

**TAFE Directors Australia
National Secretariat
Canberra Institute of Technology
Bldg E, CIT Southside Campus
WODEN ACT 2606**

**Postal Address
PO Box 631
CANBERRA ACT 2601**

Office telephone 02 6205 6400

**Contact Manager – Martin Riordan, Executive
Director**

***Project Report:
The National Code 2007
Self Assessment Guide***

Introduction

The Commonwealth Education Services for Overseas Students Act 2000 (the ESOS Act) requires an independent evaluation to be undertaken within three years of it coming into effect. In 2005 an independent evaluation conducted by PhillipsKPA and Lifelong Learning of the Education Services for Overseas Students Act 2000 made a number of recommendations which focussed on improving the National Code 2007 of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (The National Code 2007).

TAFE Directors Australia was among stakeholders consulted regarding the Evaluation proper and the Department of Education, Science and Training response.

The National Code 2007 seeks to provide nationally consistent standards for the conduct of registered providers and the registration of their courses. It is a legislative instrument, legally enforceable and breaches of the National Code 2007 by registered providers can result in sanctions being imposed on providers' registration under the ESOS Act. It is therefore of critical concern to educational providers from a compliance management point of view. More importantly TAFE Directors Australia (TDA) supports the application of a code to achieve the social and economic benefits flowing from the contribution of international students, intellectually, socially, and culturally to Australian education and society. TDA believes that the benefits of international education and training depend on the quality of service provided to overseas students and on the integrity of migration arrangements to ensure the welfare of international students.

The objectives of the National Code 2007 are to:

- support the ESOS framework, including supporting the effective administration of the framework by the Australian Government and state and territory governments;
- establish and safeguard Australia's international reputation as a provider of high quality education and training by ensuring that education and training for overseas students meets nationally consistent standards; and
- ensuring the integrity of registered providers protect the interests of overseas students by:
 - ensuring that appropriate consumer protection mechanisms exist
 - ensuring that student welfare and support services for overseas students meet nationally consistent standards, and

- providing nationally consistent standards for dealing with student complaints and appeals
- support registered providers in monitoring student compliance with student visa conditions and in reporting any student breaches to the Australian Government.

Proposed changes to the National Code 2007 were circulated in four tranches, during 2005 and 2006. TDA advocated further clarity on aspects of the National Code 2007, and welcomed the revisions which had been sought to minimise burden of compliance on providers, especially given increasingly higher and vocational education pathways are followed by our students, and in the case of Victoria, numerous TDA Member Institutes operate under a dual sector system – so the case for a level platform on ESOS regulation was important under the review.

The Minister for Education, Science & Training, the Hon Julie Bishop approved the Revised Code in 2006 with an implementation date of 1 July 2007.

The Revised Code consists of four parts. This framework (Part A) broadly outlines the principles and guidelines that underpin the National Code 2007. Part B describes the roles and responsibilities of the Australian Government and state and territory governments. Part C outlines the Commonwealth Register of Institutions and Courses for Overseas Students (CRICOS) registration requirements and Part D provides standards that set out obligations on and procedures for registered providers of education and training to overseas students.

This report describes a project conducted by TDA funded by the Department of Education, Science and Training under the National Transition Support Program. This program assists educational providers to implement the National Code 2007.

Aims of the project

The project sought to:

- identify gaps between current practice and the National Code 2007 of Practice standards;
- formulate strategies for meeting revised standards;
- trial the above strategies;
- develop materials and a national database to facilitate distribution of guidelines to appropriate administrators within registered training organizations; and

- provide information which develops a professional development plan to facilitate the wider implementation of the revised standards.

Methodology

The project methodology followed a continuous improvement strategy which follows the pattern: study, plan, implement, study, and embed into practice often referred to as the study plan do check study act cycle described by Deming (1993) or the action learning cycle (Lewin, 1947, 1958).

This project developed an approach to assist colleges in their implementation of the revised standards.

The project:

- documented the existing quality processes to meet the National Code 2007 within a major TAFE provider with a significant international enrolment;
- compared the existing systems with the revised code within a TAFE institute (with the aid of an audit instrument consistent with AS/NZS ISO 19011:2003 Australian/New Zealand Standard Guidelines for quality and/or environmental management systems auditing approach to auditing) to identify any gaps;
- developed a self assessment instrument based on an integrated audit and compliance approach devised to respond to the recommendations of the audit;
- created a national database of administrators within TAFE institutes and private providers with responsibility for policies and procedures related to the standards; and
- developed a national website which will assist the further roll-out of the revised standards.

Each of these is considered below.

Audit

Definition

AS/NZS ISO 19011:2003, 1 provides the following definition of an audit:

An audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

Audit criteria in this context relate to the requirements of the standard and audit evidence includes records, statements of fact or other information, which are relevant to the audit criteria and verifiable.

Objectives

The objectives of the audit included:

- identifying gaps in policies and procedures developed under the previous code against those required by the new code;
- determining what system improvements could be identified; and
- informing the remainder of the project
- Audit criteria

In this context the audit objectives include establishing compliance to the requirements of the ESOS act and in particular the National Code 2007. It is important that the objectives should avoid narrow focus on the particular standards but be written in such a way as to encompass the underlying purposes of the act and the code. These include:

- maintaining and enhancing Australia's international reputation as a destination for high quality education and training for overseas students; and
- ensuring consumer protection.
- Scope of the audit

For these purposes it was not necessary to include a large number of institutes but it was important to include the full range of procedures that would apply in a large institute with significant numbers of international students.

Sources of information

Sources of information included:

- documents, such as policy, objectives, plans, procedures, standards, work instructions,
- student guides and rules located on websites of institutes
- Confidentiality

Within the original proposal it was envisaged that the audit could identify exemplar policies and procedures to be shared amongst institutes. This proved not to be practicable because the project could only gain access to procedures by guaranteeing they would be held confidential. Thus the audit team made the following confidentiality statement when obtaining information:

The project team agrees:

- supplied documents are confidential and not to be released to a third party;
- documents are only to be utilized for the nominated research project;
- guarantees not to directly quote from any policy or procedures supplied for the purpose of the project or to identify the institute in any way; and
- once the review has been completed the project team will destroy copies supplied.
- Audit findings

Audit findings against each of the standards of the National Code 2007 presented in Table 1.

Table 1 Audit Findings

	Summary Findings - evidence supplied by participating institutes
Part C - Registration on CRICOS	
3. Providers can only be registered on CRICOS where they have been approved by the	Compliance to these requirements is integral to the registration process required under AQTF and is

	Summary Findings - evidence supplied by participating institutes
<p>designated authority to provide courses of education or training to overseas students in that state. This approval can only be given where the provider to be registered has been found to comply with all the requirements for registration under the relevant state or territory legislation and section 9 of the ESOS Act. This includes complying with the requirements of the National Code.</p> <p>4. Registration on CRICOS is for a particular course for a particular state. A provider wishing to provide courses in more than one state must seek registration for each course in each state where it will be delivered.</p> <p>5. In the event that a change of ownership of the registered provider results in a change to the previous legal entity registered on CRICOS, the new entity must obtain its own CRICOS registration.</p> <p>6. – Application for registration</p> <p>7. - Course duration</p>	<p>therefore well established in institutes.</p> <p>Documented procedures reviewed did not appear to meet the requirements of Clause 4. This is not problematical on initial registration but Mutual recognition arrangements for AQTF are much simpler than this requirement.</p> <p>No institute had a documented procedure for this which is not surprising given that institutes are state owned.</p> <p>These revised conditions of initial registration require greater detail on locations of students and a documented policy on work-based training. Existing procedures and policies need to be modified to account for this.</p> <p>This requires the provider to notify designated authority of changes to course length prior to implementing. In some institutes procedures need to be modified to meet this</p>

	Summary Findings - evidence supplied by participating institutes
<p>8. - Work-based training</p> <p>9. - Mode and place of study</p> <p>10. - Arrangements with other providers</p> <p>11. Inspection of premises</p> <p>12. Maximum number of students</p>	<p>requirement.</p> <p>Condition of registration.</p> <p>Condition of registration</p> <p>Condition of registration.</p> <p>This requires the provider to notify designated authority of changes to contract arrangements prior to implementing. No procedures were identified in institute documentation to meet this requirement.</p> <p>Need to include appropriate arrangements within agents' agreement currently being developed for Part D Standard 4.</p> <p>Condition of registration</p> <p>Condition of registration</p>

