.

4.2. Review of Information:

Review information about your organisation on the Commonwealth Register of Institutions and Courses for Overseas Students. If the information is not accurate, you can make changes via https://asqanet.asqa.gov.au.

4.3. Reporting

To maintain regulatory compliance and governance practices and to comply with the Standards for RTOs 2025. GI will provide accurate and current information on its performance and governance consistent with the Data Provision Requirements.

As per the RTO's obligations, GI will report its total VET Activity AVETMISS* data annually to NCVER—even if no training was provided. This will be done by collecting AVETMISS-compliant records for all students, and all competency enrolments delivered, and outcomes achieved throughout the calendar year.

*AVETMISS is the Australian Vocational Education and Training Management Information Statistical Standard (AVETMISS) for VET providers, which is a national data standard for VET providers that ensures the consistent and accurate capture of VET information about students, their courses, units of activity, and qualifications completed. It provides the mechanism for national reporting of the VET system.

Procedures of Reporting

- Student Management System will be used to record and produce AVETMISS data files and AVETMISS validation software will be used by GI to validate data and report it https://avs.ncver.edu.au/avs/.

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- Institution's administration team will collect students results and upload it on the student management system after quality check.

- USI of each student will be verified, and NAT (.txt format) files will be generated from the student management system for the purpose of uploading data on AVETMISS for validation and reporting purposes.

- Validation and Reporting: GI will upload the generated NAT files on AVETMISS Validation Software. This software validates the data and identifies if there are any errors and warnings. GI team will fix the errors, review the warnings, and report the data without any errors.

This process enables students to generate authenticated Vocational Educational and Training Transcript from the Unique Student Identifier (USI) website.

Administration Manager and Training Manager will be responsible for reporting GI's VET activity AVETMISS data by the 28th or 29th of February each year.

Refer to Appendix 1* for further details.

***GI will update Appendix 1** - RTO and ESOS obligations checklists every year because ASQA makes yearly updates to this checklist and published it on the website. GI staff will be informed to follow Appendix 1 and latest news on ASQA's website to ensure latest and current checklist is used. https://www.asqa.gov.au/news-events.*

Related Links
- https://www.ncver.edu.au/
- https://avs.ncver.edu.au/avs/
- https://www.ncver.edu.au/rto-hub/rto-fact-sheets.

5. GOVERNANCE AND ACCOUNTABILITY

In alignment with Outcome Standards 4.1 and 4.2 of the Standards for RTOs 2025, GI is committed to maintaining transparent, responsible, and effective governance structures that support the delivery of high-quality education and ensure ongoing compliance with regulatory obligations.

Fit and Proper Person Requirements

GI maintains accurate and up-to-date records of all individuals who are considered "governing persons" under regulatory definitions, including executive officers and persons who exert significant influence over the organisation. All governing persons:

- Are subject to initial and ongoing Fit and Proper Person assessments to confirm their continued suitability for their role.

- Submit Fit and Proper Person Declarations at the commencement of their engagement and as required, in compliance with the 2025 Instrument.

- Undergo comprehensive background checks at the time of recruitment, which are reviewed annually to ensure continued eligibility.

- Are required to promptly disclose any changes in personal circumstances or matters that may affect their eligibility, integrity, or compliance with regulatory expectations.

- Are reported to the relevant authorities without delay if any significant concerns or changes arise that may impact their fitness and propriety.

- Are expected to model ethical conduct, regulatory compliance, and effective leadership in all aspects of the Institution's operations.

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Leadership and Oversight

Executive leadership holds overall responsibility for the strategic direction, financial integrity, and operational performance of the organisation. This includes:

- Actively monitoring organisational compliance through internal audits, reporting frameworks, and stakeholder feedback mechanisms.

- Promoting a culture of integrity, fairness, quality assurance, and student-centred practice.

- Conducting annual reviews of governance structures to assess effectiveness and make improvements where required.

Governance and Decision-Making

The roles, responsibilities, and decision-making authority of all governing persons and senior staff are clearly:

- Documented in governance frameworks, role descriptions, and policies.

