

## VET Quality Framework RISK MANAGEMENT PLAN

## APPENDIX A

### STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS

Risk Category	Identified Possible Risks	Controls
<b>People / Staff</b>	Staff are not informed of relevant policies & procedures	<ul style="list-style-type: none"> <li>• Induction process</li> <li>• Policies and/or procedures reviewed at staff meetings</li> </ul>
	Clients are not aware of relevant policies & procedures	<ul style="list-style-type: none"> <li>• Student Information Handbook</li> <li>• Information Sessions</li> </ul>
	Staff are not aware of their responsibilities	<ul style="list-style-type: none"> <li>• All staff provided with a position description/duty statement prior to commencement and also when any amendments are made</li> </ul>
<b>Documents / Paperwork</b>	Appropriate staff member does not update policies & procedures in line with changes in legislation and/or standards	<ul style="list-style-type: none"> <li>• Legislation is currently monitored</li> <li>• Appropriate staff view government websites weekly for any changes in regulatory requirements</li> <li>• Management review meetings</li> </ul>
	Quality system is lost or destroyed	<ul style="list-style-type: none"> <li>• An electronic and hard copy is kept off site</li> </ul>
	Complaints are not documented	<ul style="list-style-type: none"> <li>• All complaints are recorded as CAR and cause &amp; action are documented and referred to the Designated officer for action</li> </ul>
<b>Process / Procedure</b>	Internal audits are not performed	<ul style="list-style-type: none"> <li>• Audit schedule</li> </ul>
	No written agreement is formed with an organisation providing training and/or assessment on behalf of organisation	<ul style="list-style-type: none"> <li>• A designated staff member has responsibility to ensure if an organisation has such affiliations that a formal agreement is negotiated and recorded in the register</li> </ul>
	Client feedback is not analysed effectively	<ul style="list-style-type: none"> <li>• A course review report is generated showing issues in all areas</li> <li>• Report reviewed and signed by the CEO.</li> <li>• Report given to a designated officer for appropriate action</li> </ul>

<b>Facilities</b>	Physical requirements are inadequate	<ul style="list-style-type: none"><li>• Physical requirements are addressed via:<ul style="list-style-type: none"><li>- Operational Plan</li><li>- Staff meetings</li><li>- Management team meetings</li></ul></li></ul>
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RISK MANAGEMENT PLAN

STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS

Risk Category	Identified Risks	Controls
<p><b>People / Staff</b></p>	<p>Staff are recruited without the proper qualifications and/or experience</p>	<ul style="list-style-type: none"> <li>• Before recruiting staff the required competencies for the vacancy are identified - these requirements will form part of the selection criteria</li> <li>• The applicant must address the selection criteria to be considered for interview</li> <li>• Final Interviews are conducted by a selection panel</li> <li>• Selection is based on merit</li> <li>• Selection criteria and job descriptions should not be varied after advertisement.</li> </ul>
	<p>Staff member has not completed induction</p>	<ul style="list-style-type: none"> <li>• An induction checklist is to be completed and placed in the staff member's file.</li> </ul>
	<p>Staff members are not up-to-date with industry and training developments</p>	<ul style="list-style-type: none"> <li>• Staff are encouraged regularly at staff meetings to maintain and expand their skills</li> <li>• Allocated funds to support relevant professional development activities</li> <li>• Professional development request form completed and authorised.</li> </ul>