Part D Standards for Registered Providers	
<p>Standard 1 – Marketing information and practices</p> <p>Standard 2 – Student engagement before enrolment</p> <p>Standard 3 – Formalisation of enrolment</p> <p>Standard 4 – Education agents</p> <p>Standard 5 – Younger students</p> <p>Standard 6 – Student support services</p>	<p>Existing procures reviewed meet all these requirements</p> <p>Clause 1.1 is also a requirement of AQTF Clause 1.2 is being adhered to</p> <p>Clause 1.3 is new and therefore requires new procedures</p> <p>Clause 1.4 requires a training element to ensure compliance there is also a need to include clauses in the agents agreement being developed for Standard 4.</p> <p>Existing procedures reviewed meet all requirements of this standard many are AQTF requirements</p> <p>To meet requirements of Clause 3.1, existing procedures reviewed need to be modified to include note on personal information and current address otherwise meet all requirements of this standard.</p> <p>Existing procedures in some institutes need to be modified to include statement on consumer protection otherwise meet all requirements of this standard.</p> <p>Providers have formed consortium to develop a standard agreement with aid of legal counsel.</p> <p>Existing procedures require appointment of guardian therefore standard does not apply.</p> <p>Existing procedures reviewed meet the requirements of clauses 6.1, 6.2</p> <p>Clause 6.3 requirements are not explicit in the procedures reviewed.</p> <p>However there is evidence provision of these services at the Institutes</p> <p>Clause 6.4 is a new requirement and therefore there are no existing policies specific to international students within documents</p>

<p>Standard 7 – Transfer between registered providers</p> <p>Standard 8 – Complaints and appeals</p> <p>Standard 9 – Completion within the expected duration of study</p> <p>Standard 10 – Monitoring course progress</p> <p>Standard 11 – Monitoring attendance</p> <p>Standard 12 - Course Credit</p> <p>Standard 13 – Deferring, suspending or cancelling the student’s enrolment</p> <p>Standard 14 – Staff capability, educational resources and premises</p> <p>Standard 15 – Changes to registered providers’ ownership or management</p>	<p>reviewed. Risk management is requirement of AQTF and the requirements are met for all students.</p> <p>Requirements of clauses 6.5, 6.6 and 6.7 do not appear to be specifically addressed within policies and procedures reviewed. (Institutes adopte the standard as their policy)</p> <p>The Clauses of Standard 7 are new and therefore no existing procedures reviewed meet these requirements.</p> <p>Existing procedures meet the requirements of Clauses 8.1, 8.4 and 8.5. Existing procedures reviewed do not appear to meet requirements of clause 8.2 and clause 8.3.</p> <p>Existing procedures reviewed do not appear to meet requirements of Clauses 9.1, 9.2, 9.3, 9.4, or 9.5.</p> <p>Existing procedures reviewed do not appear to meet requirements of Clauses 10.1, 10.2, 10.3, 10.4, or 10.5.</p> <p>DEST has devolped approved policy under 11.2</p> <p>Requirements of Clause 12.1 and 12.2 are also requirements of AQTF an all institutes have well developed procedures to meet them.</p> <p>Existing procedures reviewed do not appear to meet requirements of Clauses 13.1, 13.2, or 13.3,</p> <p>Requirements of Clause 14.1 and 14.2 are also requirements of AQTF an all institutes have well developed procedures to meet them.</p> <p>Existing procedures reviewed do not appear to meet requirements of Clauses 14.3.</p> <p>TAFE are state owned but amalgamations are common. Understandably, existing procedures and policies reviewed did not appear to account for change of ownership.</p>
---	--

Audit conclusions

From the findings some general conclusions indicating the overall soundness or otherwise of the system in place within institutes to meet their requirements under the clauses of the National Code 2007 include:

- Not surprisingly new provisions of the code require substantial revision to existing policies and procedures as identified in Table 1.
- There are also some existing requirements that do not appear to have been fully met within the reviewed documentation. This may be because the institutes deal with these issues within policy or procedures that are not specifically related to international students but more likely those requirements are dealt with either within individual job descriptions or through training of individual staff.
- This last highlights a weakness in the original plan of the project viz. that policy and procedure describe compliance to the National Code 2007.
- Three specific weaknesses within policy and procedures in place include that abnormal events such as a change in workplace arrangements that need to be reported are not included in the current procedures and that procedures do not indicate a compliance culture throughout the entire management structure of an institute.
- Procedures reviewed did not describe the training requirements of individual staff or the awareness programs that would be needed to ensure a compliance culture.
- The need to keep faith with confidentiality of individual institutes has precluded the sharing of exemplar procedures as was originally intended. Therefore there is a need to develop a self-assessment guide which would allow individual institutes to reflect on their own compliance *at a more systematic overview than an audit of this type can provide.*

Rationale

A copy of the self-assessment guide is provided as Attachment A. This section briefly indicates the rationale for the development of the guide. Perhaps the best way to conceive of traditional quality auditing is that it provides a mechanism for ensuring that the gains of quality improvement are maintained as in Figure 1.

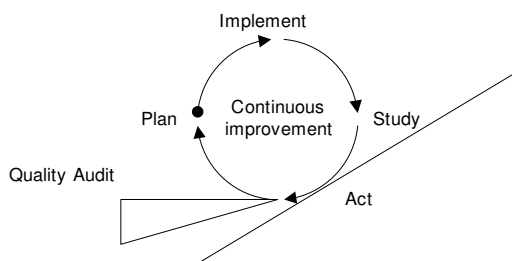


Figure 1 Quality Audit Supporting Continuous Improvement

Some organisations operate stand-alone “compliance” systems to ensure compliance with the organizations obligations with a “Compliance Manager” who is specifically responsible. The Australian Standard on Compliance Programs AS 3806-2006 indicates however that compliance should not be a stand-alone activity and that compliance should be integrated into the organisation’s financial, risk, quality, environmental and health and safety management systems. Thus unlike a traditional quality audit which can often be carried out with reference to a specific quality manual assessment of compliance often involves gathering evidence about a variety of systems for coordinating work within an organisations. Work is coordinated by one or more of Assessment (Committee or Team) or teamwork, supervision, standardised processes often described by policy and procedural documents and standardised outcomes. Thus assessment of compliance against a specific act such as the ESOS act and associated National Code 2007 could involve examining supervisory and team processes, a variety of policy and procedural documents, position descriptions and performance agreements contracts and training programs

Examination of institute processes and procedures suggests that the audit against the National Code 2007 and compliance is not simply a matter of audit of specific policy and procedural documents as assumed in the original proposal. There was an apparent need to assess compliance by gathering evidence throughout the operation of an institute and from a variety of sources.

Therefore the project team sought variation to the methodology of the project to investigate how a wider approach could be implemented and what guidance the team could develop for this more expansive methodology.

The Australian Standard on Compliance Programs AS 3806-2006 provides 12 principles on which a compliance program should rest. These are grouped within four categories: commitment, implementation, monitoring and measurement, and continual improvement.

Commitment

The principles underpinning the compliance program that relate to commitment (and planning) include:

Principle 1: Commitment by the governing body and top management to effective compliance that permeates the whole organization.

Principle 2: The compliance policy is aligned to the organization's strategy and business objectives, and is endorsed by the governing body.

Principle 3: Appropriate resources are allocated to develop, implement, maintain and improve the compliance program.

Principle 4: The objectives and strategy of the compliance program are endorsed by the governing body and top management.

Principle 5: Compliance obligations are identified and assessed.

Implementation

The principles underpinning a compliance program that relate to implementation include:

Principle 6: Responsibility for compliant outcomes is clearly articulated and assigned.

Principle 7: Competence and training needs are identified and addressed to enable employees to fulfil their compliance obligations.

Principle 8: Behaviours that create and support compliance are encouraged and behaviours that compromise compliance are not tolerated.

Principle 9: Controls are in place to manage the identified compliance obligations and achieve desired behaviours.

Monitoring and Measuring

The principles underpinning a compliance program that relate to monitoring and measuring include:

Principle 10: Performance of the compliance program is monitored, measured and reported.

Principle 11: The organization is able to demonstrate its compliance program through both documentation and practice.

Continual Improvement

The principle underpinning the compliance program that relates to continual improvement is:

Principle 12: The compliance program is regularly reviewed and continually improved.

The first three categories relate effectively to the traditional plan do check act cycle familiar to quality managers. The continuous improvement category contains Principle 12: the compliance program is regularly reviewed and continually improved. Two important implications of this approach. Firstly, the principles in the first three categories can be used as an organisation schema for the compliance program. Secondly, the incremental approach of plan do check act should be supplemented by an overview of the whole systems and if necessary a preparedness to modify systems. This self assessment guide is organised around these implications.

At the heart of this approach is the distinction drawn by Argyris and Schon (1978) between the beliefs and values espoused by an organisation (espoused theory) and those employees actually use to guide their activities (theory in practice). The espoused theory refers to a normative or desired state of what the organisation should be and is often presented in speeches of senior executives and in publicity material or formal reports. The theory in practice could be quite different.

Argyris and Schon (1978) suggest that there are two kinds of learning, 'single- and double-loop learning'. Single loop learning occurs within existing systems of values while double loop learning involves changes in values and value systems (theory in use) and requires reflective inquiry. They argue that organisations inquire when individuals in organizations inquire, in interaction with one another, in an effort to produce productive organisational learning outcomes. For Argyris and Schon (1996)

an organisational ideal includes organisational adaptability and propensity to experiment. This in turn requires a realisation of individual potential for learning in the service of organisational purposes and creation of organisations which foster human development.