- Communicated throughout the organisation to ensure consistent understanding and application.

- Aligned with the organisation's scope of registration, financial viability, and operational sustainability.

Accountability Framework

- GI implements transparent reporting systems, including risk registers, compliance calendars, and continuous improvement plans to support accountable governance.

- Key governance functions such as compliance monitoring, trainer and assessor management, and financial oversight are distributed to appropriate officers with clear delegation protocols.

- Regular Board or Executive meetings are held to discuss strategic risks, compliance updates, performance metrics, and stakeholder feedback.

5.1. Annual Declaration on Compliance Submission

To meet its RTOs obligations, GI will submit an annual compliance declaration in line with the Standards for RTOs 2025 and Data Provision Requirements for the regulatory requirements relating to maintaining your records.

A compliance declaration helps in confirming.
- Records are current and accurate.
- GI is monitoring and meeting regulatory requirements.
- Identifying and addressing risks.

CEO will be responsible for completing the annual declaration. Prior to the completion, GI will check the following:
i. Records with ASQAnet, PRISMS, training.gov are current and accurate.
ii. GI will take necessary steps where information listed is incorrect and update those as soon as possible.
iii. Monitor compliance using self-assessment checklist tool published on ASQA's website and start the declaration process early.
iv. Conduct Internal review of GI's operation as per the Compliance Monitoring Plan and assess its operations against the standards and registration requirements.
v. Check if GI is meeting regulatory requirements by completing self-assessment checklist and conduct regular meeting.

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Once all the above process in complete, GI will ensure completion compliance declaration form, review it, and submit it before the due date as specified on the "RTO's Obligation Checklists" to avoid any delays.

Refer to Appendix 1* for further details.

GI will update Appendix 1 - RTO and ESOS obligations checklists every year because ASQA makes yearly updates to this checklist and published it on the website. GI staff will be informed to follow Appendix 1 and latest news on ASQA's website to ensure latest and current checklist is used. https://www.asqa.gov.au/news-events.

5.2. Quality Indicators

The Quality Indicators provide valuable data for RTOs to identify areas for improvement in training and assessment services, student support services and to gauge how well it is meeting the needs of students. This data will be collected to monitor the quality of GI's operations to minimise the risk of poor-quality performance having a negative impact on students.

To meet the requirements of the National Vocational Education and Training Regulator (Data Provision Requirements) Instrument 2020, GI will collect feedback from learners, employers in the first half of the year about the previous calendar year (1 January to 31 December). Quality indicator data is made up of learner engagement and employer satisfaction surveys provided by the Australian Council for Educational Research (ACER) https://www.asqa.gov.au/rto/responsibilities/data-collection-and-provision/quality-indicator-annual-summary.

GI will use the following surveys for the purpose of undertaking feedback from employers and learners:

Learner Questionnaire: The learners questionnaire survey will be provided to learners towards the end of their training to seek their feedback on their learning experiences with the Institution. This survey questions will include (but not limited to):
- Learners were able to develop the skills expected from this training.
- The training focused on relevant skills.
- The training had a good mix of theory and practice.
- Assessments were based on realistic activities.
- Training resources were available when learner needed them.
- Trainers encouraged learners to ask questions.
- Trainers made it clear right from the start what they expected from me.

Survey link: ACER – Learner Questionnaire.pdf

Employer Questionnaire: The employer questionnaire survey will be provided to employers of current learners. It will be administered towards the end of a period of training. This survey will be provided to employers to seek their feedback on the quality of education and training at the Institution.

This survey will be sent to employers either by email, online or provided to them on-site depending upon employers' availability and conditions.

This survey questions will include (but not limited to):
- Trainers were effective in their teaching.
- Trainers had good knowledge and experience of the industry.
- Trainers were able to relate material to the workplace.
- Assessment was at an appropriate standard.
- The training reflected current practice.
- Our employees gained the knowledge they needed from this training.
- The training used up-to-date equipment, facilities, and materials.
- Training resources and equipment were in good condition
- The training organisation dealt satisfactorily with any issues or complaints.