## RISK MANAGEMENT PLAN

### STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS (cont)

Risk Category	Identified Risks	Controls
Documents / Paperwork	A partially completed induction checklist is placed in the employee's file	<ul style="list-style-type: none"> <li>The completed induction checklist must be approved and signed off by the CEO.</li> </ul>
	Professional development is not recorded in the staff members file	<ul style="list-style-type: none"> <li>Upon completion of any training the outcomes are recorded on the employees file</li> </ul>
	Employees file is lost or destroyed	<ul style="list-style-type: none"> <li>Staff member maintains all originals</li> <li>Copies of employee information is captured in the records backup.</li> </ul>
Process / Procedure	Judgements on positions made on the basis of a specific representation	<ul style="list-style-type: none"> <li>Legal considerations are taken into account when interviewing</li> <li>A candidate will not be assessed on the basis of any of the following: gender, age, marital status, pregnancy, parenthood, sexual preference, physical attributes, social and economic circumstances, race, disability, religion and political or industrial beliefs and activities</li> <li>Questions on disability and/or proficiency in English will only be asked if they are directly related to <b>essential</b> aspects of the position.</li> </ul>
Facilities	Inappropriate physical resources for staff resulting in affected performance	Physical requirements are addressed via: <ul style="list-style-type: none"> <li>Operational Plan</li> <li>Staff meetings</li> <li>Management Team meetings</li> </ul>

STANDARD THREE: SECURE AND ACCURATE CERTIFICATION

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Staff do not know the requirements or regulations in issuing qualifications	<ul style="list-style-type: none"> <li>• Appropriate staff members undergo in-house training</li> <li>• Policies and procedures in place</li> </ul>
	Staff members are not aware of their responsibilities	<ul style="list-style-type: none"> <li>• Position descriptions/Duty statements</li> <li>• Policies and procedures in place</li> <li>• Induction program</li> </ul>
<b>Documents / Paperwork</b>	Qualifications or statements of attainments are incorrectly prepared	<ul style="list-style-type: none"> <li>• All qualifications or statements of attainments are checked and signed by the CEO prior to being issued</li> <li>• Internal audits</li> </ul>
<b>Process / Procedure</b>	Issuing AQF qualifications and Statements of Attainment that are outside the organisation's scope of registration	<ul style="list-style-type: none"> <li>• Records of clients/students progress in courses that are within our scope of registration are maintained on our computer system, and on completion, or partial completion, of a course, a single qualification or Statement of Attainment is issued in accordance with the Australian Qualifications Framework (AQF) Implementation Handbook</li> <li>• Courses outside our scope of registration are not maintained on our system</li> </ul>
<b>Facilities</b>	Nil	

**RISK MANAGEMENT PLAN**

**STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS**

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Relevant staff members are not aware of the need to conduct, document, implement, review and validate strategies for all qualifications	<ul style="list-style-type: none"> <li>• Position Descriptions/Duty Statements</li> <li>• Induction program</li> <li>• Staff meetings</li> </ul>
<b>Documents / Paperwork</b>	Documents are lost or destroyed	<ul style="list-style-type: none"> <li>• System backed up weekly and stored off-site.</li> </ul>
	Methods used to identify learning needs, and methods for designing training and assessment are not documented	<ul style="list-style-type: none"> <li>• To identify learning needs and assessment methods we work with industry representatives / special interest groups / clients and students</li> <li>• We first conduct an environmental scan using our Strategy Assessment Sheet, then develop our Delivery &amp; Assessment Strategies and Assessment Plans and Tools from this.</li> </ul>
	Core and elective units as appropriate are not identified and documented	Core and elective units as appropriate are identified in: <ul style="list-style-type: none"> <li>• Training programs</li> <li>• Assessment plans</li> <li>• Training plans</li> <li>• Course Brochures</li> <li>• Course Outlines</li> </ul>

