

Complaints and Appeal Policy (Academic & Non-academic)

Policy Summary	
Department Responsible for Policy	Management Team
Contact Person for Policy	Managing Director
Approving Authority	FFET Board
Date Last Approved	29/04/2016
Next Review Date (Evaluation)	Annual review from date of release
Related Documents	<p>Legislation</p> <ul style="list-style-type: none"> • <i>Anti-discrimination Act 1977 (NSW)</i> • <i>Ombudsman Act 1974 (NSW)</i> • <i>Public interest Disclosures Act 1994 (NSW)</i> • <i>Independent Commission Against Corruption Act 1988 (NSW)</i> • <i>Independent Commission Against Corruption Regulation 2010 (NSW)</i> • <i>Advocate for Children and Young People Act 2014</i> • <i>Child Protection (Working with Children) Act 2012 and Regulation 2013</i> <p>Guidelines</p> <ul style="list-style-type: none"> • AS/NZS ISO 31000:2009 Risk management – Principles and guidelines <p>Policies</p> <ul style="list-style-type: none"> • 10-01-005 <i>Business Continuity Policy</i> • 1-01-002 <i>Academic Integrity and Misconduct Policy</i> • 1-01-009 <i>Academic Freedom Policy</i> • 1-01-001 <i>Student Code of Conduct</i> • 5-01-006 <i>Staff Code of Conduct</i> • 2-03-001 <i>International Student Handbook:</i> • 8-01-011 <i>Risk Management Policy</i> <p>Manuals</p> <ul style="list-style-type: none"> • 1-02-009 <i>Academic Manual</i> • 8-02-004 <i>Risk Management Plan</i> • 10-02-011 <i>Business Continuity Plan</i> <p>Documents</p> <ul style="list-style-type: none"> • 1-03-007 <i>Special Consideration & Appeals Form</i>
Document Number	8-01-012

Policy History	
Policy version	Main changes made
1.0	New Policy

1. Preamble

- 10.1 As with all other life experiences it is important for the end-user of a service to be able to express both satisfaction as well as discontent during the consumption of that service.
- 10.2 Kenvale College delivers service in the form of an educational experience where students are the receivers of this service.
- 10.3 It is both normal and expected for students to provide feedback both in the shape of positive criticism as well as complaints and appeals from decisions made by or on behalf of the College.

2. Definitions

Australian Skills Quality Authority (ASQA) The national regulator for Australia's vocational education and training (VET) sector. ASQA regulates courses and training providers to ensure nationally approved quality standards are met.

Australian Qualifications Framework (AQF) First introduced in 1995, it is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework.

Complaint A complaint is a student's or staff's expression of dissatisfaction that their rights, existing interests and/or reasonable expectations have been adversely and unjustifiably impacted because of an action, decision or omission within the control or responsibility of the College.

College Kenvale College of Hospitality Cookery and Events. The College is a project of Foundation For Education and Training Limited (FFET), and is a Registered Training Organisation with ASQA. FFET is an Australian public company limited by guarantee which aims to promote education and the development of character in accordance with the principles and ideals of Christianity. FFET runs several projects for the academic and personal development of Australian youth.

Formal complaint A formal complaint is a complaint that is submitted in writing to the College in accordance with the principles set out in this Policy.

Informal complaint An informal complaint is where a complainant seeks to resolve the matter before a formal complaint has been submitted under this Policy.

Grievance Behaviour or action of another member or members of staff, which has or is likely to have an unreasonable negative impact on the ability of a staff member to undertake their duties.

Higher Education (HE) Provider A body that is established or recognised by the Commonwealth or a state or territory government to issue qualifications in the HE sector.

Registered Training Organisation (RTO) A vocational education and training organisation registered by a state or territory registering body in accordance with ASQA.

Respondent A person or entity about whom a complaint is made, which may include a student, a staff member, a department of the College and/or a person or entity associated

with the College.

Special Consideration A process that affords equal opportunity to students, including enrolled students, and non-award students who have experienced circumstances that adversely impact their ability to complete an assessment task.

Stakeholder Any person who is affected by the operations and services of Kenvale College. This definition normally includes but is not limited to students, staff and industry establishment in partnership with the College.

Subject A subject is made up of one or more units of competency taught over the duration of eight or sixteen weeks and assessed in holistic way.

Unit of Competency Statements about the skills and knowledge that people need to effectively perform their jobs to their required standard. They are the nationally agreed benchmarks for effective workplace performance within an occupation. (Service Skills Australia)

Vocational Education and Training (VET) A type of tertiary education under the Australian Qualifications Framework (AQF), which enables students to gain qualifications for all types of employment, and specific skills to help them in the workplace.

