**Quality Indicators**

**Reporting of learner engagement and employer satisfaction quality indicator**

**About this form**

This form is to be completed by registered training organisations (RTO) as part of their obligations to report data on quality indicators in relation to learner engagement and employer satisfaction.

Please return this completed form to:

Email: vet.qi@education.vic.gov.au
Subject: Quality Indicators

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| **RTO details** |
| RTO trading or legal name |  |
| RTO number |  |
| Contact name |  |
| Telephone |  | Mobile |  |
| Date |  |
|  |  |
| **Summary of Survey Responses** |
| **Learner and Employer Responses**  | Learners | Employers |
| Total number of responses distributed |  |  |
| Total number of surveys received |  |  |
| Response rate (per cent) |  |  |
|  |  |  |

Privacy statement

All information collected in this form is required by State or Commonwealth legislation and associated regulatory frameworks.

The VRQA will only use this information in relation to its powers and functions under the *Education and Training Reform Act 2006*. To read the VRQA’s full privacy statement, see:

* [Privacy statement](https://www.vrqa.vic.gov.au/Pages/privacy.aspx)

You are able to request access to personal information that we hold about you and request that it be corrected.

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| Summary of continuous improvement |
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| **Please indicate the main ways that learner engagement data has been used for continuous improvement** |
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| **Please indicate the main ways that employer satisfaction data has been used for continuous improvement** |
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| **If you have not reported on both learner engagement and employer satisfaction data, please provide a reason** |
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| Declaration |
| **RTO details** |  |
| RTO Name |  |
| I confirm that the above RTO:* has collected, analysed and retained quality indicator data
* has acted on data for the continuous improvement of training and assessment and client services
* has retained Quality Indicator data as evidence of compliance.
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| **Name of Principal Executive Officer (PEO)** |
| Full name |  |
| Date |  **\_ / \_ \_ /** 20 **\_ \_** |
| Signature |  |

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