

## General Misconduct & Discipline Policy

Policy Summary	
Department Responsible for Policy	Management Team
Contact Person for Policy	Managing Director
Approving Authority	FFET Board
Date Last Approved	November, 2014
Next Review Date (Evaluation)	Annual review
Related Documents	<p><b>Legislation</b></p> <ul style="list-style-type: none"> <li>• <i>Anti-discrimination Act 1977 (NSW)</i></li> <li>• <i>Ombudsman Act 1974 (NSW)</i></li> <li>• <i>Protected Disclosures Act 1994 (NSW)</i></li> <li>• <i>Independent Commission Against Corruption Act 1988 (NSW)</i></li> <li>• <i>Commission for Children and Young Peoples Act 1998</i></li> </ul> <p><b>Guidelines</b></p> <ul style="list-style-type: none"> <li>• AS/NZS ISO 31000:2009 Risk management – Principles and guidelines</li> </ul> <p><b>Policies</b></p> <ul style="list-style-type: none"> <li>• 10-01-005 <i>Business Continuity Policy</i></li> <li>• 1-01-002 <i>Academic Integrity and Misconduct Policy</i></li> <li>• 1-01-009 <i>Academic Freedom Policy</i></li> <li>• 1-01-001 <i>Student Code of Conduct</i></li> <li>• 5-01-006 <i>Staff Code of Conduct</i></li> <li>• <i>International Student Handbook: 2-03-001</i></li> <li>• 8-01-011 <i>Risk Management Policy</i></li> </ul> <p><b>Manuals</b></p> <ul style="list-style-type: none"> <li>• 1-02-009 <i>Academic Manual</i></li> <li>• 8-02-004 <i>Risk Management Plan</i></li> <li>• 10-02-011 <i>Business Continuity Plan</i></li> </ul> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• 1-03-007 <i>Special Consideration &amp; Appeals Form</i></li> </ul>
Document Number	8-01-013

Policy History	
Policy version	Main changes made
1.0	New Policy
2.0	Updated and rebranded

## 1. Preamble

- 1.1 The College provides clear guidelines about the expectations for all staff and students in respect of academic matters and personal behaviour through the *1-01-001 Student Code of Conduct and 5-01-006 Staff Code of Conduct*.
- 1.2 The College recognises and values the diversity of all stakeholders, their experiences and expectations, and is committed to treating these in a fair and transparent manner.
- 1.3 All stakeholders, in return, are required to comply with the requirements set down in the Code of Conduct.

## 2. Definitions

**Academic misconduct** Any behaviour or conduct which breaches Academic Integrity as set out in the 1-01- 002 Academic Integrity & Misconduct Policy.

**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. In 2011, under the leadership of the AQF Council, the AQF was revised to ensure that qualification outcomes remain relevant and nationally consistent, continue to support flexible qualifications linkages and pathways and enable national and international portability and comparability of qualifications. The latest version of the AQF framework was published in January 2013.

**Australian Quality Training Framework (AQTF)** The national set of standards which assures nationally consistent, high-quality training and assessment services for the clients of Australia's vocational education and training (VET) system. Initially established in 2001 for implementation in 2002, it is approved by the Ministerial Council for Tertiary Education and Employment (MCTEE), which includes all Ministers for VET in Australia.

**College** Kenvale College of Hospitality Cookery and Events. The College is a project of Foundation For Education and Training Limited (FFET), a non-profit company limited by guarantee, and is a Registered Training Organisation with ASQA.

**Foundation for Education and Training (FFET)** The College is a project of the Foundation For Education and Training Limited (FFET), a non-profit company limited by guarantee.

**General misconduct** Any behaviour or conduct which is deemed as misconduct and does not constitute Academic Misconduct.

**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.

**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.

**Unit of Competency (UoC)** A single component of a qualification, or a stand-alone unit, that has been accredited by the same process as for a whole AQF qualification. (AQF, 2013)

**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

3.1 This policy aims to provide a framework for dealing with allegations of all misconduct committed by staff and students.

#### Scope

3.2 This policy covers two types of misconduct:

3.2.1 General misconduct: Any behaviour or conduct which is deemed as misconduct and does not constitute Academic Misconduct.