3. Scope

Aim

10.1 This policy aims to provide a framework for managing all complaints and appeals in a fair, efficient and effective way.

Scope

10.2 This College is committed to creating an environment where the views of all stakeholders are valued, listened to and acted upon within the context of continuous improvement. Refer to *1-01-009 Academic Freedom Policy*.

10.3 Complaints arise when a stakeholder (student, staff or industry placement) is dissatisfied with an aspect of the College services, and requires action to be taken to resolve the matter.

10.4 Appeals arise when a stakeholder (student, staff or industry placement) is not satisfied with a decision that the College has made. Appeals can relate to assessment decisions, but they can also relate to other decisions.

10.5 This policy does not apply to issues related to academic or any other types of misconduct. Refer to: *1-01-002 Academic Integrity and Misconduct Policy*, *1-01-001 Student Code of Conduct*, *8-01-014 Staff Code of Conduct* and *8-01-013 Misconduct and Discipline Policy*.

10.6 This policy does not detail the procedures associated with complaints and appeals. For academic procedural information, please refer to the *1-02-009 Academic Manual* and *5-02-001 Human Resources Manual*.

10.7 This policy does not contain content that would overlap with *1-01-002 Academic Integrity and Misconduct*, *1-01-001 Student Code of conduct*, *5-01-006 Staff Code of Conduct* and *8-01-013 General Misconduct and Discipline Policy*.

10.8 This policy should be used in unison with the *8-02-004 Risk Management Plan*.

4. Complaint & Appeals Principles

Principles

- 10.1 The College is committed to having an effective system of complaint management that responds to complaints in a positive way and contributes to the continuous improvement of the teaching and learning environment.
- 10.2 This Policy and related form: *1-03-007 Special Consideration & Appeals Form* is promoted to and readily accessible by staff and students through the College intranet.
- 10.3 Any stakeholder has the right to make a complaint and to submit an appeal on reasonable grounds about the determination of their complaint to the College.
- 10.4 All stakeholders are encouraged to resolve their complaint informally as the first step, however should the complainant deem that informal resolution is not possible, appropriate or satisfactory, they may submit a formal complaint using *1-03-007 Special Consideration & Appeals Form*.
- 10.5 A complainant may at any time withdraw their complaint, by written notice to the College and in this case, any processes arising out of the complaint may, at the discretion of the Managing Director, be either continued or discontinued.
- 10.6 All formal complaints and appeals will be acted and decided on within 15 working days of receiving the written complaint or appeal. The Managing Director will keep a written copy of the complaint, process and outcome in the student or staff personal file.
- 10.7 All other complaints and feedback will be reviewed as part of the continuous improvement processes.
- 10.8 Parties to a formal complaint or student appeal will be kept informed of the progress of the complaint or appeal, and, within a reasonable timeframe, will be provided with written advice.
- 10.9 Confidentiality must be maintained to the greatest possible extent at all stages of the complaint management process. Communication must be limited to persons to whom disclosure is consistent with their official position and responsibility, or with specific responsibility to assist in the resolution of the complaint or appeal.
- 10.10 Parties to a complaint will conduct themselves honestly and courteously and seek to achieve an amicable resolution of the complaint where possible.

Communication channels

- 10.11 The College has a wide range of services available to aid staff and students across all operations of the College. This includes support and access to a number of staff members and departments: marketing, industry placement, student services, mentoring, industry placement, etc.
- 10.12 The College has a small ratio of student to staff and staff to staff thus ensuring for all stakeholders the possibility of access and channelling for feedback and appeals.
- 10.13 The College considers information provision an important element of communication. For this reason the College endeavours to provide all official communication through a variety of means such as but not limited to Intranet posting, verbal announcement, notice-board messages, and emails. The most

common and agreed method of communication is email using the College's official email address (SurnameN@kenvale.edu.au).

