| CI Request Form | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 – CI Lodgement Details** | | | | | | | | | |
| **Date**: |  | | | **CI No.** : |  | | | | |
| **Name**: |  | | | | | | | | |
| **SECTION 2 – CI Details** | | | | | | | | | |
| This request is an: | | | | | | | | | |
| Amendment | | Deletion | | | | Addition | | | |
| This CI submission relates to a: | | | | | | | | | |
| Procedure  Policy  Form | | Course materials  Legislation | | | | System  Trainers / Assessors  Facility / Equipment | | | |
| Other : | | | | | | | | | |
| This CI opportunity was identified through: | | | | | | | | | |
| Complaint / Appeal  Training / Assessment Outcome  Validation | | Client Feedback / suggestion  Audit processes and outcomes  Safety & Health | | | | Staff suggestion  Legislative / Compliance change  Process breakdown | | | |
| Other: | | | | | | | | | |
| Please outline the issue / cause which identified the CI opportunity: | | | | | | | | | |
|  | | | | | | | | | |
| **SECTION 3 – Recommendations** | | | | | | | | | |
| If amends are required to training and assessment material, please specify amendment/s required and version/page # | | | | | | | | | |
| **THESE CHECKS REFER TO TRAINING & ASSESSMENT RESOURCES:** Learning guide/assessments checked for the following (Check applicable boxes) | | | | | | | | | |
| Outdated references | | | Up-to-date useful resources | | | | | Regulations are up to date | |
| Links operating or outdated | | | Relevant appendices | | | | | Spelling/grammar errors | |
| Amends required to:  Learning Guide  Assessment/Marking Guide  Mapping documents | | | | | | | | | |
|  | | | | | | | | | |
| **Signature** : |  | | | | | | **Date:** | | / / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 4 – Management Approval** | | | | |
| Approval is granted for the following recommendations: | | | | |
| All  As selected | | **Comments:** | | |
| **Who:** |  | | **Required by:** | / / |
| **RTO Manager Signature** : |  | | **Date:** | / / |
| **SECTION 5 – Actions Implemented** | | | | |
| Agreed actions completed and effected: | | | | |
| All  As selected  Outcome communicated to person who lodged CI / Staff (where relevant)  **Comments:** | | | | |
| **Signature** : |  | | **Date:** | / / |