

SUGGESTION FORM

NAME (OPTIONAL): _____

PHONE (OPTIONAL): _____ **DATE:** _____

Who are you?	Type of Suggestion:
☐ Student ☐ Trainer/ Assessor ☐ Staff (Admin/ Support) ☐ Faculty/Leadership ☐ Other: _____	☐ Academic (courses, training delivery, learning resources) ☐ Student Support (welfare, wellbeing, counselling, inclusivity) ☐ Facilities (classrooms, library, labs, equipment, technology) ☐ Administration (enrolment, records, communication, forms) ☐ Workplace/Staff (HR, processes, policies, teamwork) ☐ Events & Engagement (excursions, workshops, activities) ☐ Other: _____

Suggestion:

I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and TEDI's Privacy Policy and may be shared with the regulators where required under the ESOS Act 2000 or National code 2018.

Signature: _____ **Date:** ____ / ____ / ____



True Education Pty Ltd Trading as

1. Technical Education Development Institute
2. Technical Electronics Centre

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