Handling Complaints and appeals

- 10.14 Upon receipt of a complaint or appeal, every attempt is made to resolve grievances through an informal process first so as to maintain positive relations between all stakeholders. There are three steps to complaint resolution:
- 4.14.1 Informal Complaint (or Feedback)
 - 4.14.2 Formal Complaint
 - 4.14.3 External Review or Appeal
- 10.15 Informal Complaint (or feedback)
- 4.15.1 The initial stage of an informal complaint (or feedback) shall be for any stakeholder to communicate directly with the operational representative of the College at any level of operation. This should be done within 7 days of the incident.
 - 4.15.2 The case is considered by the staff member in consultation with the Managing Director who will log this incident in the Complaints and Appeals Folder.
 - 4.15.3 A response is issued within 15 days by a staff member or a representative of the Management Team
- 10.16 Formal Complaint
- 4.16.1 Stakeholders dissatisfied with the response to the informal feedback or complaint may initiate a formal complaint in writing.
 - 4.16.2 Written Complaints should be issued to the Managing Director within 7 days of the incident using the *1-03-007 Special Consideration & Appeals Form*. Relevant supporting evidence needs to be added to substantiate the claim.
 - 4.16.3 The Managing Director (or representative) will acknowledge the complaint within 3 days, and processing of the complaint will commence.
 - 4.16.4 In consultation with the Management Team and any other relevant stakeholder, the Managing Director will consider the issue based on the evidence provided and any evidence or statements from staff members or others involved in the issue. Minutes will be recorded in writing using *10-02-020 Meeting Minutes Template*.
 - 4.16.5 The Managing Director (or representative) will notify the complainant in writing of the details and reasons for the decision within 15 days of receipt of the complaint.
 - 4.16.6 If the issue cannot be resolved within this timeframe the Managing Director will update the complainant within 15 days of the status of the complaints process.
- 10.17 External Review or Appeal
- 4.17.1 All stakeholders are entitled to access external complaints processes if they feel they have been unjustly treated or if the complaint is of a very serious nature.
 - 4.17.2 This service is provided by Australian Council for Private Education and

Training (ACPET).

4.17.3 If the internal process is unable to resolve the dispute, stakeholders will be referred to ACPET by the Managing Director. See:

<http://acpet.edu.au/uploads/Complaints%20and%20Dispute%20Resolution%20Policy%20June%202012.pdf>

5. Student Academic Appeals

Introduction

- 10.1 The College provides a set of guidelines for all teaching and learning activities of the College as set out in *1-01-009 Academic Freedom Policy*, *1-01-002 Academic Integrity and Misconduct* and *1-01-006 Assessment Management, Validation and Moderation Policy*.
- 10.2 All student academic appeals regarding assessments or any other academic activity need to be submitted in writing to the Academic Director using *1-03-007 Special Consideration & Appeals Form*.
- 10.3 Some grounds for academic appeal include but are not limited to: procedural irregularities, and factual errors on which the decision was based and which were of such magnitude as to invalidate the decision.

Review of Assessments

- 10.4 Students may apply to have an assessment re-graded. Requests for a re-grade must be submitted in writing to the Academic Director no later than 14 days after the graded assessment has been returned to the student. Re-grading may result in the assessment grade going either up or down.
- 10.5 Should there be an appeal regarding other assessment outcome, it is the student's responsibility to produce the evidence necessary to review these.
- 10.6 If students consider that their final grades received in any subject is not correct, they must appeal in writing for a revision of the mark, at least 14 days before the date of the supplementary exams. After that time no appeals will be considered.

Request for "Special Consideration"

- 10.7 Special Consideration is a process that affords equal opportunity to students, including enrolled students, and non-award students who have experienced circumstances that adversely impact their ability to complete a single assessment task.
- 10.8 A request for Special Consideration may be also submitted by students when there are circumstances that prevent him/her from fulfilling the academic and general code of conduct obligations contracted with the College. This includes the obligation to attend 80% of the course.
- 10.9 The following principles apply for students' application for Special Consideration:
 - 5.9.1 Students who are granted Special Consideration will nonetheless be required to demonstrate achievement of designated learning outcomes or units of competencies.
 - 5.9.2 A student who is capable of attempting an examination should do so, notwithstanding any claim for Special Consideration.

- 5.9.3 All claims for Special Consideration should be genuine and should be made with good intent.
 - 5.9.4 Students seeking to use Special Consideration as a means of gaining an unfair advantage in the assessment of designated learning outcomes will be rejected and may be subject to disciplinary action.
 - 5.9.5 Other students should not be disadvantaged by the approval of a request for Special Consideration.
 - 5.9.6 All claims for Special Consideration should be considered in the same manner, but the response may vary depending on the circumstances of the illness, injury, misadventure and the academic matter in question.
 - 5.9.7 Multiple and recurring claims for Special Consideration may be an indicator of a student being at academic risk and will be handled in accordance with the guidelines set out in *1-02-009 Academic Manual*. In the case of assessments, requests for Special Consideration should be lodged within five working days of the assessment being held. Where circumstances preclude this, a student may still apply, but must provide a reasonable cause for the delay in application.
- 10.10 Special Consideration will not be granted in the following instances:
- 5.10.1 Due to work commitments on College days and/or functions
 - 5.10.2 Due to occasional brief or trivial illness of one day in duration
 - 5.10.3 Due to inability to balance workloads from other subjects and/or work, and
 - 5.10.4 Due to information and communications technology-related problems, except where they could not have been prevented, avoided or the effects minimised by reasonable diligence on the part of the student.