3.2.2 Academic misconduct: Any behaviour or conduct which breaches Academic Integrity as set out in the *1-01-002 Academic Integrity & Misconduct Policy*.

3.3 This policy does not apply to the *8-01-012 Complaints and Appeals Policy (Academic and Non-Academic)*.

3.4 This policy does not detail the procedures associated with misconduct and disciplinary processes. For all procedural information, please refer to the *1-02-009 Academic Manual and 5-02-001 Human Resources Manual*.

3.5 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 8-01-012 Complaints and Appeals Policy (Academic and Non-Academic)*.

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

### 4. Misconduct

#### Introduction

4.1 Misconduct refers to both general and academic misconduct. General misconduct is any such behaviour which is found to be contrary to the guidelines set out in the College's Codes of Conduct: *1-01-001 Student Code of Conduct and 5-01-006 Staff Code of Conduct*.

4.2 Academic misconduct: Any behaviour or conduct which breaches Academic Integrity. Refer to *1-01-002 Academic Integrity & Misconduct Policy*.

#### General Misconduct

4.3 It occurs when a staff or student member:

- 4.3.1 breaches the College *Mission, Vision and Values Statement: 8-01-003*
- 4.3.2 breaches any College policy, code of conduct, process or guideline to which all staff or students are subject,
- 4.3.3 harasses, discriminates, bullies, intimidates or threatens any College employee or student and ignores mediation procedures,
- 4.3.4 breaches any Act of the Commonwealth or of the State of New South Wales to which the College is subject, while in or on College premises or using College services or facilities or while engaging in a College related activities,
- 4.3.5 fails to comply with a direction given pursuant to a power conferred under any College policy, procedure or guideline,
- 4.3.6 fails to comply with a lawful order of a College staff member,
- 4.3.7 endangers, or has the potential to endanger the safety or health of any person;
- 4.3.8 disrupts or causes unreasonable interruption to any teaching, study, assessment or research activities or the administration of the College,
- 4.3.9 obstructs or interferes with or causes damage to, theft of or loss of property, equipment, resources or facilities owned or controlled by the College or by a staff member or a student whilst the property, equipment, resources or facilities are on College premises,
- 4.3.10 constitutes an assault or an attempt to assault any person or causes any person to hold reasonable fear for his or her safety or physical or psychological well-being,
- 4.3.11 unreasonably impairs the ability of any person to participate in any legitimate College activity,
- 4.3.12 disrupts or tends to disrupt the peace or good order of the College,
- 4.3.13 may bring the College into disrepute,
- 4.3.14 constitutes a disclosure of confidential information concerning any matter relating to the College,
- 4.3.15 is disorderly, indecent, rude or coarse,
- 4.3.16 involves the impersonation or taking part in impersonation of another person or the use of forged, false, falsified or incomplete evidence of academic standing or immigration status or any other relevant matter in order to gain or maintain enrolment at the College,
- 4.3.17 constitutes an unauthorised use of the College name or its intellectual property,
- 4.3.18 involves the forgery, alteration or misuse of a College document or record,
- 4.3.19 fails to comply with any penalty imposed under this policy, and
- 4.3.20 encourages, persuades or incites any other person to engage in conduct or behaviour constituting general misconduct.

## Reporting alleged general misconduct

- 4.4 Any staff or student may make a complaint of alleged general misconduct by a student or staff.
- 4.5 An allegation is to be made in writing to any member of the Management Team.
- 4.6 The Management Team staff member has discretion to then investigate an allegation of alleged general misconduct made against a staff member or student.
- 4.7 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 and if required a disciplinary process commenced.

## 5. Disciplinary Process

### General Guidelines

- 5.1 When a student or staff member has been found guilty of misconduct, it is the College's obligation to correct the situation by means of a progressive disciplinary procedure.

