



Table of Contents

RTO & CRICOS Policy Register	4
PP1 – Training and Assessment Strategy (TAS) Policy.....	9
PP2 – Industry Engagement Policy	14
PP3 – Assessment Tools and Systems Policy	17
PP4a – Pre-Assessment Validation Policy.....	21
PP4b – Post-Assessment Validation Policy.....	25
PP5 – Credit Transfer Policy	34
PP6 – Facilities and Equipment Policy	39
PP7 – Work Placement Policy.....	45
PP8 – Recognition of Prior Learning (RPL) Policy	49
PP9 – Change of Scope Policy.....	55
PP10 – Student Information Management Policy.....	59
PP11 – Student Pre-Enrolment Policy	68
PP12 – Student Support Services Policy	74
PP13 – LLN and Digital Literacy Support Policy	80
PP14 – Disability Support and Adjustments Policy.....	83
PP15– Diversity, Inclusion and Wellbeing Policy.....	86
PP16 – Feedback, Complaint and Appeal Policy Policy.....	89
PP17 – AVETMISS Reporting Policy	98
PP18 – Discrimination and Harassment Policy.....	102
PP19 – Workforce Planning Policy.....	106
PP20 – Trainer and Assessor Policy.....	109
PP21 – Professional Development Policy.....	113
PP22 – Trainer Supervision and Direction Policy.....	117
PP23 – Leadership and Accountability Policy	121
PP24 – Staff Roles and Responsibilities Policy	125
PP25 – Third-Party Management Policy.....	128
PP26 – Risk Management and Mitigation Policy.....	132
PP27 – Financial Viability Monitoring Policy	136
PP28 – Child Safety and Welfare Policy.....	139

PP29 – Continuous Improvement & Quality Assurance Policy	143
PP30 – Marketing and Advertising Policy.....	148
PP31 – Enrolment Policy.....	154
PP32 – Fee Management and Refund Policy.....	159
PP33 – Student Identifier Management Policy	166
PP34 – Data Privacy and Record Keeping Policy	170
PP35 – Certification Issuance Policy	174
PP36 – Transition of Training Products Policy.....	179
PP37 – Public Liability Insurance Policy.....	183
PP38 – Legislative and Regulatory Compliance Policy	186
PP39 – Version Control and Document Management Policy.....	190
PP40 – Annual Declaration on Compliance Policy.....	194
PP41 – Fit and Proper Person Policy.....	197
PP42 – Academic Integrity and Plagiarism Policy (Including AI)	200
PP43 – Critical Incident Management Policy.....	204
PP44 – Workplace Health and Safety Policy.....	209
PP45 – IT Systems and Security Policy.....	213
PP46 – Communication with VET Regulator Policy	217
PP47 – Privacy Policy	222
PP48 – Orientation Program Policy	227
PP49 – Course Progress Policy.....	231
PP50 – Monitoring Student Attendance Policy	239
PP51 – Deferral, Suspension and Cancellation of Enrolment Policy	244
PP52 – Student Transfer Policy	254
PP53 – PRISMS Policy and Procedure.....	265
PP53 – PRISMS Policy and Procedure.....	265
PP54 – Education Agent Management Policy	278
PP55 – Data Retention Policy	291

RTO & CRICOS Policy Register

Quality Area No	Section Name	Policy no	Name	Reference to the Standard	Reference to National code 2018
Quality Area 1	Training and Assessment	PP1	Training and Assessment strategy policy	Outcome Standards 1.1, 1.3, 1.4, 1.8; AQF	Standard 8.18 -8.20 and 8.22
Quality Area 1	Training and Assessment	PP2	Industry Engagement Policy	Outcome Standard 1.2	
Quality Area 1	Training and Assessment	PP3	Assessment Tools and Systems Policy	Outcome Standards 1.3–1.4	
Quality Area 1	Training and Assessment	PP4a PP4b	Pre - Assessment Validation Policy Post- Assessment Validation Policy	Outcome Standard 1.3, 1.4 1.5	
Quality Area 1	Training and Assessment	PP5	Credit Transfer Policy	Outcome Standards 1.7	Standard 2
Quality Area 1	Training and Assessment	PP6	Facilities and Equipment Policy	Outcome Standard 1.8	
Quality Area 1	Training and Assessment	PP7	Work Placement policy	Outcome Standards 1.1,1.3 and 1.8	
Quality Area 1	Training and Assessment	PP8	Recognition of Prior Learning (RPL) Policy	Outcome Standards 1.6	Standard 2
Quality Area 1	Training and Assessment	PP9	Change of scope policy	Outcome Standards 1.1,1.2,1.3,1.4	
Quality Area 2	VET Student Support	PP10	Student Information Management Policy	Outcome Standard 2.1	
Quality Area 2	VET Student Support	PP11	Student Pre-enrolment Policy	Outcome Standard 2.2	Standard 2
Quality Area 2	VET Student Support	PP12	Student Support Services Policy	Outcome Standard 2.3	Standard 6

Quality Area 2	VET Student Support	PP13	LLN and Digital Literacy Support Policy	Outcome Standard 2.3	
Quality Area 2	VET Student Support	PP14	Disability Support and Adjustments Policy	Outcome Standard 2.4	
Quality Area 2	VET Student Support	PP15	Diversity Inclusion and Wellbeing Policy	Outcome Standard 2.5, 2.6	
Quality Area 2	VET Student Support	PP16	Feedback, Complaint and Appeal Policy	Outcome Standard 2.7, 2.8	Standard 10
Quality Area 3	VET Workforce and Governance	PP17	AVETMISS Reporting Policy	Outcome Standard Clause 3.1	
Quality Area 2	VET Student Support	PP18	Discrimination and Harassment policy	Outcome Standard 2.1, 2.4 and 2.5	
Quality Area 3	VET Workforce and Governance	PP19	Workforce Planning Policy	Outcome Standard 3.1	
Quality Area 3	VET Workforce and Governance	PP20	Trainer and Assessor Policy	Outcome Standard 3.2, 3.3 and Credential Policy	
Quality Area 3	VET Workforce and Governance	PP21	Professional Development Policy	Outcome Standards 3.2–3.3	
Quality Area 3	VET Workforce and Governance	PP22	Trainer Supervision and Direction Policy	Outcome Standard 3.2 and Credential Policy	
Quality Area 3	VET Workforce and Governance	PP23	Leadership and Accountability Policy	Outcome Standard 4.1	
Quality Area 3	VET Workforce and Governance	PP24	Staff Roles and Responsibilities Policy	Outcome Standard 4.2	
Quality Area 3	VET Workforce and Governance	PP25	Third-Party Management Policy	Outcome Standard 4.2	