6. Staff Complaints and Appeals

- 10.1 The College provides a set of guidelines for the teaching and learning activities of the College as set out in *1-01-009 Academic Freedom Policy*, *1-01-002 Academic Integrity and Misconduct Policy* and *1-01-006 Assessment Management, Validation and Moderation Policy*.
- 10.2 Staff Complaints will be handled using the same principles as those established for students. All staff complaints are handled by the Human Resources Manager or in her/his absence by the Managing Director.
- 10.3 All staff complaints and appeals need to be submitted in writing unless they are informal in which case they can be made verbally to a member of the Management Team. Parties to a complaint will conduct themselves honestly and courteously and seek to achieve an amicable resolution of the complaint where possible.
- 10.4 Certain staff complaints may be subject to expert intervention depending on the nature of the complaint.
- 10.5 Some grounds for staff complaints and appeal include but are not limited to:
 - 6.5.1 Bullying and Violence. Refer to *8-01-010 Fair Treatment and Equity Policy*
 - 6.5.2 Discrimination. Refer to *8-01-010 Fair Treatment and Equity Policy*

- 6.5.3 Workplace Health and Safety. Refer to *5-01-005 Work Health and Safety Policy*
- 6.5.4 Privacy Breaches. Refer to *8-01-008 Privacy Policy*
- 6.5.5 Sexual Harassment. Refer to *8-01-010 Fair Treatment and Equity Policy*
- 6.5.6 Corruption and Fraud. Refer to *8-01-010 Fair Treatment and Equity Policy*
- 10.6 Staff complaints and appeals may also relate to work-related grievances.
- 10.7 A work-related grievance is any type of problem, concern or complaint where a staff member believes that he/she has received unreasonable treatment from the College, other staff member/s or student/s, and wishes to bring the grievance to the College's attention and requires an action or response.
- 10.8 There are two types of work-related grievances, those involving:
 - 6.8.1 behaviour which does not contravene any laws or legislation, such as interpersonal conflicts, personal issues or work practices
 - 6.8.2 potentially unlawful behaviour which, depending upon its nature, may be covered by legislation.
- 10.9 In both cases work-related grievances will be handled following the principles established in this policy (Sections 4.1 to 4.17)

7. Exceptional Circumstances: Hardship or Misfortune

- 10.1 Exceptional Circumstances only apply when students or staff is subject to serious illness, injury or misadventure. Exceptional Circumstances are not considered a Special Consideration; they are much more serious in nature and require long term planning and strategies.
- 10.2 In the case of students the following applies:
 - 7.2.1 A request for Exceptional Circumstances applies when there are circumstances which prevent a student from attempting or completing a number of assessments. This situation may place the student at risk. Exceptional Circumstances occur when a student experiences ongoing illness or misadventure or recuperation from illness or bereavement that will seriously interfere with their capacity to study for a long period of time.
 - 7.2.2 Student applications for Exceptional Circumstances are submitted in writing to the Academic Director stating the reason for the request and the expected length of time that this circumstance will affect the student.
 - 7.2.3 The Academic Director will set up the appropriate intervention strategy as established in *1-02-009 Academic Manual*.
 - 7.2.4 Exceptional Circumstances may be considered only in the following cases:
 - 7.2.4.1 When there is a serious illness or misadventure
 - 7.2.4.2 In the case of a student bearing primary carer responsibility toward another person suffering a serious illness or misadventure.

7.2.4.3 When there is an ongoing illness or disability

7.2.5 The academic judgement as to whether Exceptional Circumstances is granted will depend upon both the nature of the illness, injury or misadventure and its timing with respect to academic activity.

7.3 In the case of staff, Exceptional Circumstances apply when there are situations that prevent him/her from fulfilling the terms and conditions established in the contract of employment and general code of conduct obligations agreed with the College.

7.4 As with students, staff are to request Exceptional Circumstances in writing to the Managing Director stating the reason for the request and the expected length of time that this circumstance may affect the activities and operations of the staff member. A meeting is then organised with the Managing Director, Human Resources Manager and staff member so as to establish a plan for future action.

