Compliance and Quality Assurance Policy and Procedure

1. Introduction

This policy and procedure outlines how AICC is committed to continually improving the quality of its services in order to achieve its goals and strategic outcomes, and be inclusive and responsive to participants, staff, volunteers, stakeholders and the wider community through the operation of a quality management system.

2. Compliance

1. This is a compliance requirement under the:
    a. Standard 4.4 for National Vocational Education and Training Regulator (Outcome Standards for NVR Registered Training Organisations) Instrument 2025; and
    b. National Code of Practice for Providers of Education and Training to Overseas Students 2018 (https://www.legislation.gov.au/Details/F2017L01182).

3. Intent

This policy and procedure apply to AICC is to ensure the Organisation's quality and compliance objectives are known, shared and achieved by staff, with a commitment to ensuring that all documents comply with legislative requirements and are controlled for the effective operation of the Quality Management System.

AICC's quality and compliance objectives are to ensure that services and resources operate in a consistent and effective manner to:

- Ensure compliance with relevant Legislation and Regulations.
- Ensure a focus on improving outcomes for participants of the Organisation's services,
  based on evidence-based practice.
- Identify areas of improvement, and following implementation, measure and monitor these to ensure that service is enhanced and improved.
- Ensure a culture of continuous quality improvement exists, and support staff participation in quality related activities.
- Identify and implement quality activities which are in line with the Strategic Plan and Service Area Plans.

AICC undertakes quality improvement activities based on the process of:

- Plan
- Implement
- Evaluate
- Refine and Improve

AICC also has a range of mechanisms in place for collecting and analysing data and feedback from students, staff, industry, employers and regulators. AICC monitors and evaluates its performance against the Standards and uses the outcomes to inform continuous improvement.

1. COLLECT, ANALYSE AND ACT UPON DATA AND FEEDBACK FROM STUDENTS

1.1 Use surveys and feedback mechanisms to collect data and feedback from students. This will include:

- providing an Orientation Survey to students at their orientation to assess their pre-enrolment and orientation experience.
- providing the Learner Questionnaire (quality indicator form) to students before they complete their course.
- informing students in the Handbook and at orientation as to how they can provide feedback through completing the Feedback Form.

1.2 Identify the need for additional surveys of students and develop and implement as required.

1.3 Analyse and document the findings of all data and feedback collected. Analysis may include:

- Identifying key trends or pattens in responses.
- Using descriptive statistics such as percentages and averages to highlight findings.
- Comparing results across different cohorts.
- Identifying unexpected results or anomalies and their implications.

1.4 Where the analysis indicates that improvements are required, include these findings on the Continuous Improvement Register and identify required actions and associated responsibilities and timelines.

1.5 Communicate findings and required actions, responsibilities and timelines to relevant stakeholders.

1.6 Monitor completion of actions and document outcomes on the Continuous Improvement Register.

1.7 Complete quality indicator annual summary report for calendar year and submit to ASQA by 30 June each year.

2. COLLECT, ANALYSE AND ACT UPON DATA AND FEEDBACK FROM STAFF

2.1 Ensure that staff can provide feedback at all staff meetings (held monthly) by including an agenda item for such. Meetings may be whole of staff meetings or teams such as academic teams.

2.2 Ensure that all staff are aware that they can provide feedback outside of meetings by completing a feedback form.

2.3 Identify the need for additional ways to seek data and feedback from staff and develop and implement as required.

2.4 Analyse the findings of all data and feedback collected. Analysis may include:

- Identifying key trends or pattens in responses.
- Using descriptive statistics such as percentages and averages to highlight findings.
- Identifying unexpected results or anomalies and their implications.

2.5 Where the analysis indicates that improvements are required, include these findings on the Continuous Improvement Register and identify required actions and associated responsibilities and timelines.

2.6 Communicate findings and required actions, responsibilities and timelines to relevant stakeholders.

2.7 Monitor completion of actions and document outcomes on the Continuous Improvement Register.

3. COLLECT, ANALYSE AND ACT UPON DATA AND FEEDBACK FROM OTHER STAKEHOLDERS

3.1 Identify relevant stakeholders to collect data and feedback from. This may include employers, industry stakeholders and regulators as relevant.

3.2 Use surveys and feedback mechanism to collect data and feedback from stakeholders. This will include:

- providing the Employer Questionnaire (quality indicator form) to employers prior to students they employ completing their course
- completing industry consultation as outlined in the Training and Assessment Policy and Associated Procedures.

3.3 Identify the need for additional ways to seek data and feedback from other stakeholders and develop and implement as required.

3.4 Analyse and document the findings of all data and feedback collected. Analysis may include:

- Identifying key trends or pattens in responses.
- Using descriptive statistics such as percentages and averages to highlight findings.
- Comparing results across different cohorts.
- Identifying unexpected results or anomalies and their implications.

3.5 Where the analysis indicates that improvements are required, include these findings on the Continuous Improvement Register and identify required actions and associated responsibilities and timelines.