AS3806 indicates the importance of a “compliance culture” defined as one where the values ethics and beliefs of institute personnel underpin behaviour consistent with an organisation’s obligations.

The document developed in the project outlines an approach to self-assessment of compliance to the ESOS act and the National Code 2007 of Standards. It addresses three levels of compliance – whether or not the systems operate as described, and are efficient and effective, and whether or not they are the right systems.

The internal processes to ensure these aims and to avoid breeches of the act or code need to be flexible, responsive, effective and measurable.

Self-assessment of an institutes systems that ensure compliance including policy, procedures, training supervision and communication on a regular basis is crucial to ensure these objectives are met in the most effective and efficient way known.

Purpose of a Self-assessment

Taking into account the rationale above the purposes of the self-assessment review need to centre on ensuring appropriate systems are in place at all levels of the organisation so that a compliance culture develops which ensures breeches of the code are minimized.

Outcomes of a self-assessment of compliance

An audit report to senior management should include findings in relation the purposes of the audit and recommendations with respect to:

- any corrective actions identified in relation to breeches;
- any aspect of the compliance system that does no appear to achieve the purposes set;
- any continuous improvement initiatives; or
- changes in processes and operational practices to ensure the system achieves its purposes
- Evidence about a Compliance Program

Taking the above rationale into account it follows that evidence sources should demonstrate the 12 principles within the categories commitment, planning and

implementation (including monitoring and measurement matched to specific coordination mechanisms as is illustrated in Table 2

Table 2 Evidence Sources

Nature of Coordination Mechanism *	Senior Management Commitment	System in Place	System in operation
Assessment (Committee or Team):	Board/Senior management Meeting committee terms of reference agenda	Board/Senior management Meeting committee agenda Terms of reference agenda for committees action groups	Senior management Meeting committee Minutes/ Action sheets Minutes of action groups Action plans
Supervision	Performance Management Statements	Position statements and performance agreements	Performance reviews
Standard Operating Procedures	Compliance related Budgets Statements	Procedural manuals Register of compliance obligations Risk assessment register	Register of Breeches
Preformance Standards	Policy Statements Corporate statements	Performance Targets	Performance Reviews Previous audit or compliance reports including corrective action requests and responses Register of complaints

Training	Professional Development Resources	Training plans Training Resources	Training Records
-----------------	---	--	-------------------------

Evaluating Evidence

Consistent with the rationale and Principle 12 above self-assessment requires evidence to be evaluated against the guiding principles of The Australian Standard on Compliance Programs AS 3806-2006.

- * NB
- Assessment - working together as a team
 - Supervision – on-site supervision e.g. Residential House-Parent, Head of Department
 - Standard Operating Procedures – e.g. quality practice manual or risk management plan
 - Performance Standards – e.g. course withdrawal rate below 30%
 - Training – e.g. professional development course delivered to National Training Package Competency Unit

Likely Findings

Possible findings include:

- summary and categorisation of breeches have occurred and how they can be minimised in future;
- suggestions for implement form operating or management staff;
- review of breeches for possible weakness in the program;
- review of records kept for improvement opportunities;
- whether or not findings of previous audits have been successfully addressed;
- changes in the internal or external environment that need to be addressed;
- adequacy of resources adequacy of policy and procedural documents and systems structures and personnel resources and training;
- learning's from previous audits and record of breeches and actions;

- whether or not the program has prevented breeches of the act.

TDA Database of managers

In order to further assist in the implementation of the code on an ongoing basis TDA has gathered contacts at all levels of institutes and formed a database of these contacts. There are three levels of contact as shown in Table 3.

Table 3 Structure of TDA National Database

Group	Target Members	Target Size	Purpose
International Reference Group	Institute directors and Executives	8-10	To provide strategic advice on the international market and the nature of TAFE institutes' international business
Australian TAFE International Network	Senior Marketing Managers and Institute directors	10-15	sharing of information about international business and strategies providing feedback about regulation at a strategic level
International Managers Network	Middle Mangers within TAFE Institutes	50-60	Share knowledge about the implementation of strategies within institutes with an interest in furthering international business and operations

The first two groups are now well established the third group has been formed within the past two months and is steadily going in size. Circulation of material from DEST has already begun and this database will be available for the foreseeable future.

Website development

All the above managers have access to a purpose built intranet site to share materials and opinions and to distribute materials form various projects:

The intranet has the following main features include:

- login from TDA web-site;

- secure login from any site;
- threaded discussion forums; and
- document libraries.

This site has been developed.

Conclusion and Future Developments

In conclusion, there is a need to foster an organisational culture within the vocational education sector which is supportive of compliance. This can only be achieved through a well planned educational program operating at all levels of the industry.

TDA recommends an education program in the form of workshops, to support the implementation which could ensure that staff at all levels within an institute are aware of their obligations under the National Code 2007 and encouraged to be vigilant about them. A similar methodology was adopted by the National Quality Council for the recent launch of Essential Standards under ATQF 2007.

The findings of this report strongly support the need for such a program which of necessity must transcend mere information sharing. The self-assessment guide could form the basis of a workshop starting with a self-assessment and developing action-plans that could address this need.

References

Argyris, C., & Schon, D. (1974) *Theory in practice: Increasing professional effectiveness*. San Francisco: Jossey Bass.

Argyris, C., & Schon, D. (1978) *Organisational learning: A theory of action perspective*. Reading, Mass: Addison Wesley.

AS/NZS ISO 19011:2003 Australian/New Zealand Standard Guidelines for quality and/or environmental management systems auditing (identical with, ISO 19011:2002, Guidelines for quality and/or environmental management systems auditing.

Deming, W. E. 1986, *Out of the Crisis*. Cambridge, Mass.: Massachusetts Institute of Technology.

Deming, W. E. 1988, "Quality and the Required Style of Management: The need for change" *The Journal for Quality and Participation*.

Deming, W. E. 1993, *The New Economics for Industry, Government, Education*. Cambridge, Mass.: Massachusetts Institute of Technology.

Lewin, Kurt. 1947, "Frontiers in group dynamics," *Human Relations*, 1, 5-41.

Lewin, Kurt. 1958, "Group Decision and Social Change," in *Readings in Social Psychology*, E.E. Maccoby, T.M. Newcomb and E.L. Hartley, New York: Holt, Rinehart and Winston.

Appendix A

***Self Assessment Guide:
National Code of Practice for Registration
Authorities and Providers of Education and
Training to Overseas Students 2007
(The National Code 2007)***

Introduction

The Commonwealth Education Services for Overseas Students Act 2000 (the ESOS Act) requires an independent evaluation to be undertaken within three years of it coming into effect. In 2005 an independent evaluation conducted by PhillipsKPA and Lifelong Learning of the Education Services for Overseas Students Act 2000 made a number of recommendations which focussed on improving the National Code 2007 of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (The National Code 2007).

TAFE Directors Australia was among the groups consulted both about the Evaluation proper and the Department of Education, Science and Training response.

The National Code 2007 seeks to provide nationally consistent standards for the conduct of registered providers and the registration of their courses. It is a legislative instrument, legally enforceable and breaches of the National Code 2007 by registered providers can result in sanctions being imposed on providers' registration under the ESOS Act. It is therefore of critical concern to educational providers from a compliance management point of view. More importantly TDA supports the application of a code to achieve the social and economic benefits flowing from the contribution of international students, intellectually, socially, and culturally to Australian education and society. TDA believes that the benefits of international education and training depend on the quality of service provided to overseas students and on the integrity of migration arrangements to ensure the welfare of international students.

The objectives of the National Code 2007 are to:

- support the ESOS framework, including supporting the effective administration of the framework by the Australian Government and state and territory governments
 - establish and safeguard Australia's international reputation as a provider of high quality education and training by:
 - ensuring that education and training for overseas students meets nationally consistent standards, and
 - ensuring the integrity of registered providers protect the interests of overseas students by:
 - ensuring that appropriate consumer protection mechanisms exist
-

-
- ensuring that student welfare and support services for overseas students meet nationally consistent standards, and
 - providing nationally consistent standards for dealing with student complaints and appeals
 - support registered providers in monitoring student compliance with student visa conditions and in reporting any student breaches to the Australian Government.

Aims of the Guide

The guide seeks to assist TAFE Institute staff to:

- identify gaps between current practice and the National Code 2007 of Practice standards;
- formulate strategies for meeting standards;
- trail the above strategies.

Rationale

Introduction to Auditing

AS/NZS ISO 19011:2003, 1 provides the following definition of an audit:

An audit is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

Audit criteria in this context relate to the requirements of the standard and audit evidence includes records, statements of fact or other information, which are relevant to the audit criteria and verifiable.