7.5 This process is carried out following the principles established in *8-01-010 Fair Treatment and Equity Policy* and *8-01-008 Privacy Policy*.

8. Application

10.1 This policy applies to all staff and students of the College.

10.2 This policy is available to the public and to staff, current students and prospective students through the College Intranet.

10.3 The procedures for implementing this policy are detailed in the *1-02-009 Academic Manual*, *1-03-001 Student Handbook* and *5-02-001 Human Resources Manual*.

10.4 In line with AQF (2013), this policy will be applied consistently and fairly.

9. Responsibilities

10.1 The College Managing Director is accountable for this policy and compliance to it.

10.2 All departments and staff of the College are responsible for the application of this policy, where applicable.

10.3 The College's Management Team is responsible for:

9.3.1 Defining and endorsing this Policy

9.3.2 Ensuring that the College's culture and this policy are aligned

9.3.3 Determining complaints and appeals (feedback) performance indicators that align with performance indicators of the College

9.3.4 Aligning complaints and appeals (feedback) objectives with the objectives and strategies of the College

9.3.5 Ensuring legal and regulatory compliance

- 9.3.6 Assigning accountabilities and responsibilities at appropriate levels
- 9.3.7 Ensuring that the necessary resources are allocated to complaints and appeals (feedback) procedures, and
- 9.3.8 Ensuring the framework for managing complaint and appeals continues to remain appropriate.

10. Quality and Compliance

- 10.1 The College's approach to complaint and appeals aligns with and gratefully acknowledges the Complaints and Appeals Policies of The University of Technology, The State of Queensland (Queensland Studies Authority) 2013, James Cook University, and University of Sydney that were used as better practice guides for this policy.
- 10.2 This policy will be reviewed and updated annually by the Management Team to ensure the quality and relevance of its content, and to maximise the effectiveness of its application to both the students and the needs of industry.
- 10.3 The following legislation and compliance regulations apply to this policy:

National Code	
Part D, 8	<p>8.1 The registered provider must have an appropriate internal complaints handling and appeals process that satisfies the following requirements, or can use its existing internal complaints and appeals processes as long as it meets these requirements:</p> <ul style="list-style-type: none"> a. a process is in place for lodging a formal complaint or appeal if the matter cannot be resolved informally, which requires a written record of the complaint or appeal to be kept b. each complainant or appellant has an opportunity to formally present his or her case at minimal or no cost to him or herself c. each party may be accompanied and assisted by a support person at any relevant meetings d. the complainant or appellant is given a written statement of the outcome, including details of the reasons for the outcome, and e. the process commences within 10 working days of the formal lodgement of the complaint or appeal and supporting information and all reasonable measures are taken to finalise the process as soon as practicable. <p>8.2 The registered provider must have arrangements in place for a person or body independent of and external to the registered provider to hear complaints or appeals arising from the registered provider's internal complaints and appeals process or refer students to an existing body where that body is appropriate for the complaint or appeal.</p> <p>8.3 If the student is not satisfied with the result or conduct of the internal complaint handling and appeals process, the registered provider must advise the student of his or her right to access the external appeals process at minimal or no cost.</p> <p>8.4 If the student chooses to access the registered provider's complaints and appeals processes as per this standard, the registered provider must maintain the student's enrolment while the complaints and appeals process is</p>

	<p>ongoing.</p> <p>8.5 If the internal or any external complaint handling or appeal process results in a decision that supports the student, the registered provider must immediately implement any decision and/or corrective and preventative action required and advise the student of the outcome.</p>
Part D, 9	<p>9.1 The registered provider must have and implement documented policies and procedures for monitoring the progress of each student to ensure that at all times the student is in a position to complete the course within the expected duration as specified on the student's CoE. In monitoring this enrolment load, the registered provider must ensure that in each compulsory study period for a course, the student is studying at least one unit that is not by distance or online learning.</p> <p>9.2 The registered provider may only extend the duration of the student's study where it is clear that the student will not complete the course within the expected duration, as specified on the student's CoE, as the result of:</p> <ol style="list-style-type: none"> a. compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student was unable to attend classes or where the registered provider was unable to offer a pre-requisite unit) b. the registered provider implementing its intervention strategy for students who were at risk of not meeting satisfactory course progress, or c. an approved deferment or suspension of study has been granted under Standard 13. <p>9.3 Where there is a variation in the student's enrolment load which may affect the student's expected duration of study in accordance with 9.2, the registered provider is to record this variation and the reasons for it on the student file. The registered provider must correctly report the student via PRISMS and/or issue a new CoE when the student can only account for the variation/s by extending his or her expected duration of study.</p> <p>9.4 The registered provider may allow the student to undertake no more than 25 per cent of the student's total course by distance and/or online learning. However, the registered provider must not enrol the student exclusively in distance or online learning units in any compulsory study period.</p> <p>9.5 Except in the circumstances specified in 9.2, the expected duration of study specified in the student's CoE must not exceed the CRICOS registered course duration.</p>
Part D, 10	<p>10.1 The registered provider must monitor, record and assess the course progress of each student for each unit of the course for which the student is enrolled in accordance with the registered provider's documented course progress policies and procedures.</p> <p>10.2 The registered provider must have and implement appropriate documented course progress policies and procedures for each course, which must be provided to staff and students, that specify the:</p> <ol style="list-style-type: none"> a. requirements for achieving satisfactory course progress b. process for assessing satisfactory course progress c. procedure for intervention for students at risk of failing to achieve satisfactory course progress d. process for determining the point at which the student has failed to

