

**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

<b>Date:</b>			
<b>Name:</b>			
<b>Organisation:</b>	Jasmine Education Group Pty / ltd		
<b>1. Which of the following most appropriately describes your relationship with QABC?</b>			
<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		
<b>2. Please describe the opportunity for improvement.</b>			
(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.)			
<b>3. Please outline the potential benefits of making this improvement and/or implications of not making this improvement.</b>			
<b>4. In your opinion, to which area/s of the business does this opportunity for improvement most appropriately relates?</b>			
<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			
<b>5. Has identification of this opportunity for improvement come from a complaint?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Please give a rating on the importance and/or urgency of making this improvement.</b>			
<input type="checkbox"/> Low priority – not urgent	<input type="checkbox"/> Medium priority – low urgency	<input type="checkbox"/> High priority – urgent	
<b>Optional: please provide your contact details so we may contact you if required.</b>			
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**

<b>Office use only</b>			
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:

<b>Action plan</b>

Actioned by :		Date :	
Approved by :		Date :	