This section briefly indicates the rationale for the development of the guide. Perhaps the best way to conceive of traditional quality auditing is that it provides a mechanism for ensuring that the gains of quality improvement are maintained as in Figure 1.

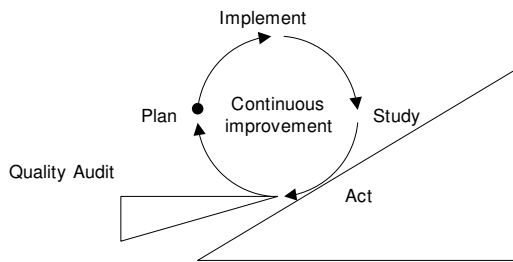


Figure 2 Quality Audit Supporting Continuous Improvement

Some organisations operate stand-alone “compliance” systems to ensure compliance with the organizations obligations with a “Compliance Manager” who is specifically responsible. The Australian Standard on Compliance Programs AS 3806-2006 indicates however that compliance should not be a stand-alone activity and that compliance should be integrated into the organisation’s financial, risk, quality, environmental and health and safety management systems. Thus, unlike traditional quality audit which can often be carried out with reference to a specific quality manual, assessment of compliance often involves gathering evidence about a variety of systems for coordinating work within an organisation. Work is coordinated by one or more of Assessment (Committee or Team) or teamwork, supervision, standardised processes often described by policy and procedural documents and standardised outcomes. Thus assessment of compliance against a specific act such as the ESOS act and associated National Code 2007 could involve examining supervisory and team processes, a variety of policy and procedural documents, position descriptions and performance agreements contracts and training programs

Examination of institute processes and procedures suggests that the audit against the National Code 2007 and compliance is not simply a matter of audit of specific policy and procedural documents as assumed in the original proposal. There was an apparent need to assess compliance by gathering evidence throughout the operation of an institute and from a variety of sources.

Therefore the project team sought and variation to the methodology of the project to investigate how a wider approach could be implemented and what guidance the team could develop for this more expansive methodology.

The Australian Standard on Compliance Programs AS 3806-2006 provides 12 principles on which a compliance program should rest. These are grouped within four categories: commitment, implementation, monitoring and measurement, and continual improvement.

Commitment

The principles underpinning the compliance program that relate to commitment (and planning) include:

Principle 1: Commitment by the governing body and top management to effective compliance that permeates the whole organization.

Principle 2: The compliance policy is aligned to the organization's strategy and business objectives, and is endorsed by the governing body.

Principle 3: Appropriate resources are allocated to develop, implement, maintain and improve the compliance program.

Principle 4: The objectives and strategy of the compliance program are endorsed by the governing body and top management.

Principle 5: Compliance obligations are identified and assessed.

Implementation

The principles underpinning a compliance program that relate to implementation include:

Principle 6: Responsibility for compliant outcomes is clearly articulated and assigned.

Principle 7: Competence and training needs are identified and addressed to enable employees to fulfil their compliance obligations.

Principle 8: Behaviours that create and support compliance are encouraged and behaviours that compromise compliance are not tolerated.

Principle 9: Controls are in place to manage the identified compliance obligations and achieve desired behaviours.

Monitoring and Measuring

The principles underpinning a compliance program that relate to monitoring and measuring include:

Principle 10: Performance of the compliance program is monitored, measured and reported.

Principle 11: The organization is able to demonstrate its compliance program through both documentation and practice.

Continual Improvement

The principle underpinning the compliance program that relates to continual improvement is:

Principle 12: The compliance program is regularly reviewed and continually improved.

The first three categories relate effectively to the traditional plan do check act cycle familiar to quality managers. The continuous improvement category contains Principle 12: the compliance program is regularly reviewed and continually improved. Two important implications of this approach. Firstly, the principles in the first three categories can be used as an organisation schema for the compliance program. Secondly, the incremental approach of plan do check act should be supplemented by an overview of the whole systems and if necessary a preparedness to modify systems. This self assessment guide is organised around these implications.

At the heart of this approach is the distinction drawn by Argyris and Schon (1978) between the beliefs and values espoused by an organisation (espoused theory) and those employees actually use to guide their activities (theory in practice). The espoused theory refers to a normative or desired state of what the organisation should be and is often presented in speeches of senior executives and in publicity material or formal reports. The theory in practice could be quite different.

Argyris and Schon (1978) suggest that there are two kinds of learning, 'single- and double-loop learning'. Single loop learning occurs within existing systems of values while double loop learning involves changes in values and value systems (theory in use) and requires reflective inquiry. They argue that organisations inquire when individuals in organizations inquire, in interaction with one another, in an effort to produce productive organisational learning outcomes. For Argyris and Schon (1996) an organisational ideal includes organisational adaptability and propensity to experiment. This in turn requires a realisation of individual potential for learning in the service of organisational purposes and creation of organisations which foster human development.

AS3806 indicates the importance of a "compliance culture" defined as one where the values ethics and beliefs of institute personnel underpin behaviour consistent with an organisation's obligations.

The document developed in the project outlines an approach to self-assessment of compliance to the ESOS act and the National Code 2007 of Standards. It addresses three levels of compliance – whether or not the systems operate as described, and are efficient and effective, and whether or not they are the right systems.

The internal processes to ensure these aims and to avoid breaches of the act or code need to be flexible, responsive, effective and measurable.

Self-assessment of an institutes operation the systems that ensure compliance including policy, procedures, training supervision and communication on a regular basis is crucial to ensure these objectives are met in the most effective and efficient way known.

Purpose of a Self-assessment

Taking into account the rationale above the purposes of the self-assessment review need to centre on ensuring appropriate systems are in place at all levels of the organisation so that a compliance culture develops which ensures breaches of the code are minimized.

Outcomes of a self-assessment of compliance

An audit report to senior management should include findings in relation the purposes of the audit and recommendations with respect to:

- any corrective actions identified in relation to breaches;
- any aspect of the compliance system that does not appear to achieve the purposes set;
- any continuous improvement initiatives; or
- changes in processes and operational practices to ensure the system achieves its purposes

EXAMPLE – USERS GUIDE

Users of this Guide will be required to assess or audit, based on evidence.

The following is an example using a simple medical case study:-

CASE STUDY

An analogy that most people can relate to is conducting a medical procedure. Coordination in this case is achieved by a combination of all five methods.

The surgeon and nursing staff learn what has to happen through reading detailed description in a medical journal (standardisation of process). The team will then train either by participating in a procedure conducted by another team or by studying and practising various aspects (standardisation by training).

The surgeon makes complex decisions throughout the procedure and instructs all members of the team and ensures each task is done to her satisfaction (direct supervision).

During the procedure a nurse may mop the brow of the surgeon, pass and instrument, hold a stitch check the vital signs depending on what is stage of the procedure and where the surgeon is and the response of the patient. Also an anaesthesiologist or other specialist may be responsible for various aspects of the procedure which are adjusted to meet the surgeon's requirements (mutual adjustment).

The patient's recovery or otherwise is monitored and reported over a period of time by the surgeon or by an epidemiologist to determine whether on average the procedure increases or decreases life expectancy or whether or not there is a long-term benefit in comparison to alternatives. These results are published in medical journals and the procedure is continued, adjusted or abandoned based on the results (standardisation of outcome).

The analogy holds with education and training if it is accepted that educators and trainers are professionals in the same sense as doctors and nurses i.e. it is essential to undertake lifelong study in particular subject disciplines and education theory including curriculum method, teaching method and philosophical sociological and psychological underpinnings. Teaching competence is based on membership of a professional group as is traditional in secondary and primary education.

Coordination of educational practice under this model includes studying latest philosophies and ideas (continuous learning and training) understanding teaching method as described in educational journals (coordination by procedure), working together in educational settings with students paraprofessionals and administrators (mutual adjustment) under the supervision of curriculum leaders (direct supervision) and taking account of published outcomes (standardisation of outcomes).

A corollary of this description is that education reduced to the following of standardised procedure alone as a method of coordination is analogous to a surgeon and her staff reading a cookbook in the theatre - hardly likely to meet the complex needs of the client.

There is often, when dealing with the futures of children or adults, no easy or stable way to describe professional responsibility. Codes of ethics, professional standards, position descriptions may assist in describing direct supervision, training and mutual adjustment but in the end the "right way" is

not always codifiable and often outcomes data is not available. Therefore, to determine whether or not appropriate professionalism has been applied, the only recourse is considered judgement by professional peers."

Evidence about a Compliance Program

Taking the above rationale into account it follows that evidence sources should demonstrate the 12 principles within the categories commitment, planning and implementation (including monitoring and measurement matched to specific coordination mechanisms as is illustrated in Table 2.