Survey link: AQTF_EmployerQuestionnaireEQ_004.pdf (acer.org)

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Feedback from employers and learners will be used to support continuous improvement activities, ensure learners are engaging in good learning practices, manage relationships with clients and stakeholder, etc. Any aspects of training where needs of improvement have been identified, Institution will discuss it with staff members and implement actions to ensure students are satisfied with the training and assessment and appropriate support has been provided to them.

All the identified improvement actions will be recorded in the Continuous Improvement Register (refer to point 5 of this policy).

Administration team will be responsible for collecting these surveys from employers and learners.

Institution will use the Feedback taken from these surveys and continuous improvements implemented will be used to generate a Quality indicator annual summary for the purpose of meeting RTO's obligations.

As per RTO's obligation checklist, GI will complete the QI summary report using Quality Indicator webform and submit it to ASQA by 30th June each year.

Refer to Appendix 1* for further details.

GI will update Appendix 1 - RTO and ESOS obligations checklists every year because ASQA makes yearly updates to this checklist and published it on the website. GI staff will be informed to follow Appendix 1 and latest news on ASQA's website to ensure latest and current checklist is used. https://www.asqa.gov.au/news-events.

Related Links:

Quality indicator annual summary | Australian Skills Quality Authority (ASQA)

ACER – Learner Questionnaire.pdf

AQTF_EmployerQuestionnaireEQ_004.pdf

5.3. Continuous Improvement Register

The Continuous Improvement Register functions as a centralised system for capturing and monitoring all quality and compliance-related activities within GI. It records a range of inputs, including student and staff feedback, outcomes from internal audits and validations, trends in complaints and appeals, self-assurance findings, compliance reviews, as well as identified risks and opportunities for improvement. Each entry also includes corresponding actions taken, the responsible staff member, and resolution dates.

Additionally, GI systematically collects and analyses data on student enrolment, progression, and completion, as well as feedback from students, staff, and industry stakeholders. These insights are used to detect trends, resolve issues, and support continuous improvement initiatives. All resulting actions are documented in the register to promote accountability, ensure transparency, and support evidence-based decision-making.

GI also maintains comprehensive records of all third-party arrangements (Education Agents). These arrangements are subject to regular monitoring, with performance outcomes documented to ensure ongoing compliance with the Institution's registration obligations.

All records are retained in line with legal and regulatory requirements, supporting evidence-based decision-making and continuous quality assurance.

Authorised personnel, such as the Compliance Manager/Administration Manager/Training Manager, are responsible for entering data into the register. Entries are categorised by area (e.g., training delivery, student support, compliance, or assessment practices), with clearly defined timeframes for action, assigned responsibilities, and ongoing status updates. All actions are tracked through to completion and evaluated to ensure they have been effective.

The register is reviewed on a regular basis, at least quarterly, by the Compliance Team and other relevant management staff. During these reviews, trends and root causes are analysed to inform strategic decision-making and guide updates to policies, procedures, and practices. Any significant changes or outcomes from these reviews are communicated across the organisation through staff training, updates, or operational meetings, supporting continuous improvement and compliance.

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Following procedures will be implemented by the Institution:

Any improvements identified in the meetings or through audit conducted will be documented and discussed with the management and staff members.

Institution will implement the action discussed by documenting them into the policies or guidelines for staff members and Institution to follow. CEO and Administration Manager will be responsible for implementation of the continuous improvement activities.

After documenting and implementing the actions identified during the meetings and discussions, Administration Officer will add the details into '**Continuous Improvement Register'**.

This register will include revision dates for old documents or processes, month of the implementation date of a new process, the improvement element area, responsible person for that process/document, action taken to address the concern and the next review date.

'Continuous Improvement Register' will be used to record the details of the issue identified, how it was identified what action was undertaken, who was responsible for implementation, timeline of implementation and the next review period.

Records of any related activities, including investigate, review, or implementation of the action request will be filed within the continuous improvement folder and 'Continuous Improvement Register'.

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APPENDIX 1- 2026 RTO AND ESOS OBLIGATIONS CHECKLISTS

RTO and ESOS obligations checklists help training providers to identify key dates and stay on top of their reporting obligations. These obligation checklists are updated every year and published on ASQA's website during the start of the year for RTOs to meet with their obligations every year.