	<p>meet satisfactory course progress, and</p> <p>e. procedure for notifying students that they have failed to meet satisfactory course progress requirements.</p> <p>10.3 The registered provider must assess the course progress of the student in accordance with the registered provider's course progress policies and procedures at the end point of every study period.</p> <p>10.4 The registered provider must have a documented intervention strategy, which must be made available to staff and students, that specifies the procedures for identifying and assisting students at risk of not meeting the course progress requirements. The strategy must specify:</p> <ol style="list-style-type: none"> a. procedures for contacting and counselling identified students b. strategies to assist identified students to achieve satisfactory course progress, and c. the process by which the intervention strategy is activated. <p>10.5 The registered provider must implement the intervention strategy for any student who is at risk of not meeting satisfactory course progress requirements. At a minimum, the intervention strategy must be activated where the student has failed or is deemed not yet competent in 50% or more of the units attempted in any study period.</p> <p>10.6 Where the registered provider has assessed the student as not achieving satisfactory course progress, the registered provider must notify the student in writing of its intention to report the student for not achieving satisfactory course progress. The written notice must inform the student that he or she is able to access the registered provider's complaints and appeals process as per Standard 8 (Complaints and appeals) and that the student has 20 working days in which to do so.</p> <p>10.7 Where the student has chosen not to access the complaints and appeals processes within the 20 working day period, withdraws from the process, or the process is completed and results in a decision supporting the registered provider, the registered provider must notify the Secretary of DEEWR through PRISMS of the student not achieving satisfactory course progress as soon as practicable.</p>
Part D, 11	<p>11.1 The registered provider must record the attendance of each student for the scheduled course contact hours for each CRICOS registered course in which the student is enrolled which is:</p> <ol style="list-style-type: none"> a. an accredited vocational education and training course (unless Standard 11.2 applies) b. an accredited school course c. an accredited or non-award ELICOS course, or d. another non-award course . <p>11.2 Where the registered provider implements the DEEWR and DIAC approved course progress policy and procedures for its vocational education and training courses, Standard 11 does not apply.</p> <p>11.3 For the courses identified in 11.1, the registered provider must have and implement appropriate documented attendance policies and procedures for each course which must be provided to staff and students that specify the:</p> <ol style="list-style-type: none"> a. requirements for achieving satisfactory attendance, which at a minimum, requires overseas students to attend at least 80 per cent of the scheduled course contact hours b. manner in which attendance and absences are recorded and calculated c. process for assessing satisfactory attendance