Quality Area 3	VET Workforce and Governance	PP26	Risk Management and Mitigation Policy	Outcome Standard 4.3	
Quality Area 3	VET Workforce and Governance	PP27	Financial Viability Monitoring Policy	Outcome Standard 4.3	
Quality Area 3	VET Workforce and Governance	PP28	Child Safety and Welfare Policy (under 18 students)	Outcome Standard 4.3	
Quality Area 3	VET Workforce and Governance	PP29	Continuous Improvement & Quality Assurance Policy	Outcome Standard 4.4	
Section 2	VET Student Support	PP30	Marketing and Advertising Policy	Compliance Standards – Clause 7 & 13 and Schedule 2; Outcome Standard 2.1	Standard 1
Quality Area 2	VET Student Support	PP31	Enrolment Policy	Compliance Standards – Clause 7; Outcome Standard 2.1 and 2.2	Standard 3
Quality Area 3	VET Workforce and Governance	PP32	Fee Management and Refund Policy	Compliance Standards – Clause 18, Standard 2.1	Standard 3
Quality Area 3	VET Workforce and Governance	PP33	Student Identifier Management Policy	Compliance Standards – Clause 12	
Quality Area 3	VET Workforce and Governance	PP34	Data Privacy and Record Keeping Policy	Compliance Standards – Clause 10	
Quality Area 3	VET Workforce and Governance	PP35	Certification Issuance Policy	Compliance Standards – Clause 9 and 11; AQF	
Quality Area 3	VET Workforce and Governance	PP36	Transition of Training Products Policy	Compliance Standards – Clause 14; Outcome Standard 2.1e	
Quality Area 3	VET Workforce and Governance	PP37	Public Liability Insurance Policy	Compliance Standards – Clause 19	

Quality Area 3	VET Workforce and Governance	PP38	Legislative and Regulatory Compliance Policy	Compliance Standards – Clause 20	
Quality Area 3	VET Workforce and Governance	PP39	Version Control and Document Management Policy	Outcome Standard 4.4	
Quality Area 3	VET Workforce and Governance	PP40	Annual Declaration on Compliance Policy	Compliance Standards – Clause 15	
Quality Area 3	VET Workforce and Governance	PP41	Fit and proper person policy	Compliance Standards -Schedule 1	
Quality Area 3	VET Workforce and Governance	PP42	Academic Integrity and Plagiarism Policy (Including AI)	Outcome Standard 1.5	
Quality Area 3	VET Workforce and Governance	PP43	Critical Incident Management Policy	Outcome Standard 2.6	Standard 6.8
Quality Area 3	VET Workforce and Governance	PP44	Workplace Health and Safety Policy	Outcome Standard 4.3	Standard 6.9
Quality Area 3	VET Workforce and Governance	PP45	IT Systems and Security Policy	Outcome Standard 4.3	
Quality Area 3	VET Workforce and Governance	PP46	Communication with VET Regulator policy	Compliance Standards – Clauses 16 & 17; Data Provision Requirements	
Quality Area 3	VET Workforce and Governance	PP47	Privacy policy	Compliance Standards – Clause 20	
Quality Area 2	VET Student Support	PP48	Orientation Program Policy		National Code 2018 – Standard 6.1
Quality Area 2	VET Student Support	PP49	Course Progress Policy		National Code 2018 – Standard 8.1–8.5, 8.9, 8.14,8.15-8.22
Quality Area 2	VET Student Support	PP50	Monitoring Student Attendance Policy		National Code 2018 – Standard 8.10,8.11,8.12,8.13,

					8.14,8.15-8.22
Quality Area 2	VET Student Support	PP51	Deferral, Suspension or Cancellation of Student, Policy and Procedure		Standard 9
2	VET Student Support	PP52	Student Transfer Policy		National Code 2018 – Standard 7
Quality Area 3	VET Workforce and Governance	PP53	PRISMS Policy		ESOS Act 2000, National Code 2018 (Standard 8 & 9)
2	VET Student Support	PP54	Education Agent Management Policy		National Code 2018 – Standard 4
Quality Area 3	VET Workforce and Governance	PP55	Data Retention Policy		National Code 2018 – Standard 6.8

PP1 – Training and Assessment Strategy (TAS) Policy

Aligned with Outcome Standards 1.1, 1.3, 1.4, 1.8; AQF; and National Code 2018 – Standards 8.18, 8.19, 8.20, 8.22

1. Purpose

This policy ensures that all Training and Assessment Strategies (TAS) developed and implemented by the RTO are compliant with:

- ✚ Outcome Standards 1.1, 1.3, 1.4, and 1.8 of the Standards for RTOs 2025,
- ✚ The Australian Qualifications Framework (AQF), and
- ✚ The National Code 2018 – Standards 8.18 to 8.22, which govern delivery modes for overseas students.

The policy guides the development of TAS that meet training package rules, support quality learning and assessment, and protect the welfare and visa compliance of international students.

2. Scope

This policy applies to all training products on the RTO's scope of registration and to all staff involved in the planning, delivery, and assessment of nationally recognised training, including those involving CRICOS students.

3. Definitions

(No changes needed here; definitions provided are accurate and comprehensive.)

4. Legislative Reference

- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Standards for RTOs 2025 – Outcome Standards 1.1, 1.3, 1.4, 1.8
- ✚ Australian Qualifications Framework (AQF)
- ✚ National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standards 8.18, 8.19, 8.20, 8.22
- ✚ Training package and accredited course requirements
- ✚ ASQA Guidelines and Compliance Requirements

5. Policy Statement

RSC is committed to maintaining an approved Training and Assessment Strategy (TAS) for each qualification or accredited course on its scope. Each TAS must:

- ✚ Be based on current industry consultation
- ✚ Reflect the needs of the learner cohort

- ✚ Comply with training package rules and AQF requirements
- ✚ Detail delivery modes and assessment methods
- ✚ Include arrangements for industry-relevant facilities, equipment, and resources
- ✚ Comply with all **CRICOS delivery restrictions for international students**, specifically:

CRICOS Compliance (National Code Standards 8.18–8.20):

- ✚ The RTO must not deliver any course solely online or by distance to international students.
- ✚ No more than one-third of the total course units can be delivered online or by distance mode.
- ✚ International students must be enrolled in at least one unit delivered in-person per compulsory study period, unless they are in the final unit of their course.
- ✚ These delivery limitations must be outlined in each TAS and monitored via the Student Management System and the CRICOS Compliance Checklist.
- ✚ Trainers and administration staff must be made aware of these restrictions during onboarding and compliance training.

TAS Accessibility & Compliance:

- ✚ TAS documents are stored in a controlled document system.
- ✚ Trainers/Assessors are given access to the relevant TAS and briefed on its implementation.
- ✚ CRICOS-specific enrolment capacity (Approved by ASQA) and face-to-face delivery timetables are reviewed every term to ensure compliance.

6. Procedure – Step by Step

Step	Action Description	Responsible Person	Timing
1	Review training package requirements: core/electives, licensing, work placement (if applicable), AQF alignment, delivery hours, etc.	Compliance Manager	Before program approval
2	Develop TAS, including structure, delivery mode, duration, entry requirements, and LLN needs	Trainer / Compliance Manager	Before training starts
3	Include delivery mode limitations for international students (face-to-face quota, one-third cap, etc.) in TAS	Compliance Manager	Before training starts
4	Consult with industry representatives and document engagement	Trainer / Compliance Manager	Annually or when TAS is reviewed

Step	Action Description	Responsible Person	Timing
5	Validate TAS using the TAS Review Checklist and feedback provided during Industry engagement.	Compliance Manager	Pre-delivery
6	Approve TAS	CEO / PEO	Once per TAS review
7	Store approved TAS in shared system and grant access to trainers	Admin Officer	Immediately
8	Brief trainers on TAS delivery expectations and CRICOS restrictions	Compliance Manager	Before course commencement
9	Monitor delivery, online proportion, and face-to-face requirements per study period	Compliance Manager	Monthly/Quarterly
10	Conduct annual TAS review and adjust based on student data, industry feedback or course updates	Compliance Manager	Annually or as required

