

Feedback Form

Purpose

This form supports ongoing quality assurance under **Outcome Standard 2.7 & 2.8** by documenting feedback and suggestions for improvement across RTO operations. It may be submitted by students, staff, management, or external stakeholders and feeds into the Continuous Improvement Register.

Instructions

1. Complete all relevant sections of the form.
2. Provide specific details about the identified improvement opportunity.
3. Submit to info@digitalorthodonticcollege.com or the Compliance Officer.
4. Forms will be logged, reviewed, and addressed as part of the organisation's continuous improvement cycle.

Date:			
Name:			
Organisation (if applicable):			
1. Which of the following most appropriately describes your relationship with The Digital Orthodontic College?			
<input type="checkbox"/> Student	<input type="checkbox"/> Staff member	<input type="checkbox"/> Management	<input type="checkbox"/> Employer or industry organisation
<input type="checkbox"/> Graduate		<input type="checkbox"/> Other:	
2. Please describe the opportunity for improvement. (This may include specific details about the area to be improved, how it could be improved, how you identified the improvement opportunity, and so on.)			
3. Please outline the potential benefits of making this improvement and/or implications of not making this improvement.			
4. In your opinion, to which area/s of the business does this opportunity for improvement most appropriately relate?			

<input type="checkbox"/> Training and assessment services		<input type="checkbox"/> Course materials	
<input type="checkbox"/> Student services		<input type="checkbox"/> Policy/procedure/system	
<input type="checkbox"/> General management		<input type="checkbox"/> Marketing	
<input type="checkbox"/> Documentation/recordkeeping		<input type="checkbox"/> Staff	
<input type="checkbox"/> Other:			
5. Has identification of this opportunity for improvement come from a complaint?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Please give a rating on the importance and/or urgency of making this improvement.			
<input type="checkbox"/> Low priority – not urgent	<input type="checkbox"/> Medium priority – low urgency	<input type="checkbox"/> High priority – urgent	
Optional: please provide your contact details so we may contact you if required.			
Print name:		Date:	
Signed:			

Register No:		Date received:	
Suggestion recorded:	Initial:	Date:	
Review date:	<i>Date for review by management</i>		
Decision:		Responsibility:	
Timeline:		Recorded:	Initial: Date:
Completed:	Initial:	Date:	Recorded:
			Initial:

			Date:

Please return this form to info@digitalorthodonticcollege.com

Thank you for participating in our continuous improvement process