

QUALITY ASSURANCE POLICY AND ASSOCIATED PROCEDURES

PURPOSE OF THE POLICY

This policy and associated procedures outline KII's approach to ensuring that all aspects of its operations are quality assured.

This policy and associated procedures meet the requirements of Standard 4.4 of the Standards for RTOs.

POLICY STATEMENTS

QUALITY APPROACH

Kingsford International Institute is committed to continuous improvement to support the quality of services provided.

Quality forms part of KII's overall commitment and all services provided are delivered to the highest possible standards.

KII has a range of mechanisms in place for collecting and analysing data and feedback from students, staff, industry, employers and regulators.

KII monitors and evaluates its performance against the Standards and uses the outcomes to inform continuous improvement.

PROCEDURES

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 patterns 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 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 patterns 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 patterns 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 KII operations is audited and reviewed.
- 4.2 Organise an external consultant at least annually to complete an internal audit.

- 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.

RESPONSIBILITIES

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