7. Annual TAS Review

RSC will conduct a formal Annual Review of every Training and Assessment Strategy (TAS) for each qualification on its scope of registration. This review ensures the TAS remains compliant with:

- ✚ Standards for RTOs 2025 (Outcome Standards 1.1, 1.3, 1.4, 1.8)
- ✚ AQF Guidelines
- ✚ Training package and accredited course updates
- ✚ National Code 2018 – Standards 8.18–8.20 (CRICOS courses)
- ✚ ASQA guidance and current audit expectations








Key Objectives of Annual TAS Review

- ✚ Confirm ongoing alignment with unit packaging rules, AQF level, and volume of learning
- ✚ Ensure industry engagement informs structure, assessment, delivery, and work placement (if applicable)
- ✚ Validate cohort characteristics and whether adjustments are required
- ✚ Check trainer/assessor qualifications are up to date and match TAS expectations
- ✚ Review mode of delivery, especially compliance with CRICOS limits on online delivery
- ✚ Identify any changes needed based on student feedback, trainer/ assessor feedback, validation, complaints or audit findings
- ✚ Record findings and actions in the TAS Review Checklist and CI Register

Annual TAS Review Procedure

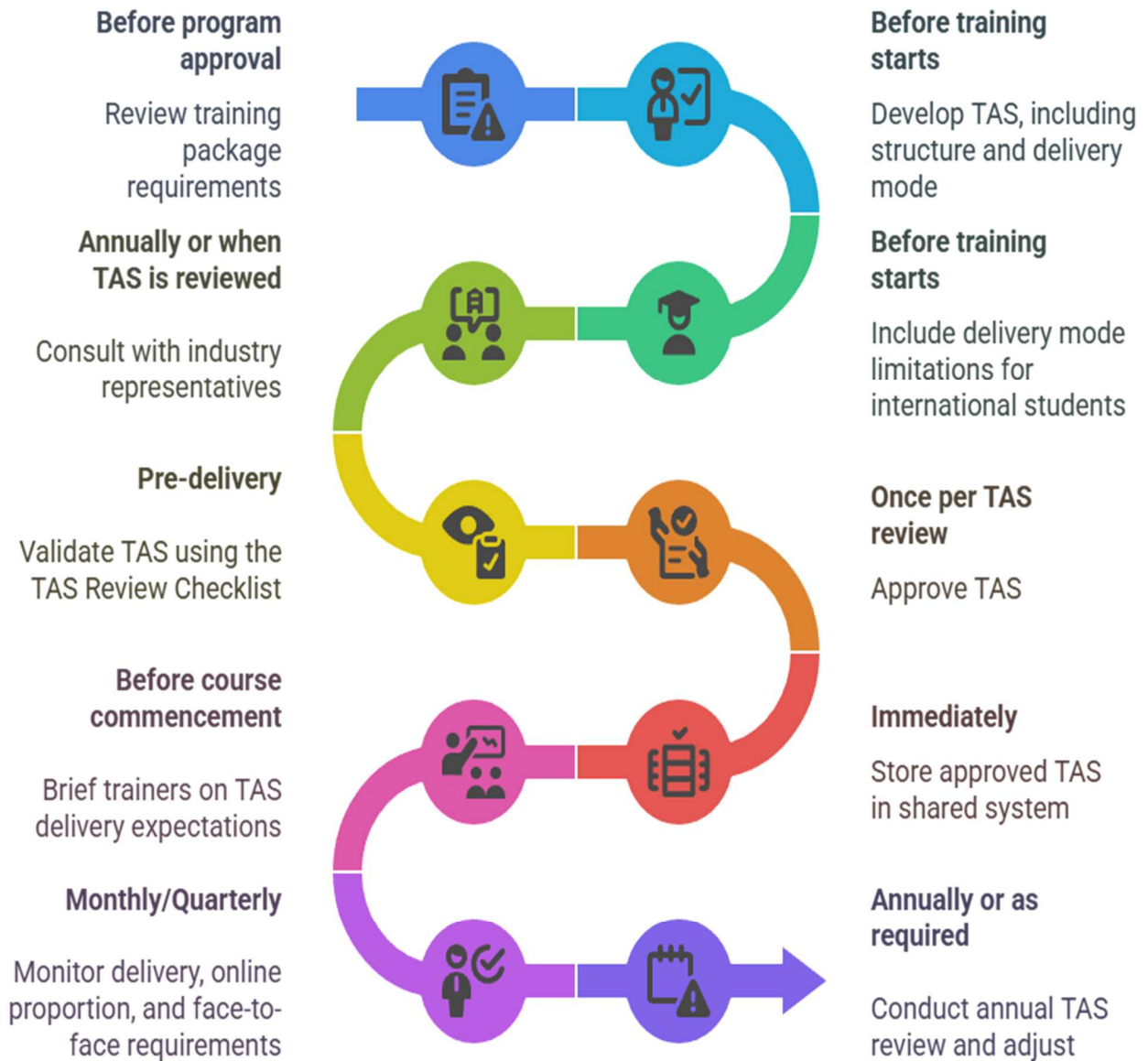
Step	Action	Responsible Person
1	Retrieve the latest training package details and qualification packaging rules	Compliance Manager
2	Compare current TAS content with regulatory standards and recent internal/external audit findings	Compliance Manager
3	Review student outcomes, enrolment trends, course progress, and completions	Compliance & Admin Team
4	Engage with at least two industry representatives and record feedback on training relevance	Trainer/Assessor & Compliance Manager
5	Confirm compliance with CRICOS delivery requirements (minimum face-to-face delivery and no more than 1/3 of course online)	Compliance Manager
6	Review delivery resources, facility access, and assessment tools	Trainer/Assessor
7	Update TAS if required, and complete the TAS Review Checklist	Compliance Manager
8	Submit revised TAS to CEO for approval	Compliance Manager
9	Save the updated TAS in the secure document management system and notify relevant trainers	Admin Officer
10	Log outcomes and changes in the Continuous Improvement (CI) Register	Compliance Manager

7. Related Documents

-  TAS Template
-  TAS Review Checklist
-  Industry Consultation Record
-  Trainer and Assessor Matrix
-  Student Feedback
-  Assessment Validation Plan
-  Delivery and Assessment Schedule (Timetable)

8. Flow chart

Training and Assessment Strategy (TAS) Process



PP2 – Industry Engagement Policy

1. Purpose

This policy ensures that the RSC engages with relevant industry, employers and community representatives to inform the development, delivery, and assessment of its training products, as required by Outcome Standard 1.2. This engagement ensures that training and assessment remain relevant, current, and aligned with evolving workplace practices and expectations.

2. Scope

This policy applies to all training products on the RSC's scope of registration and all staff involved in developing and delivering training and assessment, including trainers, assessors, and compliance personnel.

3. Definitions

Term	Definition
Industry Representatives	Individuals or organisations with direct knowledge of current workplace practices, including employers, supervisors, professional bodies, and regulators.
Community Representatives	Local stakeholders such as education alliances, community training boards, or support agencies that influence learner needs.
Industry Engagement	Structured and documented process of consulting with relevant stakeholders to ensure training and assessment aligns with real-world expectations.
TAS (Training and Assessment Strategy)	A detailed plan describing how a course will be delivered and assessed in accordance with the training package and industry requirements.

