



QUALITY AND IMPROVEMENT

Feedback Form

*Tell us what is working well and what we could do better***BEFORE YOU START**

- **Use this form** to share a compliment, suggestion or concern about your course, training, assessment, support, online systems or any other IOIS service. Students, employers and other stakeholders are all welcome to use it.
- **Your details are optional.** You may give feedback anonymously, but we can only reply if you include your contact details and ask for a response.
- **Send it to info@iois.edu.au** at any time. All feedback is reviewed, and improvements are recorded in our Continuous Improvement Register.
- **Need a formal response or investigation?** Use the **Complaint Form**. To ask for a decision to be reviewed, such as an assessment result, use the **Appeal Form**.

01 ABOUT YOU (OPTIONAL)

NAME	STUDENT ID (IF APPLICABLE)
EMAIL ADDRESS	COURSE (IF APPLICABLE)
I AM A	
☐ Current student ☐ Former student ☐ Employer ☐ Industry partner ☐ Other	

02 RATE YOUR EXPERIENCE

AREA	EXCELLENT	GOOD	FAIR	POOR	N/A
Course content and materials	☐	☐	☐	☐	☐
Trainer and live sessions	☐	☐	☐	☐	☐
Assessments and feedback	☐	☐	☐	☐	☐
Moodle and online systems	☐	☐	☐	☐	☐
Student support	☐	☐	☐	☐	☐
Enrolment and administration	☐	☐	☐	☐	☐
Overall experience	☐	☐	☐	☐	☐

*Tick one box in each row.***03 YOUR FEEDBACK**

TYPE OF FEEDBACK
☐ Compliment ☐ Suggestion ☐ Concern



WHAT WOULD YOU LIKE TO TELL US?

DO YOU HAVE ANY SUGGESTIONS FOR IMPROVEMENT?

WOULD YOU LIKE A RESPONSE?

☐ No, thank you

☐ Yes – please contact me by email

SIGNATURE (OPTIONAL)

DATE

Privacy notice. IOIS uses the information on this form only to review and respond to your feedback and to improve its services. Any personal details you provide are stored securely and handled under the IOIS Privacy Policy and the Privacy Act 1988 (Cth). Feedback may be reported in summary form without identifying you.

OFFICE USE ONLY

DATE RECEIVED

REVIEWED BY

FEEDBACK REGISTER REF.

ACTION TAKEN OR PLANNED

FOLLOW-UP

☐ Response sent (if requested)

☐ Recorded in Continuous Improvement Register

☐ Referred to the complaints process

STAFF NAME

SIGNATURE

DATE