## RISK MANAGEMENT PLAN

### STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS (cont)

Risk Category	Identified Risks	Controls
<b>Process / Procedure</b>	Strategies are not developed for delivery & assessment	<ul style="list-style-type: none"> <li>• Consulting with industry bodies, manufacturers and employers</li> <li>• Identifying the <i>Institution's</i> target market demographics</li> <li>• Conducting an environmental scan</li> <li>• Consulting with potential clients (needs assessment)</li> <li>• Resources required (assessment &amp; implementation strategy)</li> </ul>
	Assessment strategies are not validated	Validated by review meetings which consist of: <ul style="list-style-type: none"> <li>• Feedback from clients</li> <li>• Feedback from employers (where applicable)</li> <li>• Comparison against other assessment strategies</li> <li>• Resultant assessment outcomes</li> <li>• Assessor feedback on evidence assessed</li> <li>• Assessor feedback on paperwork and processes used</li> </ul>
	The requirements of the Training Package or accredited course are not met	<ul style="list-style-type: none"> <li>• The <i>Institution</i> designs Assessment Plans and Tools for each competency delivered - these Assessment Plans are based on the requirements contained within each package/course</li> </ul>
<b>Facilities</b>	Physical requirement strategies are inadequate	Physical requirements are addressed and reviewed via: <ul style="list-style-type: none"> <li>• Staff meetings</li> <li>• Management Team meetings</li> </ul>

RISK MANAGEMENT PLAN

STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Clients are not made aware of the assessment process	Assessment process information is made available to clients via: <ul style="list-style-type: none"> <li>• Student Information handbook</li> <li>• Assessment plans</li> <li>• Prior to each assessment</li> </ul>
	Clients with special needs are not identified	<ul style="list-style-type: none"> <li>• Numeracy/Literacy test</li> <li>• Formative assessment</li> <li>• Observation</li> <li>• Assessment agreement</li> </ul>
	RPL is not offered to clients	RPL information is given to all clients prior to enrolment via: <ul style="list-style-type: none"> <li>• Course guides</li> <li>• Student Information handbook</li> <li>• Information sessions</li> </ul>
<b>Documents / Paperwork</b>	Records are not kept to show adjusted assessment	<ul style="list-style-type: none"> <li>• An assessment agreement is placed in the student's file outlining the adjustment</li> <li>• Adjusted evidence is placed in the file showing the student's result</li> </ul>
	Adequate evidence to show RPL is not kept	<ul style="list-style-type: none"> <li>• RPL evidence matrix is to be in the student's file together with all supporting evidence.</li> </ul>



STANDARD ONE: RESPONSIVE TO INDUSTRY AND LEARNER NEEDS (cont)

Risk Category	Identified Risks	Controls
<b>Process / Procedure</b>	Assessment materials are not relevant to the training package or level	<ul style="list-style-type: none"> <li>• Assessment plans</li> <li>• Assessment matrices</li> <li>• Peer reviews</li> <li>• Assessment reviews</li> <li>• Student evaluations</li> <li>• Validation processes</li> </ul>
	RPL process is not structured and too complicated	<ul style="list-style-type: none"> <li>• RPL Application Form (explains process and procedure).</li> </ul>
	Qualifications are incorrectly packaged	<ul style="list-style-type: none"> <li>• All courses are approved by the CEO after review of the training package requirements.</li> </ul>
<b>Facilities</b>	Inadequate vocational placement facilities for assessment	<ul style="list-style-type: none"> <li>• All vocational placement providers will be visited prior to placing students to assess the facility for appropriateness for assessment and to consider the range of variables to customise the training plan to suit the workplace.</li> </ul>
	Physical resources for assessment are inadequate	Physical requirements are addressed via: <ul style="list-style-type: none"> <li>• Assessment Plan</li> <li>• Staff meetings</li> <li>• Management Team meetings</li> <li>• Student evaluations</li> </ul>

