

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 RBA'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 Feedbac Complaints and Appeal	Tick one: ☐ Yes (Only if yes, continue to next s		ith resolution provided.)	
Does it require an entry to continuous improvement Register	Tick one: ☐ Yes (Only if yes, continue to next s		ith resolution provided.)	
Resolution Provided/Action taken:				
Decision/ Action taken by:				
□ Resolution provided on: / /				
RBA Staff Signature:		Date:	/	