4. Legislative Reference

- 📖 Outcome Standards for RTOs 2025 – Standard 1.2
- 📖 National Vocational Education and Training Regulator Act 2011
- 📖 Training Package Companion Volumes
- 📖 ASQA Regulatory Guidelines

5. Policy Statement

RSC will:

- 📖 Identify and maintain a current register of relevant industry, employer and community representatives based on each training product. Stakeholders will be identified using a combination of:
 - Existing industry contacts and networks
 - Online research and sector directories
 - Participation in industry events, expos, and forums

- Work placement hosts and employer partners
- ✚ Engage these representatives at least annually through meetings, surveys, and structured consultations.
- ✚ Document the advice received and evaluate its relevance and applicability to training delivery and assessment.
- ✚ Use meaningful feedback to review and revise Training and Assessment Strategies, assessment tools, delivery resources and scheduling.
- ✚ Ensure training reflects current industry practices, including technology, techniques, workplace conditions, and compliance standards.

6. Procedure – Step by Step

Step	Action Description	Responsible Person	Timing
1	Identify key stakeholders relevant to each training product (e.g., industry bodies, employers, regulators).	Compliance Manager/CEO	At the time of course development or annually
2	Engage stakeholders via surveys, validation sessions, interviews or site visits.	Trainer/ Compliance Manager/CEO	Annually
3	Capture feedback using the Industry Consultation form or meeting minutes or employer letterhead or email.	Trainer/Assessor and/or Compliance Manager	After each consultation
4	Analyse consultation results and recommend any adjustments to TAS or delivery.	Compliance Manager	Based on consultation feedback or annually
5	Implement approved updates and revise TAS, assessment tools or delivery plans and accordingly.	Compliance Manager & Trainers	Following each review
6	Update Continues Improvement (CI) as require	Compliance Manager	As require
7	Maintain the Industry consultation register linked to training products.	Admin Officer	Ongoing
8	Report outcomes to the CEO and retain consultation evidence for audit purposes.	Compliance Manager	Each semester

7. Related Documents

- ✚ Industry Consultation Form
- ✚ Training and Assessment Strategy (TAS)
- ✚ Continuous Improvement (CI) Register
- ✚ Industry consultation register

Industry Engagement Policy



PP3 – Assessment Tools and Systems Policy

1. Purpose

This policy ensures that assessment tools and systems used by RSC are developed or selected to facilitate valid, reliable, fair, and flexible assessment. It ensures compliance with **Outcome Standards 1.3 and 1.4** of the *Standards for RTOs 2025* and that assessors make accurate, evidence-based judgements of competency.

2. Scope

This policy applies to all accredited training products on the RSC's scope of registration and covers all staff involved in the development, purchase, validation, delivery, and review of assessment tools and systems.

3. Definitions

Term	Definition
Assessment Tool	A complete suite of documents used to assess competency, including tasks, instructions, benchmarks, templates, and checklists. May be developed internally or sourced from approved third-party providers.
Assessment System	The framework that governs assessment planning, development, delivery, validation, and recordkeeping.
Pre-validation	Quality assurance review conducted before an assessment tool is implemented.
Post-validation	A structured review of assessment outcomes after delivery to confirm consistency and inform improvements.
Principles of Assessment	Fairness, flexibility, validity, and reliability – as defined in Outcome Standard 1.4.
Rules of Evidence	Validity, sufficiency, authenticity, and currency – as applied to assessment decisions.
Training.gov.au	The official national register for training packages and units of competency.
CI Register	Continuous Improvement Register – used to record actions for quality enhancement.

4. Legislative Reference

- 📄 National Vocational Education and Training Regulator Act 2011
- 📄 Standards for RTOs 2025 – **Outcome Standards 1.3 and 1.4**
- 📄 Training Package and accredited course requirements (as listed on www.training.gov.au)
- 📄 Australian Qualifications Framework (AQF)
- 📄 ASQA General Direction – Assessment Requirements

5. Policy Statement

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

RSC ensures that assessment tools and systems support fair, flexible, valid, and reliable assessment, whether developed in-house or purchased from a third-party provider. All assessment practices must align with the endorsed components of the training product, and tools must undergo pre-validation and post-validation. Any identified changes or improvements are documented in the CI Register.

6. Detailed Explanation of Outcome Standard 1.4

Standard 1.4 – Assessment Practices

Outcome: *Assessment is conducted fairly, appropriately, and enables accurate judgement of competency.*

Performance Indicators:

Principles of Assessment:

- **Fairness** – Accommodate learner needs, provide reasonable adjustment and reassessment opportunities.
- **Flexibility** – Assess what the learner knows, no matter how it was acquired, and adapt to delivery context.
- **Validity** – Assessment tasks include real or simulated practical activities relevant to the workplace.
- **Reliability** – Outcomes are consistent across assessors and locations.

Rules of Evidence:








- **Validity** – Evidence clearly demonstrates competency as per training product.
- **Sufficiency** – Enough quality and quantity of evidence to confirm competence.
- **Authenticity** – Assessor is satisfied the work belongs to the student.
- **Currency** – Evidence reflects the student’s current capability.

7. Procedure – Step by Step

Step	Action Description	Responsible Person	Timing
1	Identify unit requirements from [Training.gov.au]: elements, performance criteria, knowledge evidence, performance evidence, assessment conditions, and foundation skills.	Compliance Manager	Before tool development or procurement
2	Develop or purchase assessment tools, ensuring alignment to principles of assessment and rules of evidence. Third-party tools must be adapted as needed.	Trainer/Assessor/ Compliance Manager	Pre-delivery
3	Conduct Pre-validation using the TAS, Unit requirements from training.gov.au, unit mapping, Assessment resources and pre-validation form.	Compliance Manager/ Trainer	Before delivery