STANDARD EIGHT: LEGAL COMPLIANCE

Risk Category	Identified Risks	Controls
People / Staff	Staff not informed about relevant legislation that affects their duties	<ul style="list-style-type: none"> <li>• Staff are informed of legislation at induction</li> <li>• Legislation requirements/changes are discussed at staff meetings.</li> </ul>
	Clients are not provided with information on relevant legislation that affects their participation	<ul style="list-style-type: none"> <li>• Clients informed of legislation through student handbook and induction/orientation sessions.</li> </ul>
Documents / Paperwork	Policies and procedures do not meet legislative requirements	<ul style="list-style-type: none"> <li>• Legislative requirements are monitored through various organisations allowing the <i>Institution</i> to identify relevant legislative requirements.</li> </ul>
	Compliance with legislation that is out of date	<ul style="list-style-type: none"> <li>• Formally review legislation every 6 months</li> </ul>
	Insurance policies not current	<ul style="list-style-type: none"> <li>• The CEO receives renewal notices from insurance broker to inform us that an insurance policy will shortly be due for renewal.</li> </ul>
	Insurance Policies do not have sufficient cover	<ul style="list-style-type: none"> <li>• Copies of Workers Comp; Public Liability, Professional Indemnity, Building &amp; Contents are reviewed in our current insurance portfolio to ensure policies have required cover.</li> </ul>
Process / Procedure	Not all relevant legislation covered	<ul style="list-style-type: none"> <li>• Regularly review legislative requirements via the Internet - this provides information to identify and address all necessary legislation.</li> </ul>
	Insurance policies not kept	<ul style="list-style-type: none"> <li>• All required insurance policies are kept in a secure place.</li> </ul>
	Cannot obtain relevant insurance	<ul style="list-style-type: none"> <li>• The <i>Institution's</i> Risk Management Plan is reviewed by its broker and any issues raised that could impact on insurance renewal are promptly attended to.</li> </ul>
Facilities	Facilities align with relevant legislative requirements i.e. facilities to accommodate people with disabilities	<ul style="list-style-type: none"> <li>• In identifying relevant legislative requirements, the <i>Institution</i> identifies any facility / resource requirements, which are reviewed at the <i>Institution's</i> Management Team meetings.</li> </ul>
	Failure to provide and maintain a safe learning and working environment for clients and staff	<ul style="list-style-type: none"> <li>• The <i>Institution</i> complies, where relevant, to the latest publications of Occupational Health and Safety in VET, Work Health (occupational health and safety) Regulations and the Victorian Work Health Act.</li> </ul>

## RISK MANAGEMENT PLAN

### STANDARD THREE: SECURE AND ACCURATE CERTIFICATION

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Staff are not aware of the Recognition Policy and process	<ul style="list-style-type: none"> <li>• Recognition policy and any amendments are distributed to all relevant staff in handbook</li> <li>• Induction (new staff)</li> </ul>
	Clients are not aware of recognition policy	Clients are informed of recognition the following ways: <ul style="list-style-type: none"> <li>• Student Information Handbook</li> <li>• Information Sessions</li> <li>• Enquiries to educators</li> </ul>
<b>Documents / Paperwork</b>	Qualifications from other RTO's are not kept on student file	<ul style="list-style-type: none"> <li>• Photocopies of qualifications used for credit transfer are verified and are required to be kept on the student file prior to sign off on qualification.</li> </ul>
	RTO uses different unit names and codes	<ul style="list-style-type: none"> <li>• Contact issuing RTO for mapping to national codes – then do via RPL process.</li> </ul>
<b>Process / Procedure</b>	Human error	<ul style="list-style-type: none"> <li>• A completed credit transfer process is to be double checked by the CEO or designated officer for approval.</li> </ul>
<b>Facilities</b>	Nil	