### Procedural Fairness

- 5.2 Students and staff will be treated fairly, with dignity and with due regard to their privacy.
- 5.3 Students and staff are regarded as innocent of the alleged misconduct until they have either admitted to it or been found, by proper inquiry, to have so behaved.
- 5.4 Past misconduct is not evidence that a student and staff has behaved in the same manner again.
- 5.5 Each case is dealt with on its own merits and according to its own circumstances.
- 5.6 Penalties imposed will take into account the nature and the extent of the misconduct.
- 5.7 A student's and staff's second offence is penalised more severely than their first offence.
- 5.8 The following penalties, or other penalties as determined appropriate by the Management Team, may be imposed: a warning, a charge for the cost of damage to facilities and equipment, a reduction in grades, receiving zero for an assessment, failure in enrolled subject(s), suspension or dismissal from the College. In the case of international students, this may result in the cancellation of the student's visa.
- 5.9 The College will report all criminal acts committed by its students to the relevant authorities.

### Progressive Disciplinary Process

- 5.10 All disciplinary procedures should be documented using the *1-02-004 Warning & Disciplinary Form Template*. Additionally a warning letter may be issued to

students using *1-03-002 Warning Letter Template*.

- 5.11 The Managing Director (or delegated Management Team member) should manage the individual case closely when the College is alerted and ensure all events are properly documented.
- 5.12 The following steps will be taken:
- 5.12.1 Counselling. This is the first step undertaken when there is a problem with a staff or student's performance. This will be dealt with by the appropriate staff member. A written note will be filed in the student or staff's records.
- 5.12.2 Verbal Warning. This is undertaken when counselling has proved to be insufficient and there are no visible signs of improvement. This will be recorded and the Managing Director will be informed before it is carried out. Students or staff members as applicable will be given time to correct their behaviour but they will also be informed that failure to improve will lead to further disciplinary action. For more information about staff refer *5-01-006 Staff Code of Conduct* and *5-01-004 Human Resources Policy*.
- 5.12.3 Written Warning. These are issued for more serious incidents and seriously unacceptable behaviour, or when verbal warnings have proved insufficient. The warning and disciplinary notice is completed and recorded in students or students file together with a copy of the letter issued to the staff member or student as applicable.
- 5.12.4 Dismissal. When the staff member or student, as applicable, has received two written warnings and a third incident occurs, or if the situation is considered a serious violation of policies and standards, he/she will be dismissed. Dismissal cannot be carried out without the approval of the Management Team and the Board of Directors.
- 5.13 In some cases an interim suspension may be instigated to allow time to review the circumstances that may warrant a dismissal.

### **Notification and Appeal**

- 5.14 Students and staff will be notified in writing of penalties as a consequence of misconduct. Appeals must be lodged in writing to the Managing Director within 14 days of the date of the student being notified of the consequence. Refer to: *8-01-012 Complaints and Appeals Policy (Academic and Non-Academic)*.

## 6. Application

- 6.1 This policy applies to all staff and students of the College.
- 6.2 This policy is available to the public and to staff, current students and prospective students through the College Intranet.
- 6.3 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*.
- 6.4 In line with AQF (2013), this policy will be applied consistently and fairly.

## 7. Responsibilities

- 7.1 The College Managing Director is accountable for this policy and compliance to it.
- 7.2 All departments and staff of the College are responsible for the application of this policy, where applicable.
- 7.3 The College's Management Team is responsible for:
  - 7.3.1 Defining and endorsing this Policy,
  - 7.3.2 Ensuring that the College's culture and this policy are aligned,
  - 7.3.3 Determining misconduct and discipline performance indicators that align with performance indicators of the College,
  - 7.3.4 Aligning misconduct and discipline objectives with the objectives and strategies of the College,
  - 7.3.5 Ensuring legal and regulatory compliance,
  - 7.3.6 Assigning accountabilities and responsibilities at appropriate levels,
  - 7.3.7 Ensuring that the necessary resources are allocated to misconduct and discipline procedures, and
  - 7.3.8 Ensuring the framework for managing misconduct and discipline continues to remain appropriate.

## 8. Quality and Compliance

- 8.1 The College's approach to misconduct and discipline aligns with and gratefully acknowledges the misconduct and discipline Policies of The University of Technology, The University of Sydney and the University of Southern Queensland.
- 8.2 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.