Key dates as per 2026 RTO and ESOS Obligations Checklists

RTO OBLIGATIONS CHECKLISTS				
Timeline	**Obligation Area**	**Key Requirement**	**Detailed Actions**	**Notes / Consequences**
ASAP	ASQAnet Contact Details	Ensure ASQA can contact your RTO in 2026	• Confirm you know your ASQAnet login details • If unable to login, visit ASQA website for assistance • Update CEO's email address & mobile number in ASQAnet portal	Ensures CEO receives official ASQA notices & regulatory communications
28 February 2026	RTO Activity Reporting (AVETMISS)	Submit 2025 Total VET Activity data to NCVER	• Report via www.avs.ncver.edu.au/avs/ • If no nationally accredited training delivered in 2025 → submit NIL return directly to NCVER	Failure to report on time may result in penalties
3 March 2026	Annual Declaration on Compliance (ADC)	CEO receives unique ADC link	• CEO will be emailed the ADC link directly	Link is required to complete submission
31 March 2026	Annual Declaration on Compliance	Submit ADC	• Complete and submit ADC by closing date	Mandatory regulatory declaration
January – 30 June 2026	Quality Indicator Data	Submit 2025 Quality Indicator data	• Use Quality Indicator webform • Form opens January 2026 • Submission closes 30 June 2026	Required for RTO performance monitoring
By 15 June 2026	ARC Preparation	Review scope of registration	• Review scope items • Submit scope removal applications if required	Ensures accurate ARC invoice
30 June 2026	ARC Calculation Period	Annual Registration Charge calculated	• Scope items used to calculate ARC	Impacts invoice amount
1 July 2026	ARC Invoicing	ARC invoice issued	• Invoice based on approved scope	
31 July 2026	Payment Deadline	Pay Annual Registration Charge	• Pay ARC invoice by due date	Late payment may affect registration
Ongoing	Registration Renewal	Maintain current registration	• Check expiry at www.asqanet.asqa.gov.au or • www.training.gov.au • Renewal opens 12 months prior • Closes 90 days before expiry	Late applications may not be accepted

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For more information, refer to the link provided: 2026 RTO obligations annual planner.pdf

ESOS OBLIGATIONS CHECKLIST				
Timeline	**Obligation Area**	**Requirement**	**Detailed Actions**	**Regulatory Impact**
ASAP	Provider Information Accuracy	Review CRICOS details	• Review details at www.cricos.education.gov.au/ • Update via www.asqanet.asqa.gov.au if incorrect	Ensures compliance & transparency
Ongoing (Within 10 business days)	Fit & Proper Provider Requirements	Notify ASQA of ownership/control changes	• Notify ASQA of any new or changed ownership • Applies to provider relationships with education agents	Mandatory notification requirement
From 1 January 2026	Nil Delivery Rule	CRICOS cancellation risk	• If no CRICOS course delivered onshore to overseas students within 12 months → registration cancelled	Applies to all courses & locations
Late March 2026	CRICOS Annual Registration Charge (CARC)	Pay CARC	• Pay charge to Department of Education • Separate from ASQA ARC	Mandatory CRICOS charge
As notified (TPS Director)	Tuition Protection Service Levy	Pay TPS levy	• Pay levy amount by due date stated in written notice • Access TPS Online via www.tps.gov.au/Home/Login	Required for international student protection
2026–27 FY	ASQA ARC (ELICOS providers only)	Pay ASQA ARC	• Applies only to ELICOS-only providers • Separate from CARC	Dual fee obligation
31 July 2026	Payment Deadline	ARC payment	• Pay ASQA Annual Registration Charge	Late payment risk
Ongoing	Registration Renewal	Maintain CRICOS & ASQA registration	• Check expiry at www.asqanet.asqa.gov.au or www.prisms.education.gov.au • Renewal opens 12 months prior • Closes 90 days before expiry	Late applications may be rejected

For more information, refer to the link provided: 2026 ESOS obligations annual planner.pdf