	<p>d. process for determining the point at which the student has failed to meet satisfactory attendance, and</p> <p>e. procedure for notifying students that they have failed to meet satisfactory attendance requirements.</p> <p>11.4 For the courses identified in 11.1, the registered provider's attendance policies and procedures must identify the process for contacting and counselling students who have been absent for more than five consecutive days without approval or where the student is at risk of not attending for at least 80 per cent of the scheduled course contact hours for the course in which he or she is enrolled (i.e. before the student's attendance drops below 80 per cent).</p> <p>11.5 For the courses identified in 11.1, the registered provider must regularly assess the attendance of the student in accordance with the registered provider's attendance policies and procedures.</p> <p>11.6 Where the registered provider has assessed the student as not achieving satisfactory attendance for the courses identified in 11.1, the registered provider must notify the student in writing of its intention to report the student for not achieving satisfactory attendance. The written notice must inform the student that he or she is able to access the registered provider's complaints and appeals process as per Standard 8 (Complaints and appeals) and that the student has 20 working days in which to do so.</p> <p>11.7 Where the student has chosen not to access the complaints and appeals processes within the 20 working day period, withdraws from the process, or the process is completed and results in a decision supporting the registered provider, the registered provider must notify the Secretary of DEEWR through PRISMS that the student is not achieving satisfactory attendance as soon as practicable.</p> <p>11.8 For the vocational education and training and non-award courses identified in 11.1.a and 11.1.d, the registered provider may only decide not to report the student for breaching the 80 per cent attendance requirement where:</p> <p>a. that decision is consistent with its documented attendance policies and procedures, and</p> <p>b. the student records clearly indicate that the student is maintaining satisfactory course progress, and</p> <p>c. the registered provider confirms that the student is attending at least 70 per cent of the scheduled course contact hours for the course in which he or she is enrolled.</p> <p>11.9 For the ELICOS and school courses identified in 11.1, the registered provider may only decide not to report a student for breaching the 80 per cent attendance requirement where:</p> <p>a. the student produces documentary evidence clearly demonstrating that compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student is unable to attend classes) apply, and</p> <p>b. that decision is consistent with its documented attendance policies and procedures, and</p> <p>c. the registered provider confirms that the student is attending at least 70 per cent of the scheduled course contact hours for the course in which he or she is enrolled.</p>
Part D, 14	<p>14.1 The registered provider must have and implement policies and procedures to ensure its staffing resources are adequate and have the capabilities as required by the quality assurance framework applying to the</p>

	<p>course. Where the course provided by the registered provider is not subject to an appropriate quality assurance framework, the registered provider must have and implement appropriate documented policies and processes for the recruitment, induction, performance assessment and ongoing development of members of staff involved with the recruitment or delivery of education or client services to students.</p> <p>14.2 The registered provider must have adequate education resources, including facilities, equipment, learning and library resources and premises as required by the quality assurance framework applying to the course. Where the course provided by the registered provider is not subject to an appropriate quality assurance framework, the registered provider must ensure it has adequate education resources, including facilities, equipment, learning and library resources, and premises, including ownership or tenancy arrangements for the premises, as are needed to deliver the registered course to the students enrolled with the registered provider.</p> <p>14.3 The registered provider must notify the designated authority and the students enrolled with the registered provider of any intention to relocate premises (including the head office and campus locations) at least 20 working days before the relocation.</p>
Standards for Registered Training Organisations (RTOs) 2015	
<p>Standard 1</p>	<p>The RTO's training and assessment strategies and practices are responsive to industry and learner needs and meet the requirements of training packages and VET accredited courses.</p> <p>1.1 The RTO's training and assessment strategies and practices, including the amount of training they provide, are consistent with the requirements of training packages and VET accredited courses and enable each learner to meet the requirements for each unit of competency or module in which they are enrolled.</p> <p>1.2 For the purposes of Clause 1.1, the RTO determines the amount of training they provide to each learner with regard to:</p> <ul style="list-style-type: none"> a) the existing skills, knowledge and the experience of the learner; b) the mode of delivery; and c) where a full qualification is not being delivered, the number of units and/or modules being delivered as a proportion of the full qualification.
<p>Standard 2</p>	<p>The operations of the RTO are quality assured.</p> <p>2.1 The RTO ensures it complies with these Standards at all times, including where services are being delivered on its behalf. This applies to all operations of an RTO within its scope of registration</p> <p>2.2 The RTO:</p> <ul style="list-style-type: none"> a) systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with 0; and b) systematically evaluates and uses the outcomes of the evaluations to continually improve the RTO's training and assessment strategies and practices. Evaluation information includes but is not limited to quality/performance indicator data collected under Clause