8.3 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> <ol style="list-style-type: none"> <li>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</li> <li>b. each complainant or appellant has an opportunity to formally present his or her case at minimal or no cost to him or herself</li> <li>c. each party may be accompanied and assisted by a support person at any relevant meetings</li> <li>d. the complainant or appellant is given a written statement of the outcome, including details of the reasons for the outcome, and</li> <li>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.</li> </ol> <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 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"> <li>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)</li> <li>b. the registered provider implementing its intervention strategy for</li> </ol>



	<p>students who were at risk of not meeting satisfactory course progress, or</p> <p>c. an approved deferment or suspension of study has been granted under Standard 13.</p> <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>
<p>Part D, 10</p>	<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"> <li>a. requirements for achieving satisfactory course progress</li> <li>b. process for assessing satisfactory course progress</li> <li>c. procedure for intervention for students at risk of failing to achieve satisfactory course progress</li> <li>d. process for determining the point at which the student has failed to meet satisfactory course progress, and</li> <li>e. procedure for notifying students that they have failed to meet satisfactory course progress requirements.</li> </ol> <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"> <li>a. procedures for contacting and counselling identified students</li> <li>b. strategies to assist identified students to achieve satisfactory course progress, and</li> <li>c. the process by which the intervention strategy is activated.</li> </ol> <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>
<p>Part D, 11</p>	<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"> <li>a. an accredited vocational education and training course (unless Standard 11.2 applies)</li> <li>b. an accredited school course</li> <li>c. an accredited or non-award ELICOS course, or</li> <li>d. another non-award course .</li> </ol> <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"> <li>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</li> <li>b. manner in which attendance and absences are recorded and calculated</li> <li>c. process for assessing satisfactory attendance</li> <li>d. process for determining the point at which the student has failed to meet satisfactory attendance, and</li> <li>e. procedure for notifying students that they have failed to meet satisfactory attendance requirements.</li> </ol> <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</p>

	<p>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> <ol style="list-style-type: none"> <li>a. that decision is consistent with its documented attendance policies and procedures, and</li> <li>b. the student records clearly indicate that the student is maintaining satisfactory course progress, and</li> <li>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.</li> </ol> <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> <ol style="list-style-type: none"> <li>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</li> <li>b. that decision is consistent with its documented attendance policies and procedures, and</li> <li>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.</li> </ol>
<p>Part D, 14</p>	<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 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</p>

	premises (including the head office and campus locations) at least 20 working days before the relocation.
<b>Standards for Registered Training Organisations RTOs 2015</b>	
<b>Std 1</b>	<p><b>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</b></p> <p><b>1.1</b> 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><b>1.2</b> For the purposes of Clause 1.1, the RTO determines the amount of training they provide to each learner with regard to:</p> <ol style="list-style-type: none"> <li>the existing skills, knowledge and the experience of the learner;</li> <li>the mode of delivery; and</li> <li>where a full qualification is not being delivered, the number of units and/or modules being delivered as a proportion of the full qualification.</li> </ol>
<b>Std 2</b>	<p><b>The operations of the RTO are quality assured</b></p> <p><b>2.1</b> 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><b>2.2</b> The RTO:</p> <ol style="list-style-type: none"> <li>systematically monitors the RTO's training and assessment strategies and practices to ensure ongoing compliance with Standard 1 and</li> <li>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 7.5, validation outcomes, client, trainer and assessor feedback and complaints and appeals.</li> </ol> <p><b>2.4</b> 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>
<b>Std 3</b>	<p><b>The RTO issues, maintains and accepts AQF certification documentation in accordance with these Standards and provides access to learner records.</b></p> <p><b>3.1</b> The RTO issues AQF certification documentation only to a learner whom it has assessed as meeting the requirements of the training product as specified in the relevant training package or VET accredited course.</p> <p><b>3.2</b> All AQF certification documentation issued by an RTO meets the requirements of <b>Schedule 5</b>.</p>