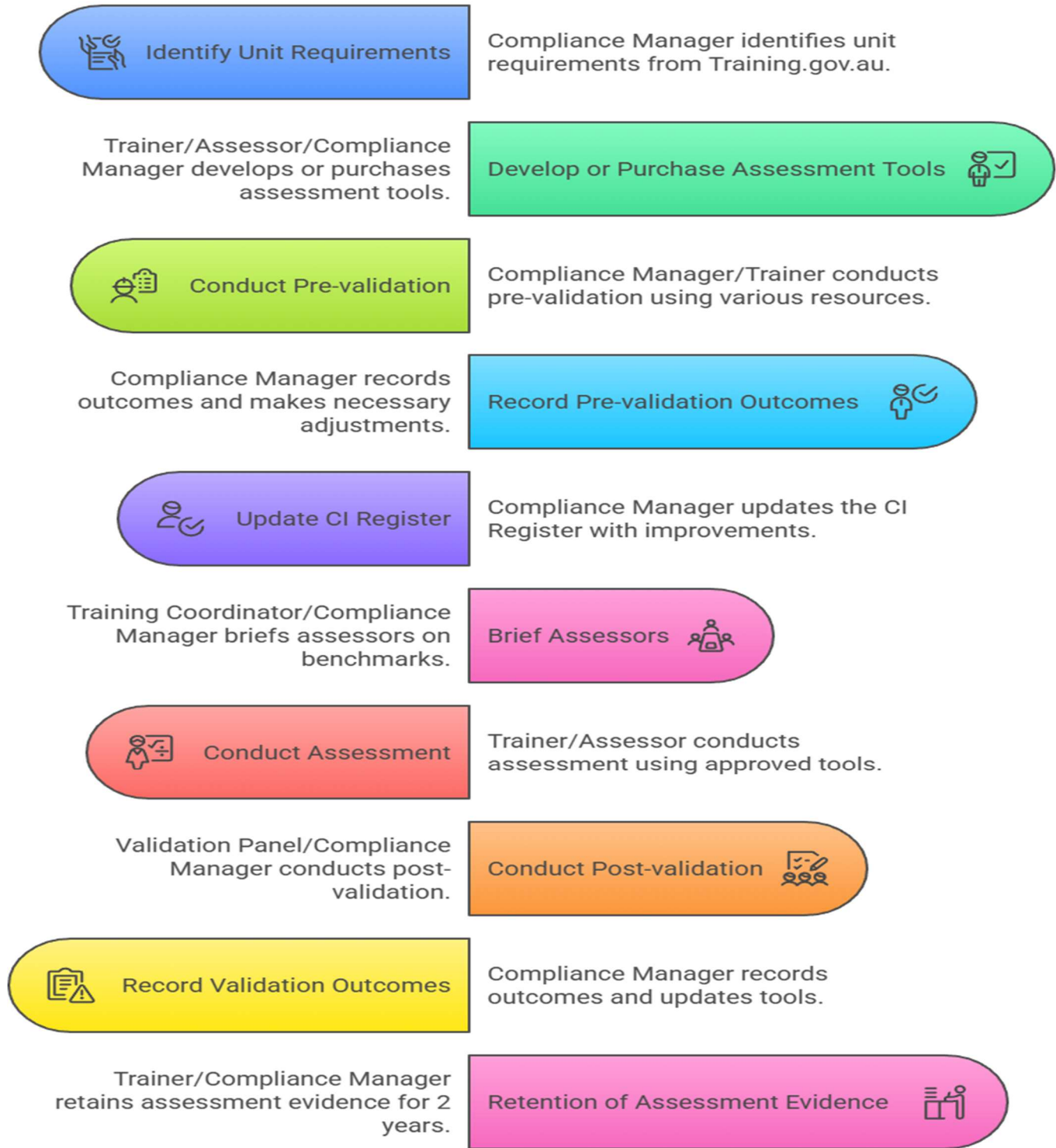
Step	Action Description	Responsible Person	Timing
4	Record pre-validation outcomes, make improvements or adjustments as needed in the assessment tools and approvals. Save validated tools in the quality management system.	Compliance Manager	Immediately after pre-validation
5	Update the CI Register if improvements.	Compliance Manager	At time of review
6	Provide briefing to assessors on benchmarks, expected responses, and flexibility protocols.	Training Coordinator/ Compliance Manager	Before delivery
7	Conduct assessment using approved tools. Maintain assessment evidence securely.	Trainer/Assessor	Ongoing
8	Conduct post-validation on a sample of completed assessments. Review judgement consistency and evidence quality.	Validation Panel / Compliance Manager	Based on 5 years validation plan
9	Record validation outcomes, update tools if required, and note improvements in the CI Register.	Compliance Manager	Within 30 days of validation
10	Retention of Assessment Evidence (Including RPL)- Retain all assessment evidence (e.g. completed workbooks, observation checklists, assessor marking tools, validation records) for 2 years after the student's completion of the qualification or standalone unit. - For RPL, retain application forms, RPL mapping documents, evidence submitted (certificates, work samples), assessor's final judgment, and RPL outcome communication. - Ensure electronic copies are kept in the student's digital file on SharePoint or the LMS where applicable.	Trainer / Compliance Manager	2 years

8. Related Documents

-  Assessment Tool
-  TAS-Training and Assessment strategy
-  Unit requirements - (<https://training.gov.au/>)
-  Pre-validation form
-  Validation form
-  Sample of completed assessments
-  Continuous Improvement Register

9. Flow chart

Assessment Tools and Systems Process



PP4a – Pre-Assessment Validation Policy

1. Purpose

This policy ensures all assessment tools are pre-validated before unit delivery to guarantee alignment with training package requirements, compliance with regulatory standards, and suitability for the student cohort. This process promotes quality, consistency, and fairness across assessment practices and supports compliance with Outcome Standards 1.3 and 1.4.

2. Scope

This policy applies to all nationally recognised units of competency included in qualifications and skill sets on RSC's scope of registration. It applies to all personnel involved in assessment preparation, including trainers, assessors, compliance officers, and validation panel members.

3. Definitions

Term	Definition
Pre-validation	A formal quality check conducted before assessment tools are used to ensure they are valid, reliable, fair, and aligned with training package requirements.
Assessment Tool	Documents used to assess competence, including student instructions, assessor guides, observation checklists, and model answers.
TAS (Training and Assessment Strategy)	A document that outlines the delivery and assessment approach for each qualification.
Session Plan	A trainer's plan for delivering and assessing a specific unit.
CI Register	The Continuous Improvement Register used to record improvements to RTO practices, tools, or documentation.

4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standards 1.3 and 1.4
- National Vocational Education and Training Regulator Act 2011
- Training package requirements on www.training.gov.au
- AQF and ASQA validation guidelines

5. Policy Statement

RSC ensures that each unit's assessment tools are validated prior to use through a structured Pre-Validation process. The process confirms that all assessments:

- ✚ Meet the Principles of Assessment (fairness, flexibility, validity, reliability)
- ✚ Comply with the Rules of Evidence (validity, sufficiency, authenticity, currency)
- ✚ Reflect the unit requirements from the training package
- ✚ Are contextualised appropriately for the delivery mode and student cohort
- ✚ Are mapped accurately and support consistent assessor decision-making

The RTO will not allow unit delivery or assessment to commence until tools have been successfully pre-validated and approved by RSC's representative.

6. Procedure – Step by Step

Step	Action	Responsible	Timing
1	Based on the course timetable, identify all units requiring pre-validation.	Compliance Manager	Prior to term/semester start
2	Create a Pre-Validation Schedule outlining timeframes, units, and responsible persons.	Compliance Manager	4–6 weeks prior to delivery
3	Assign relevant staff or validation panel to conduct pre-validation.	Compliance Manager	Concurrent with Step 1
4	Provide access to the TAS and assessment tools, cohort profile (in the TAS document) to all validation participants.	Training Coordinator	Before validation
5	Review assessment tools using the Pre-Validation Checklist/Form. Evaluate alignment to unit requirements, clarity, and assessment design.	Validation Panel / Assessor	As scheduled
6	Contextualise assessment tools and learner resources (if required) to suit cohort, delivery mode, and workplace context.	Trainer/Assessor	Post-review
7	Update the Session Plan to reflect delivery and assessment methods consistent with the TAS and validated tools.	Trainer/Assessor	Pre-delivery
8	Conduct a final review of all materials to confirm readiness and compliance.	Compliance Manager	One week before delivery
9	Approve assessment tools and session plans for delivery.	CEO / Compliance Manager	Pre-delivery
10	Store all validated documents, including pre-validation form and updated tools, in the	Admin Officer	Immediately post-approval

Step	Action	Responsible	Timing
	document management system. Ensure audit traceability.		
11	Record any identified improvements or tool adjustments in the CI Register.	Compliance Manager	Immediately after validation

7. Validation Criteria

Assessment tools must:

- ✚ Address all elements, performance criteria, foundation skills, knowledge and performance evidence, and assessment conditions
- ✚ Align with the TAS and reflect cohort characteristics
- ✚ Include practical and workplace-relevant assessment activities
- ✚ Provide clear instructions for both assessors and learners
- ✚ Be flexible enough to accommodate reasonable adjustment
- ✚ Contain robust benchmarks and marking criteria for consistent assessor judgement

8. Related Documents

- ✚ Validation Schedule
- ✚ Pre-Assessment Validation Form
- ✚ Updated Session Plans
- ✚ TAS Document
- ✚ Contextualisation assessment tools and learner resources
- ✚ Continuous Improvement Register

9. Flow Chart

Pre-Assessment Validation Process



PP4b – Post-Assessment Validation Policy

1. Purpose

This policy ensures the Risen Star College; RSC implements a structured and risk-informed post-assessment validation process. Validation is undertaken by appropriately credentialed and skilled individuals to confirm the fairness, validity, and consistency of assessment practices and judgements, in compliance with Outcome Standard 1.5.