	<p>Error! Reference source not found., validation outcomes, client, trainer and assessor feedback and complaints and appeals.</p> <p>2.4 The RTO has sufficient strategies and resources to systematically monitor any services delivered on its behalf, and uses these to ensure that the services delivered comply with these Standards at all times.</p>
Standard 3	<p>The RTO issues, maintains and accepts AQF certification documentation in accordance with these Standards and provides access to learner records.</p> <p>Clause 3.2 All AQF certification documentation issued by an RTO meets the requirements of Schedule 5.</p> <p>3.4 Records of learner AQF certification documentation are maintained by the RTO in accordance with the requirements of Schedule 5 and are accessible to current and past learners.</p>
Standard 4	<p>Accurate and accessible information about an RTO, its services and performance is available to inform prospective and current learners and clients.</p> <p>4.1 Information, whether disseminated directly by the RTO or on its behalf, is both accurate and factual, and:</p> <ul style="list-style-type: none"> a) accurately represents the services it provides and the training products on its scope of registration; b) includes its RTO Code; c) refers to another person or organisation in its marketing material only if the consent of that person or organisation has been obtained; d) uses the NRT Logo only in accordance with the conditions of use specified in Schedule 4; e) makes clear where a third party is recruiting prospective learners for the RTO on its behalf; f) distinguishes where it is delivering training and assessment on behalf of another RTO or where training and assessment is being delivered on its behalf by a third party; g) distinguishes between nationally recognised training and assessment leading to the issuance of AQF certification documentation from any other training or assessment delivered by the RTO; h) includes the code and title of any training product, as published on the National Register, referred to in that information; i) only advertises or markets a non-current training product while it remains on the RTO's scope of registration; j) only advertises or markets that a training product it delivers will enable learners to obtain a licensed or regulated outcome where this has been confirmed by the industry regulator in the jurisdiction in which it is being advertised; k) includes details about any VET FEE-HELP, government funded subsidy or other financial support arrangements associated with the RTO's provision of training and assessment; and

	<p>l) does not guarantee that:</p> <p>i) a learner will successfully complete a training product on its scope of registration; or</p> <p>ii) a training product can be completed in a manner which does not meet the requirements of Clause 1.1 and 1.2; or</p> <p>iii) a learner will obtain a particular employment outcome where this is outside the control of the RTO</p>
<p>Standard 5</p>	<p>Each learner is properly informed and protected.</p> <p>5.1 To be compliant with Standard 5 the RTO must meet the following: Prior to enrolment or the commencement of training and assessment, whichever comes first, the RTO provides advice to the prospective learner about the training product appropriate to meeting the learner's needs, taking into account the individual's existing skills and competencies.</p> <p>5.2 Prior to enrolment or the commencement of training and assessment, whichever comes first, the RTO provides, in print or through referral to an electronic copy, current and accurate information that enables the learner to make informed decisions about undertaking training with the RTO and at a minimum includes the following content:</p> <ol style="list-style-type: none"> a) the code, title and currency of the training product to which the learner is to be enrolled, as published on the National Register; b) the training and assessment, and related educational and support services the RTO will provide to the learner including the: <ol style="list-style-type: none"> I. estimated duration; II. expected locations at which it will be provided; III. expected modes of delivery; IV. name and contact details of any third party that will provide training and/or assessment, and related educational and support services to the learner on the RTO's behalf; and V. any work placement arrangements. c) the RTO's obligations to the learner, including that the RTO is responsible for the quality of the training and assessment in compliance with these Standards, and for the issuance of the AQF certification documentation. d) the learner's rights, including: <ol style="list-style-type: none"> I. details of the RTO's complaints and appeals process required by Standard 6 ; and II. if the RTO, or a third party delivering training and assessment on its behalf, closes or ceases to deliver any part of the training product that the learner is enrolled in; e) the learner's obligations: <ol style="list-style-type: none"> I. in relation to the repayment of any debt to be incurred under the VET FEE-HELP scheme arising from the provision of services; II. any requirements the RTO requires the learner to meet to enter and successfully complete their chosen training product; and III. any materials and equipment that the learner must provide; and f) information on the implications for the learner of government training entitlements and subsidy arrangements in relation to the delivery of the services.

Standard 6	<p>Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively.</p> <p>6.1 The RTO has a complaints policy to manage and respond to allegations involving the conduct of:</p> <ul style="list-style-type: none"> a) the RTO, its trainers, assessors or other staff; b) a third party providing services on the RTO's behalf, its trainers, assessors or other staff; or c) a learner of the RTO.
Standard 8	<p>The RTO cooperates with the VET Regulator and is legally compliant at all times.</p> <p>8.5 The RTO complies with Commonwealth, State and Territory legislation and regulatory requirements relevant to its operations.</p> <p>8.6 The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered.</p>

11. References

Australian Qualifications Framework Council, 2013, *Australian Qualifications Framework*, second ed., South Australia.

National Vocational Education and Training Regulator Act 2011 (Cth), ss. 185(1)

Standards for Registered Training Organisations (RTOs) 2015

Australian Qualifications Framework Council, 2007, *AQF Implementation Handbook: National Guidelines on Cross-Sector Qualification Linkages*, South Australia

Jackson, A., Paez, D., Byrnes, J., Dwyer, C. & Blacker, J. 2011, Articulation Pathway Models: a visual guide to pathways between VET and HE, Integrated Articulation and Credit Transfer (IACT) Project, a Department of Education, Employment and Workplace Relations project.