STANDARD FOUR: ACCESSIBLE INFORMATION ABOUT SERVICES

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Staff who do not understand access and equity principles	<ul style="list-style-type: none"> <li>• Induction (new staff)</li> <li>• Professional development sessions on access &amp; equity</li> <li>• Access &amp; equity policy is made available to all staff</li> </ul>
	Staff not complying with the Code of Practice	We monitor compliance to our code of practice via: <ul style="list-style-type: none"> <li>• Client feedback sheets</li> <li>• Staff appraisals</li> <li>• Corrective action records</li> </ul>
	Clients are not informed of the relevant information contained in Standard 6.3 prior to enrolment	<ul style="list-style-type: none"> <li>• Course Guides</li> <li>• Course information sessions</li> <li>• Student Information handbook</li> <li>• Educator support</li> </ul>
<b>Documents / Paperwork</b>	Out of date Course guides, code of practice and Information handbooks	<ul style="list-style-type: none"> <li>• Current version control maintained in the resource lists</li> <li>• Current versions maintained on the system and printed off as required</li> </ul>
	Documents lost or destroyed	<ul style="list-style-type: none"> <li>• Electronic copies are backed up as part of the system backup procedure.</li> </ul>
<b>Process / Procedure</b>	Access & Equity policy and procedure do not represent the needs of certain client groups	<ul style="list-style-type: none"> <li>• Actively seek feedback from specific client groups to identify their access and equity needs.</li> </ul>
<b>Facilities</b>	Programs that do not make allowance for specific groups	<ul style="list-style-type: none"> <li>• Programs are designed and wherever possible facilities set up to enhance flexibility of delivery in order to maximise the opportunity for access and participation by disadvantaged clients.</li> </ul>

RISK MANAGEMENT PLAN

STANDARD TWO: QUALITY ASSURANCE

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Staff unaware of their function and role in the marketing and advertising processes of the <i>Institution</i> .	<ul style="list-style-type: none"> <li>• Position descriptions/duty statements</li> <li>• Induction</li> <li>• In-house training</li> </ul>
<b>Documents / Paperwork</b>	Documents are lost or destroyed	<ul style="list-style-type: none"> <li>• System backed up weekly and stored off-site</li> </ul>
<b>Process / Procedure</b>	Inaccurate marketing material	<ul style="list-style-type: none"> <li>• Marketing materials are designed and developed, either electronic or paper, they are proof read to ensure that they are accurate, contain no misleading information and are within our existing scope of registration. Marketing materials, when checked and accurate, are approved by the CEO. This approval is recorded by signing and dating final draft marketing materials or by recording approval in minutes of meetings.</li> </ul>
	Use of marketing or advertising material which refers to a person or organisation without prior written permission	<ul style="list-style-type: none"> <li>• Written permissions and conditions of use are obtained from the relevant person or organisation as required.</li> <li>• All written permissions and conditions of use are kept on file for reference.</li> </ul>
<b>Facilities</b>	Nil	

STANDARD EIGHT: LEGAL COMPLIANCE

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Staff are not aware of the proper use of the NRT (Nationally Recognised Training) logo	<ul style="list-style-type: none"> <li>• Relevant staff are provided training at induction and when any regulatory changes come into effect</li> </ul>
<b>Documents / Paperwork</b>	The NRT logo is not used on AQF qualifications and Statements of Attainment issued	<ul style="list-style-type: none"> <li>• Internal Audit</li> <li>• General Masters</li> <li>• CEO and/or Designated officer review</li> </ul>
	Documents are lost or destroyed	<ul style="list-style-type: none"> <li>• System backed up weekly and stored off-site</li> <li>• After 12 months files archived and stored off site</li> </ul>
<b>Process / Procedure</b>	NRT logo is improperly used in advertisements	<ul style="list-style-type: none"> <li>• We only use the logo in advertisements for training and assessment services that we are registered to provide and that lead to nationally recognised AQF qualifications or Statements of Attainment</li> <li>• All advertisements must be approved by the CEO</li> <li>•</li> </ul>
	Use of incorrect training and/or assessment statements in advertisements	<ul style="list-style-type: none"> <li>• Marketing and Promotions Policy</li> <li>• Advertising Policy</li> </ul>
<b>Facilities</b>	Nil	

