



Continuous Improvement Form

Date raised: _____

Continuous Improvement Number: _____

Who is requesting the improvement action? _____

☐ Student(s)

☐ Stakeholder(s)

☐ Staff

☐ Board Member

☐ Parent/carer

☐ Other _____

Please tick the appropriate improvement action request.

☐ Grievance or complaint

☐ Human resource management

☐ Child safety

☐ Business development &/or opportunity

☐ Quality assurance

☐ Professional development/learning

☐ Physical resources

☐ Specify other _____

Section 1

Issue / problem:

Cause:



Continuous Improvement Form

Section 2

OFFICE USE ONLY

Risk level: **[1]** Critical **[2]** Important **[3]** Low risk

Recommendation/s:

Responsible officer:

Action (to be) taken:

To complete action by (date):

Action completed by (whom):

Section 3

Agreed action completed and effective

Signed: _____ **Close date:** _____
Quality Assurance Manager