

Purpose: To allow an individual to positively or constructively provide feedback, or any identified concerns (e.g. unacceptable service or behaviour) to the attention of Gold Training management (for corrective action where required)

SECTION 1: TO BE COMPLETED BY THE INDIVIDUAL PROVIDING FEEDBACK

(The person recording the feedback may complete this form on behalf of the Individual, where applicable, e.g. Telephone)

USI Number:		Course Name	
First Name		Last Name	
Client Address		Trainer (if applicable)	
Email Address		Telephone Contact:	

What is your feedback regarding?

My Trainer	<input type="checkbox"/>	Behaviour	<input type="checkbox"/>	Resources	<input type="checkbox"/>
My Course	<input type="checkbox"/>	Environment	<input type="checkbox"/>	My Expectations	<input type="checkbox"/>
Gold Training	<input type="checkbox"/>	Equipment	<input type="checkbox"/>	Other	<input type="checkbox"/>

Details of Feedback

Name		Signature	
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Instructions: When all above fields have been completed:

- Hand this form into your respective Gold Training Course Trainer, or
- Email this form to gt.studentadmin@goldtraining.edu.au, or
- Mail to Level 3/77 Mooloolaba Esplanade, Mooloolaba, QLD, 4557

SECTION 2: TO BE COMPLETED BY THE RELEVANT GOLD TRAINING LINE MANAGER

(OFFICE USE ONLY)

Review and Investigation (Root Cause Analysis - What prompted the feedback?)

Valid Feedback: (give reasons) Yes No

Relevant Line Manager	Name		Signature	
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Note: When review and investigation has been completed, please scan email a copy to the Gold Training Compliance Team

Recommended Correction or Corrective Action – What is the recommended immediate fix to resolve the problem?

Action Time	<input type="checkbox"/> Immediately	<input type="checkbox"/> Within 24 hours	<input type="checkbox"/> Within 7 days	<input type="checkbox"/> Other (specify):
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Action to be taken by		Client Notified	<input type="checkbox"/> Yes Date
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Corrective Action Approval	Name		Signature	
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Follow up verification	<input type="checkbox"/> Corrective action has been taken and was effective.
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Relevant Line Manager		
	Name	Signature
		Date

Preventive Action Taken – What can be done to prevent the same thing from happening again?

Action Time	<input type="checkbox"/> Immediately	<input type="checkbox"/> Within 24 hours	<input type="checkbox"/> Within 7 days	<input type="checkbox"/> Other (specify):
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Action to be taken by		Client Notified	<input type="checkbox"/> Yes Date	
Preventive Action Approval	Name		Signature	
Follow up verification	<input type="checkbox"/> Preventive action has been taken and was effective.			
Manager Information				
	Name	Signature	Date	
<p>Note: When complete, a copy of this record will be saved on the Gold Training shared drive. This will ensure that the document is stored in a permanent location.</p> <p>Furthermore, this information will be stored in the Gold Training 'Customer Feedback Register' for future reference if required</p>				