STANDARD SEVEN: EFFECTIVE GOVERNANCE AND ADMINISTRATION

Risk Category	Identified Risks	Controls
<b>People / Staff</b>	Appropriate Staff Members are not aware of their responsibilities and ensure that their duties are performed effectively	<ul style="list-style-type: none"> <li>• Position descriptions/Duty statements</li> <li>• Performance appraisals</li> <li>• Internal Audit</li> </ul>
	Staff unaware of the appropriate financial procedures	<ul style="list-style-type: none"> <li>• All staff members are made aware of financial processes affecting their job function during induction, and appropriate training is provided initially and if/when changes are made to the system</li> </ul>
<b>Documents / Paperwork</b>	Loss of financial records	<ul style="list-style-type: none"> <li>• Financial records are backed up daily</li> <li>• Weekly back-ups are kept off-site</li> <li>• Yearly records are maintained off-site</li> </ul>
	Financial audit report lost or destroyed	<ul style="list-style-type: none"> <li>• A copy of the audit report is maintained by the accountant</li> </ul>
<b>Process / Procedure</b>	Fee insurance	<ul style="list-style-type: none"> <li>• The CEO is responsible for renewing insurances however no TAS required at present as no fees taken in advance</li> </ul>
	Refund process is inadequate	<ul style="list-style-type: none"> <li>• Provision for deferment in cases of financial hardship or personal circumstances at discretion of the CEO.</li> </ul>
<b>Facilities</b>	Physical requirements are not adequate to maintain the financial system and documentation appropriately	<ul style="list-style-type: none"> <li>• Physical requirements are addressed via:                         <ul style="list-style-type: none"> <li>- Operational Plan</li> <li>- Staff meetings</li> <li>- Management Team meetings</li> </ul> </li> </ul>

**STANDARD SEVEN: EFFECTIVE GOVERNANCE AND ADMINISTRATION**

Risk Category	Identified Risks	Controls
<b>People/Staff</b>	Staff are not aware or able to perform/meet external reporting requirements	<ul style="list-style-type: none"> <li>• Position description/Duty statements</li> <li>• A minimum of two staff are trained and responsible for external reporting requirements.</li> </ul>
	Staff are not informed of relevant policies & procedures	<ul style="list-style-type: none"> <li>• Induction process</li> <li>• A policy and/or procedure is reviewed at staff meetings.</li> </ul>
	Staff do not have the appropriate qualifications/experience	<ul style="list-style-type: none"> <li>• Copies of qualifications and CV are kept on file</li> <li>• Trainers &amp; assessors list maintained</li> <li>• Yearly Staff Profile update completed.</li> </ul>
<b>Documents / Paperwork</b>	Loss of records	<ul style="list-style-type: none"> <li>• System backed up weekly and stored off-site.</li> </ul>
	Old forms being used	<ul style="list-style-type: none"> <li>• All current documents are maintained on the network and downloaded as needed</li> <li>• RTO forms are downloaded from ASQA ( Australian Skills Quality Authority) as required to ensure the current form is used.</li> </ul>
	Not being able to read back-ups as new software is introduced	<ul style="list-style-type: none"> <li>• Backs ups of all versions of software are maintained off-site.</li> </ul>
	Documents not secured	<ul style="list-style-type: none"> <li>• All documents are placed in locked cabinets or rooms</li> <li>• Only one person is a designated key holder with access to files</li> <li>• A copy of this key is secured</li> <li>• All staff are issued with a unique password to access the system</li> <li>• Folders on the system are secured by passwords.</li> </ul>



STANDARD SEVEN: EFFECTIVE GOVERNANCE AND ADMINISTRATION (cont)

Risk Category	Identified Risks	Controls
<b>Process / Procedure</b>	Disclosure of client information without consent	<ul style="list-style-type: none"> <li>• Documented Privacy Policy preventing disclosure</li> <li>• Only one person has access to client files to disclose information – the CEO.</li> </ul>
	Staff files are not up-to-date	Files updated with: <ul style="list-style-type: none"> <li>• Professional development</li> <li>• Performance appraisals</li> <li>• Position description/duty statement amendments</li> <li>• Changes in particulars</li> <li>• Police checks (when required)</li> </ul>
<b>Facilities</b>	Physical requirements are insufficient to maintain thorough and accurate records which are easily accessed	Physical requirements are addressed via: <ul style="list-style-type: none"> <li>• Operational Plan</li> <li>• Staff meetings</li> <li>• Management Team meetings</li> </ul>