

SUGGESTION FORM

St Albans Institute Pty Ltd T/A Hawk Institute

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 HAWK's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2018.

Signature: _____ Date: _____ / _____ / _____

FOR OFFICE USE ONLY:			
Particulars	Name	Signature	Date
Suggestion received by:			
Reviewed/Assessed by:			
Is this leading to Feedback Complaints and Appeal	Tick one: ☐ Yes ☐ No <i>(only if yes, continue to next section, else close the case with resolution provided)</i>		
Does it require an entry to continuous improvement Register	Tick one: ☐ Yes ☐ No <i>(only if yes, continue to next section, else close the case with resolution provided)</i>		
Resolution Provided/Action taken:			
Decision/ Action taken by:			
☐ Resolution provided on: _____ / _____ / _____			
Signature: _____ Date: _____ / _____ / _____			