2. Scope

This policy applies to all nationally recognised qualifications, skill sets, and units of competency on RSC's scope of registration, including those from the Training and Education (TAE) Training Package.

3. Definitions

Term	Definition
Validation	A post-assessment review of practices, tools, and decisions to confirm alignment with training product requirements and the principles of assessment and rules of evidence.
Risk-Based Approach	A prioritisation method using feedback, product changes, and identified risks to determine validation frequency and focus.
Independent Validator	A person with no delivery or assessment role in the cohort being validated and no direct employment or subcontract arrangement with Risen Star College of Technology and Business.
Credential Policy	A formal policy outlining the qualifications and skill sets required to deliver, assess, and validate training and assessment.

4. Legislative References

- ✚ Outcome Standard 1.5, National Vocational Education and Training Regulator (Outcome Standards for RTOs) Instrument 2025
- ✚ Credential Policy – Section 3: Credentials for Validation
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ AQF and ASQA Assessment Validation Guidelines

5. Policy Statement

RSC will ensure that all assessment systems and assessor judgements are regularly reviewed through post-assessment validation. This process:

- ✚ Is evidence-based and systematically documented
- ✚ Ensures decisions are consistent and reliable across assessors

- ✚ Is informed by student, trainer, and industry feedback
- ✚ Includes a mix of internal and independent validators with required credentials
- ✚ Results in changes that improve training and assessment practice

6. Outcome Standard 1.5 – Detailed Compliance

Clause	Requirement	RSC Compliance Action
1.5(1)	Validation is undertaken by appropriately skilled and credentialed persons.	Validators must meet the Credential Policy's qualification requirements.
1.5(2)(a)	Validation ensures judgements are consistent with training product requirements.	All validated tools and judgements are mapped to units, performance criteria, and evidence conditions.
1.5(2)(b)	Each training product is validated at least once every 5 years, and more frequently if risks or changes occur.	Maintain a rolling 5-year plan; prioritise high-risk or updated products annually.
1.5(2)(c)	Validation planning uses a risk-based approach.	Sampling and scheduling decisions are based on product updates, trainer changes, or feedback.
1.5(2)(d)(i-ii)	For TAE products, validation must occur after the first cohort and be conducted by an independent person.	External validators are engaged with no operational ties to the RTO.
1.5(2)(e)	Validators must have industry experience, current practice knowledge, and meet credential criteria.	Validation panel must include qualified professionals as per section 3A/3B of the Credential Policy.
1.5(2)(f)	Designers/deliverers must not solely determine validation outcomes.	Validation panels include at least one independent party.
1.5(2)(g)	Validation outcomes must inform assessment system improvements.	All outcomes are tracked through the Continuous Improvement Register and actioned with timelines.

7. Credential Requirements for Validation and Sampling Strategy

7.1 Training Products (excluding TAE)

At least one person validating must hold one of the following:

- ✚ TAE40122/40116/40110 Certificate IV in Training and Assessment
- ✚ TAESS00011, TAESS00019, or TAESS00001 Assessor Skill Sets
- ✚ TAESS00024 VETDSS Teacher Enhancement Skill Set

- ✚ Diploma or higher in adult/VET education
- ✚ Secondary teaching qualification with an approved Assessor Skill Set

7.2 TAE Training Package Products

Validators must:

- ✚ Hold an AQF qualification or skill set at least equal to the level being validated
- ✚ Be independent (not employed, subcontracted, or involved with the RTO)
- ✚ Meet credential and experience requirements as above

7.3 Sampling Strategy for Post-Assessment Validation

To ensure compliance with Outcome Standard 1.5 and support consistent, accurate validation results, RSC adopts a sampling methodology informed by ASQA's validation fact sheet and sample size calculator.

7.3.1 Sample Size Calculation Procedure

The RTO calculates the sample size for validation using the following three inputs:

1. Number of Assessment Judgements

- ✚ This refers to the total number of final competency decisions made for a unit of competency during a specific delivery period (minimum six months).

2. Error Level

- ✚ The default error level used is 15%, in line with ASQA's recommendations.

- ✚ If assessment outcomes vary significantly — e.g. a mixture of:

- Competent,
- Competent after multiple attempts, and
- Not Yet Competent outcomes — then the RTO may reduce the error level to 10% to ensure more accurate representation.

3. Confidence Level

- ✚ A 95% confidence level is the default setting.

- ✚ In cases of higher risk — for example, where a new assessor has marked most assessments, or where there are delivery anomalies — the RTO may increase the confidence level to 99% to improve the validity of the validation results.

7.3.2 Random Sample Selection Procedure

RSC uses one of two randomisation methods to select the assessment samples:

Option 1 – Online Randomiser

- ✚ A free online tool such as <https://www.randomizer.org> is used to select a random list of students from the full cohort of assessment completions.

Option 2 – Alphabetical Sampling Process

- ✚ Generate a complete list of students who submitted assessments for the unit or qualification.
- ✚ Organise the list alphabetically by surname.
- ✚ Begin with the 5th name, then select every 3rd name thereafter.
- ✚ If the sample size is not met, cycle back to the beginning of the list.

7.3.3 Ensuring Sample Representation

To ensure the sample accurately reflects the breadth of assessment activity, additional assessments may be included based on:

- ✚ Varied student outcomes (e.g. both Competent and Not Yet Competent)
- ✚ Different assessors' decisions
- ✚ Multiple delivery modes (e.g. face-to-face, online, workplace)
- ✚ Multiple locations, if applicable

This approach ensures the validation results are representative of the assessment system as a whole, consistent with the requirements of Outcome Standard 1.5(c).

8. Procedure – Step by Step

Table 1: Steps for Planning the Validation Process

Step	Action	Responsibility	Notes
1	Establish five-year assessment validation schedule	CEO with trainers and assessors	Must follow a risk-based approach; align with Scope of Registration
2	Identify independent parties to be involved	CEO	Selection depends on the unit/qualification being validated and meeting trainer and assessor requirements
3	Plan the validation activities	CEO	Ensure schedule includes random sampling and adequate documentation
4	Inform independent parties of validation requirements	CEO	Include formal invitation and explanation of roles and responsibilities
5	Review existing data and feedback from previous validations	CEO	Consider historical feedback, assessment issues, and audit findings
6	Ensure validation sessions are conducted and documented	CEO with trainers and assessors	Use organisational templates; all attendees must sign and date

Step	Action	Responsibility	Notes
7	Review validation schedule annually	CEO/Compliance Manager with trainers and assessors	Adjust based on changes in scope, risk profile, or product updates

