

Jasmine Education Group Pty Ltd t/a Queen Anne English College - Queen Anne Business College

ABN: 551320089025 | National Provider Code: 40458 | CRICOS Provider Code: 03240D

Bankstown Campus: Level 1, 49 Raymond Street, Bankstown NSW 2200 | Sydney City Campus: Level 4, 225 Clarence Street, Sydney, NSW 2000

Phone: (02) 97074840 | Email: admin@qaec.nsw.edu.au | Website: www.qaec.nsw.edu.au

Date:			
Name:			
Organisation:	Jasmine Education Group Pty / ltd		
1. Which of the following most appropriately describes your relationship with QABC?			
<input type="checkbox"/> Student	<input type="checkbox"/> Staff member	<input type="checkbox"/> Management	<input type="checkbox"/> Employer or industry organization
<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 relates?			
<input type="checkbox"/> Training and assessment approaches	<input type="checkbox"/> Course materials		
<input type="checkbox"/> Client 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 : Click to Mention the area/s not listed here			
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:			

Continuous Improvement Form

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Please return this form using the details below.

Thank you for participating in our continuous improvement processes.

admin@qaec.nsw.edu.au

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:

Action plan

Actioned by :		Date :	
Approved by :		Date :	