Table 4 Evidence Sources

Nature of Coordination Mechanism *	Senior Management Commitment	System in Place	System in operation
Assessment (Committee or Team):	Board/Senior management Meeting committee terms of reference agenda	Board/Senior management Meeting committee agenda Terms of reference agenda for committees action groups	Senior management Meeting committee Minutes/ Action sheets Minutes of action groups Action plans
Supervision	Performance Management Statements	Position statements and performance agreements	Performance reviews
Standard Operating Procedures	Compliance related Budgets Statements	Procedural manuals Register of compliance obligations Risk assessment register	Register of Breaches
Performance Standards	Policy Statements	Performance Targets	Performance Reviews

	Corporate statements		Previous audit or compliance reports including corrective action requests and responses Register of complaints
Training	Professional Development Resources	Training plans Training Resources	Training Records

The forms in Appendix A are based on Table 2.

Evaluating Evidence

Consistent with the rationale and Principle 12 above self-assessment requires evidence to be evaluated against the guiding principles of The Australian Standard on Compliance Programs AS 3806-2006:

Commitment

Principle 1: Commitment by the governing body and top management to effective compliance that permeates the whole organization.

Principle 2: The compliance policy is aligned to the organization's strategy and business objectives, and is endorsed by the governing body.

Principle 3: Appropriate resources are allocated to develop, implement, maintain and improve the compliance program.

Principle 4: The objectives and strategy of the compliance program are endorsed by the governing body and top management.

Principle 5: Compliance obligations are identified and assessed.

Implementation

Principle 6: Responsibility for compliant outcomes is clearly articulated and assigned.

Principle 7: Competence and training needs are identified and addressed to enable employees to fulfil their compliance obligations.

Principle 8: Behaviours that create and support compliance are encouraged and behaviours that compromise compliance are not tolerated.

Principle 9: Controls are in place to manage the identified compliance obligations and achieve desired behaviours.

Monitoring and Measuring

Principle 10: Performance of the compliance program is monitored, measured and reported.

Principle 11: The organization is able to demonstrate its compliance program through both documentation and practice.

Continual Improvement

Principle 12: The compliance program is regularly reviewed and continually improved.

Likely Findings

Possible findings include:

- summary and categorisation of breeches have occurred and how they can be minimised in future;
 - suggestions for implement form operating or management staff;
 - review of breeches for possible weakness in the program;
 - review of records kept for improvement opportunities;
 - whether or not findings of previous audits have been successfully addressed;
 - changes in the internal or external environment that need to be addressed;
 - adequacy of resources adequacy of policy and procedural documents and systems structures and personnel resources and training;
 - learning's from previous audits and record of breeches and actions;
-

- whether or not the program has prevented breeches of the act.

Bibliography

Argyris, C., & Schon, D. (1974) Theory in practice: Increasing professional effectiveness. San Francisco: Jossey Bass.

Argyris, C., & Schon, D. (1978) Organisational learning: A theory of action perspective. Reading, Mass: Addison Wesley.

AS/NZS ISO 19011:2003 Australian/New Zealand Standard Guidelines for quality and/or environmental management systems auditing (identical with, ISO 19011:2002, Guidelines for quality and/or environmental management systems auditing.

Deming, W. E. 1986, Out of the Crisis. Cambridge, Mass.: Massachusetts Institute of Technology.

Deming, W. E. 1988, "Quality and the Required Style of Management: The need for change" The Journal for Quality and Participation.

Deming, W. E. 1993, The New Economics for Industry, Government, Education. Cambridge, Mass.: Massachusetts Institute of Technology.

Lewin, Kurt. 1947, "Frontiers in group dynamics," Human Relations, 1, 5-41.

Lewin, Kurt. 1958, "Group Decision and Social Change," in Readings in Social Psychology, E.E. Maccoby, T.M. Newcomb and E.L. Hartley, New York: Holt, Rinehart and Winston.

Audit Forms

Initial Planning

Objectives:

1. _____
2. _____
3. _____
4. _____
5. _____

Example:

The objectives of the audit included:

- identifying gaps in policies and procedures developed under the previous code against those required by the new code;
- determining what system improvements could be identified; and
- informing the remainder of the project
- Audit criteria

1. _____
2. _____
3. _____
4. _____
5. _____

Example:

- maintaining and enhancing Australia's international reputation as a destination for high quality education and training for overseas students; and
 - ensuring consumer protection.
 - Scope of the audit
-

-
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Sources of information

1. _____
2. _____
3. _____
4. _____
5. _____

Example:

Sources of information included:

- documents, such as policy, objectives, plans, procedures, standards, work instructions,
- student guides and rules located on websites of institutes.
- Confidentiality

Example:

The project team agrees:

- supplied documents are confidential and not to be released to a third party; and
 - documents are only to be utilized for the nominated assessment.
-

Evidence

Please note not all forms need be completed depending on the scope of the audit.

Part C Registration on CRICOS

Part C 3

Providers can only be registered on CRICOS where they have been approved by the designated authority to provide courses of education or training to overseas students in that state. This approval can only be given where the

provider to be registered has been found to comply with all the requirements for registration under the relevant state or territory legislation and section 9 of the ESOS Act. This includes complying with the requirements of the National Code 2007.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part C – Registration on CRICOS

Part C 4

Registration on CRICOS is for a particular course for a particular state. A provider wishing to provide courses in more than

one state must seek registration for each course in each state where it will be delivered.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C – Registration on CRICOS

Part C 5

In the event that a change of ownership of the registered provider results in a change

to the previous legal entity registered on CRICOS, the new entity must obtain its own CRICOS registration

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Standard Operating Procedures		
Preformance Standards		
Training		

Part C 7 – Course Duration

7.1 The registration of a course on CRICOS must include the expected duration of the course. The registered duration cannot exceed the time required for completing the course on the basis of the normal amount of full-time study. Only courses which can be undertaken on a full-time basis can be registered on

CRICOS. A course will not be registered on CRICOS unless it meets the relevant Australian Qualifications Framework requirements or those of any other appropriate quality or accreditation framework, if an appropriate framework exists.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 7 – Course Duration

7.2 For English Language Intensive Courses for Overseas Students (ELICOS), a course duration range may be specified on CRICOS as the study duration will vary

according to each student's learning goals which will be reflected in the expected duration of study specified on the student's Confirmation of Enrolment (COE). ELICOS course remain subject to the requirement in paragraph 7.1 that only full-time courses can be registered on CRICOS.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 7 – Course Duration

7.3 The designated authority must take into account the proposed course structure when determining the appropriate duration for registration on CRICOS (that is, the number of compulsory terms or semesters each academic year). The registered duration of the course must include approved

holiday periods and any approved periods of work-based training. When the course duration is not specified by the accrediting authority, the designated authority will determine the course duration based on a minimum of 20 scheduled course contact hours per week.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part C 7 – Course Duration

7.4 Proposed changes to the registered duration of a course must be approved by

the designated authority prior to the changes being made.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 8 – Work-based training

8.1 Work-based training must only be approved by a designated authority as part of a CRICOS-registered course where:

it must be undertaken to gain the qualification, and

the registered provider has appropriate arrangements for the supervision and assessment of overseas students in place.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 9 – Mode and place of study

9. 1 Courses delivered entirely by online or distance learning can not be registered on CRICOS. Courses with a distance or online component can only be registered

on CRICOS where the designated authority is satisfied that these courses meet the minimum requirements as specified in Standard 9.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 10 – Arrangements with other providers

10.1 Where more than one provider is to be involved in providing a registered course to overseas students (for example, where one develops the curriculum and awards the qualification, and another

delivers the tuition), only one provider will be registered for that course. CRICOS registration for courses is not transferable between providers.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part C 10 – Arrangements with other providers

10.2 The designated authority needs to be advised in writing of all providers to be involved in providing a registered course, the role played by each provider in the delivery of the course and the single

provider recommended to be registered for the course. The designated authority will assess the provider’s suitability for registration in light of its connection with and responsibility for the course.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part C 10 – Arrangements with other providers

10.3 The registered provider is responsible under the ESOS Act for breaches of the Act or National Code

2007, whatever the nature of its contractual or other arrangements with another provider for that course.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 10 – Arrangements with other providers

10.4 Proposed changes to arrangements with other providers must be approved by

the designated authority prior to the changes being made.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Part C 11 – Inspection of premises

11.1 As part of the registration approval process, the designated authority will conduct at least one inspection of the provider's premises to ensure that the provider meets Standard 14 (Staff capability, education resources and premises). For this purpose, the

provider's premises include all locations where the provider operates as well as the locations of providers with whom the provider has an arrangement. When applicable, it may also include sites of work-based training.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part C 11 – Inspection of premises

11.2 The designated authority may choose to accept from a provider a statement that it satisfies all of the requirements of the National Code 2007 without an inspection, so long as the course is provided entirely by the provider (that is, not under an arrangement with

another provider). The designated authority may also accept clear evidence that the facilities meet Standard 14, based on reports from persons authorised by the designated authority to provide the advice.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Part C 11 – Inspection of premises

11.3 Further inspections will be conducted by the designated authority as appropriate during the period of CRICOS registration.