Table 2: Steps for Conducting/Participating in Validation Activities

Step	Action	Responsibility	Notes
1	Review scheduled plan and confirm relevance	Internal and independent participants	Confirm timing, purpose, and focus of session
2	Book venue or set up virtual meeting, arrange resources	CEO with trainers and assessors	Must include training package, AQF info, legislation, assessment samples
3	Review assessment documentation, including RPL tools	CEO with trainers and assessors	Done ahead of session to maximise time and quality
4	Brief independent parties on role and responsibilities	Lead Validator / Chair	Reconfirm independence, Code of Conduct, and confidentiality agreements
5	Ensure all required documents and evidence are available	Lead Validator / Chair	Includes mapping documents, student work, benchmark tools, assessment conditions
6	Participate in validation activity	Internal and independent participants	Establish ground rules, clarify roles, confirm consensus-based review
7	Complete documentation	Lead Validator / Chair	Must be signed and dated by all participants; use validation form
8	Undertake required modifications and updates	Nominated person	Use Continuous Improvement Procedure to manage changes

Table 3: Steps for Reviewing Validation Activities

Step	Action	Responsibility	Notes
1	Collect participant feedback	Lead Validator / Chair and Compliance Manager	Use post-activity feedback forms or debrief

Step	Action	Responsibility	Notes
2	Discuss opportunities for improvement in future validations	Internal and independent participants	Focus on streamlining, clarity, and support tools
3	Review validation results and assessment consistency	Internal and independent participants	Use comparison to identify trends, risks, or inconsistencies
4	Provide formal feedback to management	Lead Validator / Chair	Report via internal processes using official templates
5	Discuss validation outcomes and action items in management meetings	CEO and RTO leadership team	Ensure improvement actions are added to CI Register with due dates

9. Related Documents

- ✚ Validation Schedule
- ✚ Validation form
- ✚ Assessment tool
- ✚ Unit requirements from TGA
- ✚ Student's submitted work
- ✚ Validation Sample Calculator
- ✚ Continuous Improvement Register

10. Flow Chart

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
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Table 1

Steps for Planning the Validation Process



Table 2

Steps for Conducting/Participating in Validation Activities

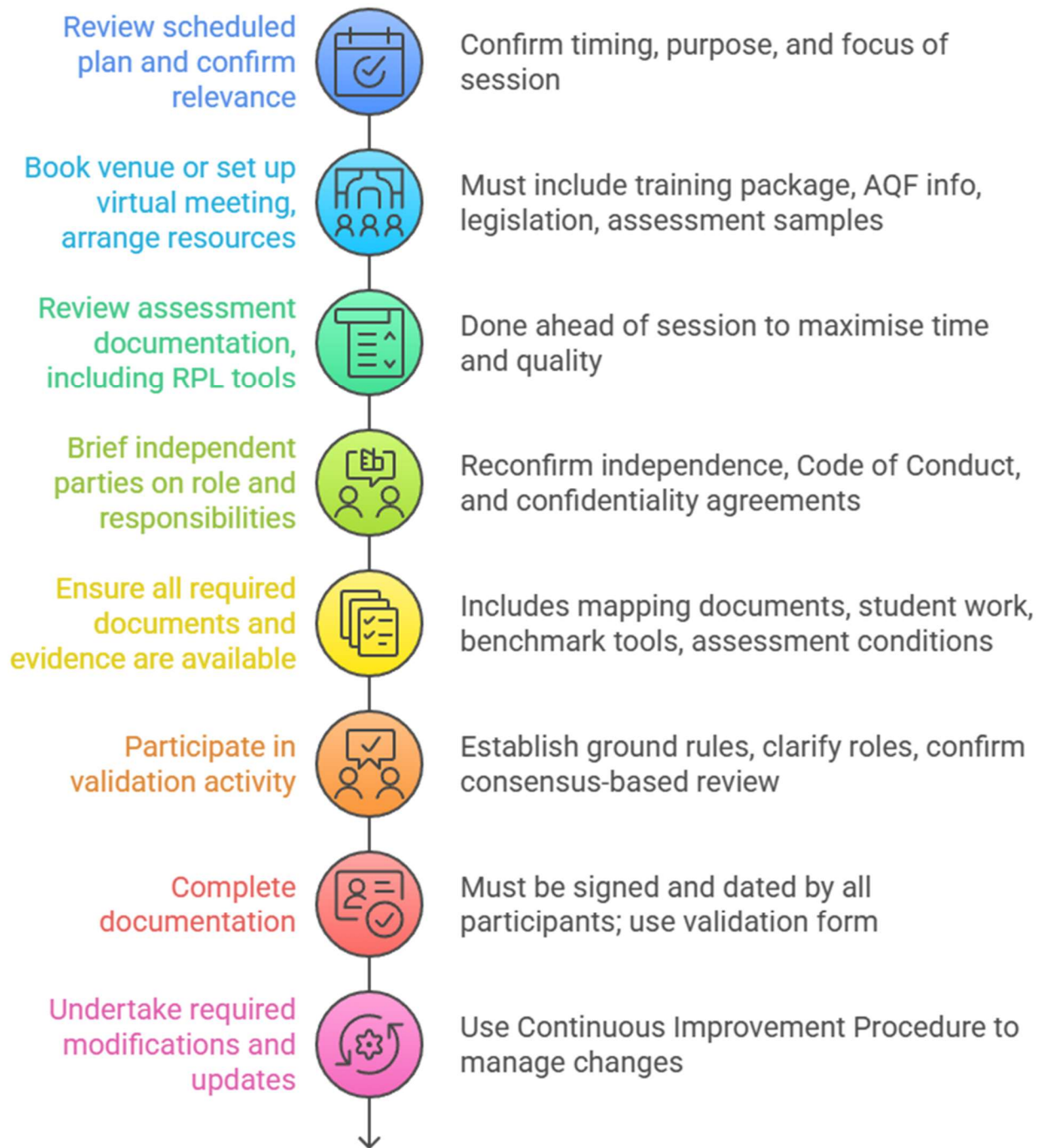
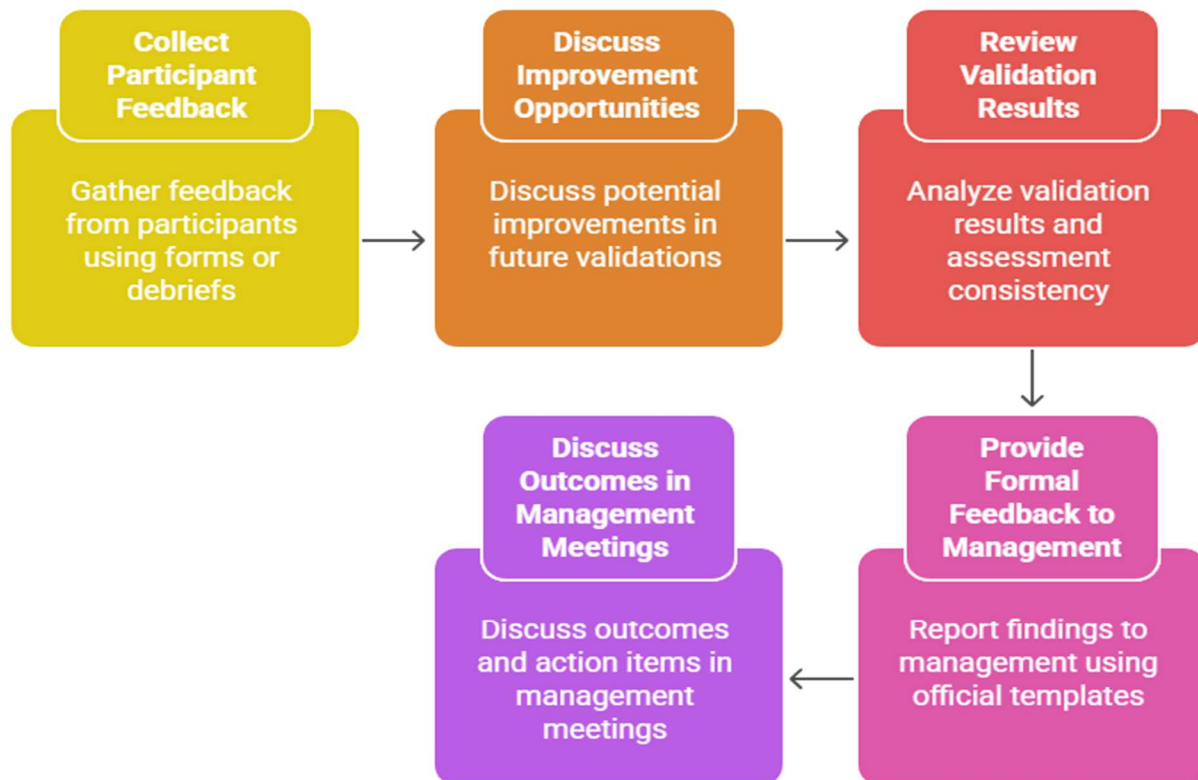