3.6 Communicate findings and required actions, responsibilities and timelines to relevant stakeholders.

3.7 Monitor completion of actions and document outcomes on the Continuous Improvement Register.

3.8 Where the analysis indicates that improvements are required, include these findings on the Continuous Improvement Register and identify required actions and associated responsibilities and timelines.

3.9 Complete quality indicator annual summary report for calendar year and submit to ASQA by 30 June each year.

4. COMPLETE ONGOING REVIEW OF QUALITY AND COMPLIANCE

4.1 Develop a quality and compliance schedule to ensure that each aspect of AICC operations is audited and reviewed.

4.2 Organise an external consultant at least annually to complete an internal audit. AICC has an agreement with to conduct quarterly audit for 2025 to 2028 to ensure that we are in compliance with the new Standards 2025.

4.3 Where the outcome of the compliance review indicates that improvements are required, include these findings on the Continuous Improvement Register and identify required actions and associated responsibilities and timelines.

4.4 Communicate findings and required actions, responsibilities and timelines to relevant stakeholders.

4.5 Monitor completion of actions and document outcomes on the Continuous Improvement Register.

5. INTERNAL AICC COMPLIANCE AND MANAGEMENT MEETINGS

The Compliance Manager will be responsible for the development and maintaining RTO Standard 2025 and ESOS Obligations Annual Calendar.

AICC Director, the Chief Executive Officer/Principal Executive Officer and the Compliance Manager will meet and discuss to agree on dates where the task/requirements will be action. In agreement, the Compliance Manager will enter these dates into their calendar.

Within the ongoing monthly management and compliance meetings respectively, one of the agenda items will be the discussion on the upcoming task/requirements from the annual calendar. We will chair other relevant meetings with the management team if the task/requirements are related to them.

Within the management meetings, if there are changes required to the annual calendar, this will be:

- discussed and agreed in the meeting. (documented in the meeting minutes),
- enter into the continuous improvement register,
- the Compliance Manager will make the relevant changes if needed.
- Send it to the Chief Executive Officer/Principal Executive Officer for review.
- Save it on the QMS (SharePoint) to ensure all relevant staff are able to access it,
- Communicate to all the relevant stakeholders via email and/or meetings.

RESPONSIBILITIES

The CEO and Compliance/Academic Manager are collectively responsible for all aspects of quality assurance as outlined in this policy and associated procedures.

DOCUMENT CONTROL

Version number:	V1.3	Approved by:	CEO/PEO
Approval date:	01 July 2025	Review date:	01 July 2026

Important Information:

Keep your registration up to date by checking when it expires at asqanet.asqa.gov. au or training.gov.au. Renewal applications open 12 months prior to registration expiry and close 90 days before expiry. Get in early to avoid delays.	09/06/2026 Submission for renewal must occur prior or on the **09/06/2026**.
Keep your registration up to date by checking when it expires at asqanet.asqa.gov. au or PRISMS. Renewal applications open 12 months prior to registration expiry and close 90 days before expiry. Get in early to avoid delays.	09/06/2026 Submission for renewal must occur prior or on the **09/06/2026**.

	January	February	March	April	May	June	July	August	September	October	November	December
RTO Obligations												
Do you know your asqanet login details? If you can't log in to asqanet.asqa.gov.au, email enquiries@asqa.gov.au.	Y			Y			Y			Y		
Make sure your Chief Executive Officer's email address is up to date at asqanet.asqa.gov.au.		Y			Y			Y			Y	
Provide a mobile phone number for your Chief Executive Officer so you can receive SMS reminders for urgent matters.		Y			Y			Y			Y	
Report your RTO's Total VET Activity AVETMISS data for 2025 to NCVER— every RTO has to report, even if no training was provided. Check your requirements.	Y	Y										
Submit your 2026 declaration on compliance with the Standards for Registered Training Organisations (RTOs) 2025. Note: Your CEO will receive an email with the submission link in February.		Y	Y									
Submit your 2026 quality indicator data to qidata@asqa.gov.au. Check your requirements.					Y	Y						
Pay ASQA your annual registration charge.							Y					
ESOS Obligation												

Review information about your organisation on the Commonwealth Register of Institutions and Courses for Overseas Students. If the information is not accurate, contact ASQA on enquiries@asqa.gov.au	Y			Y			Y			Y		
Give prescribed information in PRISMS about any overseas student you accept on a course within 31 days of the event.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Give prescribed information in PRISMS about any overseas student that fails to commence their course, or their course is terminated (whether due to action by the student or the provider) by: • 31 days after the event (for students 18 years and over) or • 14 days after the event (for students less than 18 years).	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Give prescribed information in PRISMS about any overseas student where: the student changes course or the duration of the course changes, the course is suspended, or any other information specified in the ESOS regulations by: • 31 days after the event	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pay your Tuition Protection Service (TPS) levy. You must pay it after the TPS Director gives you a written notice setting out the amount of your levy, and the due date for the payment			Y									
Pay your annual registration charge for ESOS providers to the Department of Education, Skills and Employment. If you are an RTO registered with ASQA, this charge is additional to the annual registration charge payable to ASQA.	Y											