

Trainers Report Form



ROSEWOOD
INTERNATIONAL COLLEGE

Trainer's Name			
Report Period	From	/ /	To / /
<i>Please return this completed form to the RTO Office before the next Quality & Compliance Meeting</i>			
Feedback on Operations			
Please provide feedback on any aspect of operations that affects how well you are able to perform your role			
Give an example of your best session/student you had in the last month and why			
Give an example of the most challenging session/student you have had in the last month and how did you respond			
Do you believe one of your assessment tools need validating? (reviewed or updated to meet current needs)	YES / NO If yes, what tool specifically requires validating: What specific area of the tool do you believe might need updating?		
Do you believe that your students were prepared for your class/visit in the last month?	YES / NO If no, how did you respond?		
Do you believe your current training methods used need changing?	YES / NO If yes, why?		
Have any recent changes within the organisation affected you?	YES / NO If yes, what was the impact?		
What suggestions would you make to further refine these changes?			
What challenges have you faced during this period?			



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What successes have you enjoyed during this period?					
Do you have any suggestions for improvement? (If yes, have you completed an OFI form)					
Do you have any concerns in relation to any of your student's progress?		YES / NO If yes, have you discussed these concerns with your Supervisor? YES / NO			
Student Concerns					
Please record any concerns you may have about any students and their progress through their training. If there is not enough room on this form please attach further documentation to this form.					
Student Name					
Outline of Concern					
Student Name					
Outline of Concern					
Disruptive Behaviour					
Please record any disruptive behaviour that may be affecting other student's progress or ability to engage with their training					
Student Name					
Outline of Behaviour					
Student Name					
Outline of Behaviour					
Continuous Improvement Forms					
Please record here if you have completed any of the following continuous improvement forms over the last month, who you submitted to and when it was submitted					
Continuous Improvement Form		Submitted to		Date Submitted	
<input type="checkbox"/> Opportunity for Improvement Form					
<input type="checkbox"/> Complaints & Appeal Form					



WHS Incident Report

Assessment Validation Form

Please forward this "Trainers Report" to your supervisor before the next Quality & Compliance Meeting.