

## BRIGHTON INSTITUTE OF TECHNOLOGY

CRICOS Provider Code 02552G RTO No 21438 Level 1 and 2,380 Bourke Street Melbourne, Victoria 3000

Phone: +61 3 9642 1770 Email: <u>info@bit.edu.au</u>

Website: www.bit.edu.au

### **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 <a href="mailto:info@bit.edu.au">info@bit.edu.au</a> or the Compliance Officer.
- 4. Forms will be logged, reviewed, and addressed as part of the organisation's continuous improvement cycle.

Da	ite:		Click or tap to enter a date.							
Na	ıme:		Click or tap here to enter text.							
Or	ganisation (if ap	plicable):	Click or tap here to enter text.							
1.	1. Which option best describes your current association with BIT?									
	Student	☐ Staff member	☐ Management		☐ Employer or industry organisation					
	Graduate	□ Other:								
2.	2. Tell us about the improvement you have in mind. (You can share what needs to be improved, ideas for how to improve it, and how you noticed it.)									
	Click or tap here to enter text.									
3.	3. What good things could happen if we make this improvement? (Or what might happen if we don't?)									
	Click or tap here to enter text.									
4.	Which part of th	e business does thi	s improven	nent relate	e to?					
	Training and asse		Course materials							
	Student services		Policy/procedure/system							
	General managem		Marketing							
	Documentation/re		Staff							
	Other:									
5.	. Did this idea come from a complaint?									
	Yes	□ No								
6.	. How important or urgent do you think it is to make this improvement?									

Document Name: Feedback Form	Version: 1.0	Last Reviewed: June 2025



Timeline:

Completed:

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**Initial:**Click or tap here to enter text.

Date:Click or tap to

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Date:Click or tap to

enter a date.

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				Email:	info@bit.edu.au	Website: w		
☐ Low priority – urgent	not	☐ Medium priority – low urgency		□ Н	High priority – urgent			
Optional: please provide your contact details so we may contact you if required.								
Print name:		or tap here er text.	Date:		Click or tap to enter a date.			
Signed:								
		<u> </u>						
Date received:	Click or tap to enter a date.							
Suggestion recorded:  Initial: Click or tap here to enter text. Date:Click or tap to enter a date.								
Review date:	Date for review by management Click or tap to enter a date.							
Decision:	Click or ta	ap here to enter	Responsib	ility:	Click or tap he enter text.	ere to		

Please return this form to info@bit.edu.au

Date:Click

Recorded:

Recorded:

Click or tap here to enter

or tap to enter a date.

text.

Initial:

Thank you for participating in our continuous improvement process