These further inspections may include unscheduled visits when the designated authority deems such a visit is warranted.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Part C 11 – Inspection of premises

11.4 An inspection will include interviews with management and staff of the provider. It may also include interviews with students and other clients of the provider and observations of teaching.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Part C 12 – Maximum number of students

12.1 As part of the registration approval process, the designated authority will decide whether to approve the maximum number of students that a provider can enrol. In making this decision, the designated authority will consider the

capacity of the provider in terms of its premises, approved arrangements with other providers, facilities, resources, equipment, materials and ratio of staff to student numbers.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Part D – Standards for Registered Providers

Standard 1 – Marketing information and practices

Outcome of Standard 1

Registered providers ensure that marketing of their education and training services is professional, accurate and maintains the integrity and reputation of the industry.

1.1 The registered provider must ensure the marketing of its education and training services is undertaken in a professional manner and maintains the integrity and reputation of the industry and registered providers.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 1 – Marketing information and practices

1.2 The registered provider must:
 clearly identify the registered provider's name and CRICOS number in written marketing and other material for students, including electronic form, and
 not give false or misleading information or advice in relation to:
 claims of association between providers

the employment outcomes associated with a course
 automatic acceptance into another course
 possible migration outcomes, or
 any other claims relating to the registered provider, its course or outcomes associated with the course.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 1 – Marketing information and practices

1.3 The registered provider must not actively recruit a student where this clearly conflicts with its obligations under

Standard 7 (Transfer between registered providers).

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 2 – Student engagement before enrolment

Standard 2 – Student engagement before enrolment

Outcome of Standard 2

Registered providers recruit students in an ethical and responsible manner and provide information that enables students to make informed decisions about studying with the registered provider in Australia. Registered providers ensure students' qualifications, experience and English language proficiency are appropriate for the course for which enrolment is sought.

2.1 Prior to accepting a student, or an intending student, for enrolment in a course, the registered provider must provide, in print or through referral to an electronic copy, current and accurate information regarding the following:
the requirements for acceptance into a course, including the minimum level of English language proficiency, educational qualifications or work experience required and whether course credit may be applicable

the course content and duration, qualification offered if applicable, modes of study and assessment methods

campus locations and a general description of facilities, equipment, and learning and library resources available to students

details of any arrangements with another registered provider, person or business to provide the course or part of the course
indicative course-related fees including advice on the potential for fees to change during the student's course and applicable refund policies

information about the grounds by which the student's enrolment may be deferred, suspended or cancelled

a description of the ESOS framework made available electronically by DEST, and

relevant information on living in Australia, including:

indicative costs of living

accommodation options, and

where relevant, schooling obligations and options for school-aged dependants of intending students, including that school fees may be incurred.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p>		

Performance Standards		
Training		

Standard 2 – Student engagement before enrolment

2.2 The registered provider must have documented procedures in place, and implement these procedures to assess whether the student's qualifications,

experience and English language proficiency are appropriate for the course for which enrolment is sought.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 3 – Formalisation of enrolment

Outcome of Standard 3

Written agreements between registered providers and students set out the services to be provided, fees payable and information in relation to refunds of course money.

3.1 The registered provider must enter into a written agreement with the student, signed or otherwise accepted by that student (or the student's parent or legal guardian if the student is under 18 years of age), concurrently with or prior to accepting course money from the student. The agreement must:

identify the course or courses in which the student is to be enrolled and any conditions on his or her enrolment

provide an itemised list of course money payable by the student

provide information in relation to refunds of course money

set out the circumstances in which personal information about the student may be shared between the registered provider and the Australian Government and designated authorities and, if relevant, the Tuition Assurance Scheme and the ESOS Assurance Fund Manager. This information includes personal and contact details, course enrolment details and changes, and the circumstance of any suspected breach by the student of a student visa condition, and

advise the student of his or her obligation to notify the registered provider of a change of address while enrolled in the course.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p>		

Training		
-----------------	--	--

Standard 3 – Formalisation of enrolment

3.2 The registered provider must include in the written agreement the following information, which is to be consistent with the requirements of the ESOS Act, in relation to refunds of course money in the case of student and provider default: amounts that may or may not be repaid to the student (including any course money collected by education agents on behalf of the registered provider)

processes for claiming a refund
 a plain English explanation of what happens in the event of a course not being delivered, and
 a statement that “This agreement, and the availability of complaints and appeals processes, does not remove the right of the student to take action under Australia’s consumer protection laws”.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 4 – Education agents

Outcome of Standard 4

Registered providers take all reasonable measures to use education agents that have an appropriate knowledge and understanding of the Australian international education industry and do not use education agents who are dishonest or lack integrity.

4.1 The registered provider must enter into a written agreement with each education agent it engages to formally

represent it. The agreement must specify the responsibilities of the education agent and the registered provider and the need to comply with the requirements in the National Code 2007. The agreement must also include:

processes for monitoring the activities of the education agent, including where corrective action may be required, and termination conditions, including providing for termination in the circumstances outlined in Standard 4.4.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p>		

Standard 4 – Education agents

4.2 The registered provider must ensure that its education agents have access to up-to-date and accurate marketing

information as set out in Standard 1 (Marketing information and practices).

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 4 – Education agents

4.3 The registered provider must not accept students from an education agent or enter into an agreement with an education agent if it knows or reasonably suspects the education agent to be: engaged in, or to have previously been engaged in, dishonest practices, including the deliberate attempt to recruit a student where this clearly conflicts with the obligations of registered providers under Standard 7 (Transfer between registered providers).

facilitating the enrolment of a student who the education agent believes will not comply with the conditions of his or her student visa

using Provider Registration and International Students Management System (PRISMS) to create Confirmations of Enrolment for other than bona fide a student, or providing immigration advice where not authorised under the Migration Act 1958 to do so.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 4 – Education agents

4.4 Where the registered provider has entered into an agreement with an education agent and subsequently becomes aware of, or reasonably suspects, the engagement by that education agent, or an employee or sub-contractor of that agent, of the conduct set out in Standard 4.3, the registered provider must terminate the agreement

with the education agent. This paragraph does not apply where an individual employee or sub-contractor of the education agent was responsible for the conduct set out in Standard 4.3 and the education agent has terminated the relationship with that individual employee or sub-contractor.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 4 – Education agents

4.5 The registered provider must take immediate corrective and preventative action upon the registered provider becoming aware of an education agent being negligent, careless or incompetent

or being engaged in false, misleading or unethical advertising and recruitment practices, including practices that could harm the integrity of Australian education and training.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 5 – Younger students

Outcome of Standard 5

Where students under the age of 18 are not being cared for in Australia by a parent or suitable nominated relative, registered providers ensure the arrangements made to protect the personal safety and social well-being of those students are appropriate.

5.1 Where the registered provider has taken on responsibility under the Migration Regulations for approving the accommodation, support and general welfare arrangements for a student who has not turned 18, the registered provider must:

nominate the dates for which the registered provider accepts responsibility

for approving the student's accommodation, support and general welfare arrangements using the specified PRISMS pro forma letter

advise DIAC in writing of the approval using the specified PRISMS pro forma letter

have documented procedures for checking the suitability of the student's accommodation, support and general welfare arrangements, and

advise DIAC as soon as possible in the event that the under 18 year old student has changed his or her living arrangements or the registered provider no longer approves of the arrangements for the student using the specified PRISMS pro forma letter.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

--	--	--

Standard 5 – Younger Students

5.2 Where Standard 5.1 applies and the student is under 18 with a student visa that covers multiple courses, the registered provider with whom the student

is currently enrolled is responsible for approving arrangements for the student's accommodation, support and general welfare during that nominated period.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 5 – Younger students

5.3 Where Standard 5.1 applies and the registered provider terminates, suspends or cancels the enrolment of the student, the registered provider must continue to check the suitability of arrangements for that student until:

a. the student is accepted by another registered provider and that registered provider takes over responsibility for approving the student's accommodation,

support and general welfare arrangements

b. the student leaves Australia

c. other suitable arrangements are made that satisfy the Migration Regulations, or

d. the registered provider reports under Standard 5.1.d that it can no longer approve of the arrangements for the student.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 6 – Student support services

6.2 The registered provider must provide the opportunity for students to participate in services or provide access to services

designed to assist students in meeting course requirements and maintaining their attendance.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 6 – Student support services

6.3 The registered provider must provide the opportunity for students to access welfare-related support services to assist with issues that may arise during their study, including course progress and attendance requirements and

accommodation issues. These services must be provided at no additional cost to the student. If the registered provider refers the student to external support services, the registered provider must not charge for the referral.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 6 – Student support services

6.4 The registered provider must have a documented critical incident policy together with procedures that covers the action to be taken in the event of a critical

incident, required follow-up to the incident, and records of the incident and action taken.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 6 – Student support services

6.5 The registered provider must designate a member of staff or members of staff to be the official point of contact for students. The student contact officer

or officers must have access to up-to-date details of the registered provider's support services.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Standard 6 – Student support services

6.6 The registered provider must have sufficient student support personnel to

meet the needs of the students enrolled with the registered provider.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 6 – Student support services

6.7 The registered provider must ensure that its staff members that interact directly with students are aware of the registered provider's obligations under the ESOS

framework and the potential implications for students arising from the exercise of these obligations.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 7 – Transfer between registered providers

Outcome of Standard 7

Registered providers assess requests from students for a transfer between registered providers prior to the student completing six months of the principal course of study in accordance with documented procedures.