	<p><b>3.4</b> 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>
<p><b>Std 4</b></p>	<p><b>Accurate and accessible information about an RTO, its services and performance is available to inform prospective and current learners and clients.</b></p> <p><b>4.1</b> Information, whether disseminated directly by the RTO or on its behalf, is both accurate and factual, and:</p> <ul style="list-style-type: none"> <li>a) accurately represents the services it provides and the training products on its scope of registration;</li> <li>b) includes its RTO Code;</li> <li>c) refers to another person or organisation in its marketing material only if the consent of that person or organisation has been obtained;</li> <li>d) uses the NRT Logo only in accordance with the conditions of use specified in Schedule 4;</li> <li>e) makes clear where a third party is recruiting prospective learners for the RTO on its behalf;</li> <li>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;</li> <li>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;</li> <li>h) includes the code and title of any training product, as published on the National Register, referred to in that information;</li> <li>i) only advertises or markets a non-current training product while it remains</li> <li>j) a licensed or regulated outcome where this has been confirmed by the industry regulator in the jurisdiction in which it is being advertised;</li> <li>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</li> <li>l) does not guarantee that:       <ul style="list-style-type: none"> <li>i) a learner will successfully complete a training product on its scope of registration; or</li> <li>ii) a training product can be completed in a manner which does not meet the requirements of Clause 1.1 and 1.2; or</li> <li>iii) a learner will obtain a particular employment outcome where this is outside the control of the RTO.</li> </ul> </li> </ul>

<p><b>Std 5</b></p>	<p><b>Each learner is properly informed and protected</b></p> <p>To be compliant with Standard 5 the RTO must meet the following:</p> <p><b>5.1</b> 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><b>5.2</b> 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> <ul style="list-style-type: none"> <li>a) the code, title and currency of the training product to which the learner is to be enrolled, as published on the National Register;</li> <li>b) the training and assessment, and related educational and support services the RTO will provide to the learner including the:           <ul style="list-style-type: none"> <li>i) estimated duration;</li> <li>ii) expected locations at which it will be provided;</li> <li>iii) expected modes of delivery;</li> <li>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</li> <li>v) any work placement arrangements.</li> </ul> </li> <li>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.</li> <li>d) the learner's rights, including:           <ul style="list-style-type: none"> <li>vi) details of the RTO's complaints and appeals process required by and</li> <li>vii) 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;</li> </ul> </li> <li>e) the learner's obligations:           <ul style="list-style-type: none"> <li>i. in relation to the repayment of any debt to be incurred under the VET FEE-HELP scheme arising from the provision of services;</li> <li>ii. any requirements the RTO requires the learner to meet to enter and successfully complete their chosen training product; and</li> <li>iii. any materials and equipment that the learner must provide; and</li> </ul>           information on the implications for the learner of government training entitlements and subsidy arrangements in relation to the delivery of the services.         </li> </ul>
<p><b>Std 6</b></p>	<p><b>Complaints and appeals are recorded, acknowledged and dealt with fairly, efficiently and effectively.</b></p> <p><b>6.1</b> The RTO has a complaints policy to manage and respond to allegations involving the conduct of:</p> <ul style="list-style-type: none"> <li>a) the RTO, its trainers, assessors or other staff;</li> <li>b) a third party providing services on the RTO's behalf, its trainers, assessors</li> </ul>



	<p>or other staff; or</p> <p>c) a learner of the RTO.</p>
<b>Std 8</b>	<p><b>The RTO cooperates with the VET Regulator and is legally compliant at all times.</b></p> <p><b>8.5</b> The RTO complies with Commonwealth, State and Territory legislation and regulatory requirements relevant to its operations.</p> <p><b>8.6</b> The RTO ensures its staff and clients are informed of any changes to legislative and regulatory requirements that affect the services delivered.</p>

## 9. References

- 9.1 Australian Qualifications Framework Council, 2013, *Australian Qualifications Framework (AQF)*, second ed., South Australia.
- 9.2 Australian Skills Quality Authority (ASQA), 2012, *Standards for VET Accredited Courses 2012*
- 9.3 Australian Skills Quality Authority (ASQA), 2015, *Standards for Registered Training Organisations RTOs 2015*.
- 9.4 Australian Skills Quality Authority (ASQA), 2013, *Australian Quality Training Framework (AQTF): User's Guide to the Essential Conditions and Standards for Initial Registration*.