



Ideal International Institute Pty Ltd
RTO NO. 46289 | CRICOS NO.: 04296B
Address: 653 Tarneit Road, Hoppers Crossing, Vic-3029, Australia
E: idealinternationalinstitute1@gmail.com
W: iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

Suggestion Form

NAME (OPTIONAL): _____

PHONE (OPTIONAL): _____ DATE _____

Who are you?	Type of Suggestion
<input type="checkbox"/> Student <input type="checkbox"/> Trainer/Assessor <input type="checkbox"/> Staff (Admin/Support) <input type="checkbox"/> Faculty/Leadership <input type="checkbox"/> Other: _____	<input type="checkbox"/> Academic (courses, training delivery, learning resources) <input type="checkbox"/> Student Support (welfare, wellbeing, counselling, inclusivity) <input type="checkbox"/> Facilities (classrooms, library, labs, equipment, technology) <input type="checkbox"/> Administration (enrolment, records, communication, forms) <input type="checkbox"/> Workplace/Staff (HR, processes, policies, teamwork) <input type="checkbox"/> Events & Engagement (excursions, workshops, activities) <input type="checkbox"/> Other: _____

SUGGESTION:

I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and III'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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FOR OFFICE USE ONLY:

Office use only:			
Particulars	Name	Signature	Date
Suggestion received by:			
Reviewed/Assessed by:			
Is this leading to Feedback Complaints and Appeal	Tick one: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No (Only if yes, continue to next section, else close the case with resolution provided.)		
Resolution Provided/Action taken:			
Decision/ Action taken by:			
<input type="checkbox"/> Resolution provided on: _____ / _____ / _____			
III Staff Signature: _____ Date: _____ / _____ / _____			