7.1 The receiving registered provider must not knowingly enrol the student wishing to transfer from another registered provider's course within the first six months of the commencement date of that student's principal course of study except where:

the original registered provider has ceased to be registered or the course in

which the student is enrolled has ceased to be registered

the original registered provider has provided a written letter of release

the original registered provider has had a sanction imposed on its registration by the Australian Government or state or territory government that prevents the student from continuing his or her principal course, or

any government sponsor of the student considers the change to be in the student's best interest and has provided written support for that change.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

--	--	--

Standard 7 – Transfer between registered providers

7.3 The registered provider must grant a letter of release only where the student has:
 provided a letter from another registered provider confirming that a valid enrolment offer has been made, and
 where the student is under 18;
 the registered provider has written confirmation that the student's parent or legal guardian supports the transfer, and

where the student is not being cared for in Australia by a parent or suitable nominated relative, the valid enrolment offer also confirms that the registered provider will accept that responsibility for approving the student's accommodation, support and general welfare arrangements as per Standard 5 (Younger students).

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p>		
<p>Training</p>		

Standard 7 – Transfer between registered providers

7.4 A letter of release, if granted, must be issued at no cost to the student and must advise the student of the need to contact

DIAC to seek advice on whether a new student visa is required.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 7 – Transfer between registered providers

7.6 The registered provider must maintain records of all requests from students for a letter of release and the assessment of, and decision regarding, the request on the student's file.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 8 – Complaints and appeals

Outcome of Standard 8

Registered providers' complaints and appeals processes are independent, easily and immediately accessible and inexpensive for the parties involved.

8.1 The registered provider must have an appropriate internal complaints handling and appeals process that satisfies the following requirements, or can use its existing internal complaints and appeals processes as long as it meets these requirements:

a process is in place for lodging a formal complaint or appeal if the matter cannot be resolved informally, which requires a written record of the complaint or appeal to be kept

each complainant or appellant has an opportunity to formally present his or her case at minimal or no cost to him or herself

each party may be accompanied and assisted by a support person at any relevant meetings

the complainant or appellant is given a written statement of the outcome, including details of the reasons for the outcome, and

the process commences within 10 working days of the formal lodgement of the complaint or appeal and supporting information and all reasonable measures are taken to finalise the process as soon as practicable.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

--	--	--

Standard 8 – Complaints and appeals

8.2 The registered provider must have arrangements in place for a person or body independent of and external to the registered provider to hear complaints or appeals arising from

the registered provider's internal complaints and appeals process or refer students to an existing body where that body is appropriate for the complaint or appeal.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 8 – Complaints and appeals

8.3 If the student is not satisfied with the result or conduct of the internal complaint handling and appeals process, the registered provider must advise the

student of his or her right to access the external appeals process at minimal or no cost.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 8 – Complaints and Appeals

8.4 If the student chooses to access the registered provider's complaints and appeals processes as per this standard,

the registered provider must maintain the student's enrolment while the complaints and appeals process is ongoing.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 8 – Complaints and appeals

8.5 If the internal or any external complaint handling or appeal process results in a decision that supports the student, the registered provider must

immediately implement any decision and/or corrective and preventative action required and advise the student of the outcome.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 9 – Completion within the expected duration of study

Outcome of Standard 9

Registered providers monitor the workload of students to ensure they complete the course within the duration specified in their CoE and do not exceed the allowable portion of online or distance learning. Registered providers only enable students to extend the expected duration of study for the course through the issuing of a new CoE in limited circumstances.

9.1 The registered provider must have and implement documented policies and procedures for monitoring the progress of each student to ensure that at all times the student is in a position to complete the course within the expected duration as specified on the student's CoE. In monitoring this enrolment load, the registered provider must ensure that in each compulsory study period for a course, the student is studying at least one unit that is not by distance or online learning.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Please note not all cells need be completed for each standard – only those most relevant.

Standard 9 – Completion within the expected duration of study

9.2 The registered provider may only extend the duration of the student’s study where it is clear that the student will not complete the course within the expected duration, as specified on the student’s CoE, as the result of:

- a. compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student was unable to attend classes or where the registered

provider was unable to offer a pre-requisite unit)

- b. the registered provider implementing its intervention strategy for students who were at risk of not meeting satisfactory course progress, or
- c. an approved deferment or suspension of study has been granted under Standard 13.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 9 – Completion within the expected duration of study

9.3 Where there is a variation in the student's load which may affect the student's expected duration of study in accordance with 9.2, the registered provider is to record this variation and the reasons for it on the student file. The

registered provider must correctly report the student via PRISMS and/or issue a new CoE when the student can only account for the variation/s by extending his or her expected duration of study.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 9 – Completion within the expected duration of study

9.4 The registered provider may allow the student to undertake no more than 25 per cent of the student's total course by distance and/or online learning. However,

the registered provider must not enrol the student exclusively in distance or online learning units in any compulsory study period.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 9 – Completion within the expected duration of study

9.5 Except in the circumstances specified in 9.2, the expected duration of study specified in the student's CoE must not exceed the CRICOS registered course duration.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 10 – Monitoring course progress

Outcome of Standard 10

Registered providers systematically monitor students' course progress. Registered providers are proactive in notifying and counselling students who are at risk of failing to meet course progress requirements. Registered providers report students, under section 19 of the ESOS Act, who

have breached the course progress requirements.

10.1 The registered provider must monitor, record and assess the course progress of each student for each unit of the course for which the student is enrolled in accordance with the registered provider's documented course progress policies and procedures.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 10 – Monitoring course progress

10.2 The registered provider must have and implement appropriate documented course progress policies and procedures for each course, which must be provided to staff and students, that specify the:

- a. requirements for achieving satisfactory course progress
- b. process for assessing satisfactory course progress
- c. procedure for intervention for students at risk of failing to

achieve satisfactory course progress

- d. process for determining the point at which the student has failed to meet satisfactory course progress, and
- e. procedure for notifying students that they have failed to meet satisfactory course progress requirements.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 10 – Monitoring course progress

10.3 The registered provider must assess the course progress of the student in accordance with the registered provider's

course progress policies and procedures at the end point of every study period.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 10 – Monitoring course progress

10.4 The registered provider must have a documented intervention strategy, which must be made available to staff and students, that specifies the procedures for identifying and assisting students at risk of not meeting the course progress requirements. The strategy must specify:

- a. procedures for contacting and counselling identified students
- b. strategies to assist identified students to achieve satisfactory course progress, and
- c. the process by which the intervention strategy is activated.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Standard 10 – Monitoring course progress

10.5 The registered provider must implement the intervention strategy for any student who is at risk of not meeting satisfactory course progress requirements. At a minimum, the

intervention strategy must be activated where the student has failed or is deemed not yet competent in 50% or more of the units attempted in any study period.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 10 – Monitoring course progress

10.6 Where the registered provider has assessed the student as not achieving satisfactory course progress, the registered provider must notify the student in writing of its intention to report the student for not achieving satisfactory course progress. The written notice must

inform the student that he or she is able to access the registered provider’s complaints and appeals process as per Standard 8 (Complaints and appeals) and that the student has 20 working days in which to do so.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 10 – Monitoring course progress

10.7 Where the student has chosen not to access the complaints and appeals processes within the 20 working day period, withdraws from the process, or the process is completed and results in a decision supporting the registered

provider, the registered provider must notify the Secretary of DEST through PRISMS of the student not achieving satisfactory course progress as soon as practicable.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 11 – Monitoring attendance

Outcome of Standard 11

Registered providers systematically monitor students' compliance with student visa conditions relating to attendance. Registered providers are proactive in notifying and counselling students who are at risk of failing to meet attendance requirements. Registered providers report students, under section 19 of the ESOS Act, who have breached the attendance requirements.

