

## Recommendation for Improvement

### Your details

|   |   |              |  |
|---|---|--------------|--|
| <b>Surname</b>                              |   | <b>Title</b> |  |
| <b>First Given Name</b>                     |   |              |  |
| <b>At EduNex Training I am a</b>            | <input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Staff member <input type="checkbox"/> Other |              |  |
| <b>Preferred contact method and details</b> |   |              |  |
| <b>Course if applicable</b>                 |   |              |  |
| <b>Trainer / Assessor</b>                   |   |              |  |

### Details of Recommendation for Improvement

|   |   |
|---|---|
| <b>Date</b>   |   |
| <b>Recommendation is related to</b>                     | <input type="checkbox"/> Procedures <input type="checkbox"/> Resources <input type="checkbox"/> Facilities <input type="checkbox"/> Training<br><input type="checkbox"/> Other (Please specify) |
| <b>What is the reason for the recommendation?</b>       |   |
| <b>Provide a summary of your suggested improvement.</b> |   |

Thank you for your feedback. Your input is important, and this form will be used to raise an opportunity for improvement. Following its consideration by the management team, a Continuous Improvement Report will be completed, detailed with actions and outcomes and the initiating person will be informed of the management response to their recommendation for improvement.