11.1 The registered provider must record the attendance of each student for the scheduled course contact hours for each CRICOS registered course in which the student is enrolled which is:

- a. an accredited vocational and technical education course (unless Standard 11.2 applies)
- b. an accredited school course
- c. an accredited or non-award ELICOS course, or
- d. another non-award course.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 11 – Monitoring attendance

11.2 Where the registered provider implements a DEST and DIAC approved course progress policy and procedures for

its vocational and technical education courses, Standard 11 does not apply.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 11 – Monitoring attendance

11.3 For the courses identified in 11.1, the registered provider must have and implement appropriate documented attendance policies and procedures for each course which must be provided to staff and students that specify the: requirements for achieving satisfactory attendance, which at a minimum, requires overseas students to attend at least 80 per cent of the scheduled course contact hours

manner in which attendance and absences are recorded and calculated process for assessing satisfactory attendance

process for determining the point at which the student has failed to meet satisfactory attendance, and

procedure for notifying students that they have failed to meet satisfactory attendance requirement.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 11 – Monitoring attendance

11.4 For the courses identified in 11.1, the registered provider's attendance policies and procedures must identify the process for contacting and counselling students who have been absent for more than five consecutive days without approval or

where the student is at risk of not attending for at least 80 per cent of the scheduled course contact hours for the course in which he or she is enrolled (i.e. before the student's attendance drops below 80 per cent).

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 11 – Monitoring attendance

11.5 For the courses identified in 11.1, the registered provider must regularly assess the attendance of the student in

accordance with the registered provider's attendance policies and procedures.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 11 – Monitoring attendance

11.6 Where the registered provider has assessed the student as not achieving satisfactory attendance for the courses identified in 11.1, the registered provider must notify the student in writing of its intention to report the student for not achieving satisfactory attendance. The

written notice must inform the student that he or she is able to access the registered provider's complaints and appeals process as per Standard 8 (Complaints and appeals) and that the student has 20 working days in which to do so.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 11 – Monitoring attendance

11.7 Where the student has chosen not to access the complaints and appeals processes within the 20 working day period, withdraws from the process, or the process is completed and results in a decision supporting the

registered provider, the registered provider must notify the Secretary of DEST through PRISMS that the student is not achieving satisfactory attendance as soon as practicable.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 11 – Monitoring attendance

11.8 For the vocational and technical education and non-award courses identified in 11.1.a and 11.1.d, the registered provider may only decide not to report the student for breaching the 80 per cent attendance requirement where:

- a. that decision is consistent with its documented attendance policies and procedures, and
- b. the student records clearly indicate that the student is maintaining satisfactory course progress, and
- c. the registered provider confirms that the student is attending at least 70 per cent of the scheduled course contact hours for the course in which he or she is enrolled.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 12 – Course credit

Outcome of Standard 12

Registered providers appropriately recognise course credit within the ESOS framework.

12.1 Where the registered provider grants course credit, the registered provider must:

- a. have documented procedures for the granting and recording of course credit, and
- b. provide a record of the course credit to the student, which must be signed or otherwise accepted by the student, and place it on the student's file.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Standard 12 – Course credit

12.2 If the registered provider grants the student course credit which leads to a shortening of the student’s course, the registered provider must:

- a. if the course credit is granted before the student visa grant, indicate the actual net course duration (as reduced by course credit) in the confirmation of enrolment issued for that student for that course, or
- b. if the course credit is granted after the student visa grant, report the change of course duration via PRISMS under section 19 of the ESOS Act.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 13 – Deferring, suspending or cancelling the student’s enrolment

Outcome of Standard 13

Registered providers may only enable students to defer or temporarily suspend their studies, including granting a leave of absence, during the course through formal agreement in certain limited circumstances.

13.1 The registered provider must have in place documented procedures for assessing, approving and recording a deferment of the commencement of study or suspension of study for the student, including keeping documentary evidence on the student’s file of the assessment of the application.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team):		
Supervision		
Standard Operating Procedures		
Performance Standards		
Training		

Standard 13 – Deferring, suspending or cancelling the student’s enrolment

13.3 The registered provider must:
 a. inform the student that deferring, suspending or cancelling his or her enrolment may affect his or her student visa, and

b. notify the Secretary of DEST via PRISMS as required under section 19 of the ESOS Act where the student’s enrolment is deferred, temporarily suspended or cancelled.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 14 – Staff capability, educational resources and premises

Outcome of Standard 14

The staff of registered providers are suitably qualified or experienced in relation to the functions they perform for students. The educational resources of registered providers support the delivery of courses to students. The premises of registered providers, including the floor space available for each student, support students to achieve their course outcomes.

14.1 The registered provider must have and implement policies and procedures to

ensure its staffing resources are adequate and have the capabilities as required by the quality assurance framework applying to the course. Where the course provided by the registered provider is not subject to an appropriate quality assurance framework, the registered provider must have and implement appropriate documented policies and processes for the recruitment, induction, performance assessment and ongoing development of members of staff involved with the recruitment or delivery of education or client services to students.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p>		

Standard 14 – Staff capability, educational resources and premises

14.2 The registered provider must have adequate education resources, including facilities, equipment, learning and library resources and premises as required by the quality assurance framework applying to the course. Where the course provided by the registered provider is not subject to an appropriate quality assurance framework, the registered provider must

ensure it has adequate education resources, including facilities, equipment, learning and library resources, and premises, including ownership or tenancy arrangements for the premises, as are needed to deliver the registered course to the students enrolled with the registered provider.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 14 – Staff capability, educational resources and premises

14.3 The registered provider must notify the designated authority and the students enrolled with the registered provider of any intention to relocate premises (including the head office and campus locations) at least 20 working days before the relocation

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 15 – Changes to registered providers’ ownership or management

Outcome to Standard 15

Registered providers proactively inform the designated authority of prospective ownership and/or management changes.

15.1 The registered provider must advise the designated authority in writing of:

a. any prospective changes to the ownership of the registered provider as

soon as practicable prior to the change taking effect, and

b. any prospective or actual change to the high managerial agents (as defined in section 5 of the ESOS Act) of the registered provider as soon as practicable prior to the change taking effect or within 10 working days of the change taking effect where the change cannot be determined until it takes effect.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
<p>Assessment (Committee or Team):</p> <p>Supervision</p> <p>Standard Operating Procedures</p> <p>Performance Standards</p> <p>Training</p>		

Standard 15 – Changes to registered providers’ ownership or management

15.2 The registered provider must provide the designated authority with information on the new owner or high managerial

agent for the purpose of making an assessment under section 9(6) of the ESOS Act.

Evidence Collected

Nature of Coordination Mechanism *	Evidence Collected	Effectiveness
Assessment (Committee or Team): Supervision Standard Operating Procedures Performance Standards Training		

Findings

Part C – Registration on CRICOS	Summary Findings
<p>Part C 3</p> <p>Part C 4</p> <p>Part C 5</p> <p>Part C 6</p> <p>Part C 7. Course duration</p> <p>Part C 8. Work-based training</p> <p>Part C 9. Mode and place of study</p> <p>Part C 10. Arrangements with other providers</p> <p>Part C 11. Inspection of premises</p> <p>Part C 12. Maximum number of students</p>	

Part D Standards for registered providers	Summary Findings
<p>Standard 1 – Marketing information and practices</p> <p>Standard 2 – Student engagement before enrolment</p> <p>Standard 3 – Formalisation of enrolment</p> <p>Standard 4 – Education agents</p> <p>Standard 5 – Younger students</p> <p>Standard 6 – Student support services</p> <p>Standard 7 – Transfer between registered providers</p> <p>Standard 8 – Complaints and Appeals</p> <p>Standard 9 – Completion within the expected duration of study</p> <p>Standard 10 – Monitoring course progress</p> <p>Standard 11 - Monitoring Attendance</p> <p>Standard 12 - Course Credit</p> <p>Standard 13 – Deferring, suspending or cancelling the student’s enrolment</p> <p>Standard 14 – Staff capability, educational resources and premises</p> <p>Standard 15 - Changes to</p>	

Please note not all cells need be completed for each standard – only those most relevant.

Part D Standards for registered providers	Summary Findings
registered providers' ownership or management	

Evaluation of Evidence

Senior Management Commitment

Principle	Evaluation
<p>Principle 1: Commitment by the governing body and top management to effective compliance that permeates the whole organization.</p> <p>Principle 2: The compliance policy is aligned to the organization's strategy and business objectives, and is endorsed by the governing body.</p> <p>Principle 3: Appropriate resources are allocated to develop, implement, maintain and improve the compliance program.</p> <p>Principle 4: The objectives and strategy of the compliance program are endorsed by the governing body and top management.</p> <p>Principle 5: Compliance obligations are identified and assessed.</p>	

Implementation

Principle	Evaluation
<p>Principle 6: Responsibility for compliant outcomes is clearly articulated and assigned.</p> <p>Principle 7: Competence and training needs are identified and addressed to enable employees to fulfil their compliance obligations.</p> <p>Principle 8: Behaviours that create and support compliance are encouraged and behaviours that compromise compliance are not tolerated.</p>	

Principle 9: Controls are in place to manage the identified compliance obligations and achieve desired behaviours.	
---	--

Monitoring and Measuring

<p>Principle</p> <p>Principle 10: Performance of the compliance program is monitored, measured and reported.</p> <p>Principle 11: The organization is able to demonstrate its compliance program through both documentation and practice.</p>	<p>Evaluation</p>

Audit conclusions

Please note not all cells need be completed for each standard – only those most relevant.