Table 3

Steps for Reviewing Validation Activities



PP5 – Credit Transfer Policy

1. Purpose

To ensure VET students receive recognition for previously completed equivalent training products, through a fair, timely, and transparent Credit Transfer (CT) process. The policy also supports international students in accordance with Standard 2 of the National Code 2018.

2. Scope

This policy applies to:

- All VET students (domestic and international) seeking recognition of prior learning via Credit Transfer.
- All qualifications and skill sets on RSC's scope of registration.
- All staff involved in enrolment, training, assessment, student support, and compliance.

3. Definitions

Term	Definition
Credit Transfer (CT)	A formal recognition process that exempts a student from completing a unit of competency that has already been achieved under an equivalent training product.
Course Credit	Refers to Credit Transfer (CT) and is used interchangeably. It means granting status or recognition for completed units of competency.
AQF Certification Documentation	Official documents such as a testamur or Statement of Attainment issued by a recognised RTO.
Authenticated Transcript	A verified training record sourced through the USI Registry or directly from the issuing RTO.
Equivalent Unit	A unit of competency considered 'equivalent' by training.gov.au (TGA) standards, meaning its learning outcomes and assessment requirements are substantially the same with the previous version of the unit.
SMS (Student Management System)	The platform used to manage student enrolments, unit results, and training documentation.
Training Plan	A personalised schedule that outlines delivery dates, unit codes, and exemptions (including CT).

4. Legislative & Regulatory Reference

- Standards for RTOs 2025 – Outcome Standard 1.7

- 📄 National Code 2018 – Standard 2
- 📄 AQF Qualifications Issuance Policy
- 📄 Student Identifiers Act 2014
- 📄 Training.gov.au (for equivalency determination)

5. Policy Statement

RSC ensures:

- 📄 Students are informed of their right to apply for Credit Transfer (CT) at pre-enrolment, enrolment, and orientation.
- 📄 CT is granted where the unit of competency has the same code/title or is listed as equivalent on training.gov.au.
- 📄 CT and Course Credit are recognised as the same process under this policy to avoid confusion.

CT is only granted when:

- 📄 Valid AQF documentation or authenticated transcripts are submitted.
- 📄 There are no licensing restrictions requiring reassessment.

International students granted CT:

- 📄 Have their course duration adjusted in the CoE and PRISMS, if applicable.

All CT outcomes are:





- 📄 Made within 20 business days of receiving a complete application.
- 📄 Notified to the student in writing.
- 📄 Stored in the student file and SMS.
- 📄 Reflected in training plans and/or class timetables.

6. Procedure – Step-by-Step

This procedure outlines the step-by-step process for managing Credit Transfer (CT), also known as Course Credit, in compliance with Outcome Standard 1.7 of the Standards for RTOs 2025 and Standard 2.3 of the National Code 2018 for international students.






Step	Action	Responsible Person
1	<p>Inform and educate students about CT rights</p> <ul style="list-style-type: none"> 📄 Clearly outline Credit Transfer (Course Credit) options in the pre-training review, Student Handbook, and Orientation presentation. 📄 Ensure both domestic and international students understand the CT process and how to apply. 	Student Support Officer / Compliance Manager

2	<p>Receive CT application</p> <ul style="list-style-type: none"> ✚ Collect a completed Credit Transfer Application Form and one of the following: <ul style="list-style-type: none"> ○ Copy of AQF Certification (Statement of Attainment/Testamur) ○ Authenticated USI transcript, 	Admin Officer
3	<p>Verify submitted evidence</p> <ul style="list-style-type: none"> ✚ Cross-check with the USI Registry System or contact issuing RTO (where required) to validate authenticity. 	Compliance Manager
4	<p>Check unit equivalence on training.gov.au</p> <ul style="list-style-type: none"> ✚ Refer to the “Mapping” or “Equivalency” field under the superseded/replacement unit. ✚ If unit code is same, the unit qualifies for CT. ✚ If listed as “Equivalent”, the unit qualifies for CT. ✚ If “Not Equivalent”, reject CT or conduct RPL. 	Trainer / Assessor
5	<p>Make and document the CT decision</p> <ul style="list-style-type: none"> ✚ Approve or reject based on verified documents and equivalency mapping. ✚ Record decision rationale in the Credit Transfer Application Form and store. 	Compliance Manager
6	<p>Issue a CT outcome letter</p> <ul style="list-style-type: none"> ✚ Send Credit Transfer Decision and Outcome Letter (approved/declined) to student. ✚ Include updated unit list and changes to course duration (if any). ✚ For international students: create CoE according to course duration changes. ✚ Update PRISMS if course credit is granted after the overseas student’s visa is granted. 	Admin Officer
7	<p>Update SMS and training documents</p> <ul style="list-style-type: none"> ✚ Enter CT-approved units in SMS. ✚ Update the training plan or timetable. ✚ Notify relevant trainer. 	Admin Officer / Training Coordinator
8	<p>Retain and audit evidence</p>	Compliance Manager







	<ul style="list-style-type: none">  File CT form, decision letter, and verified transcript/certification.  Ensure CT record aligns with AQF documentation register. 	
9	<p>Continuous improvement</p> <ul style="list-style-type: none">  Log common credit requests or inefficiencies in CI Register for review. 	Compliance Manager
10	<p>Report and retain for compliance</p> <ul style="list-style-type: none">  Ensure documentation is retained for 2 years for audit purposes. 	Compliance Manager

7. Validation Criteria

Credit Transfer decisions must:

-  Be supported by certified AQF documentation or authenticated USI transcripts.
-  Be based on unit equivalency status confirmed via training.gov.au.
-  Be consistently applied and traceable in SMS and student files.
-  Avoid duplicate delivery of previously completed learning.
-  Be compliant with licensing or regulatory requirements where applicable.

8. Related Documents

-  Credit Transfer Application Form
-  CT Decision and Outcome Letter
-  Training.gov.au Equivalency Mapping
-  USI Transcript or Verification
-  Continuous Improvement Register
-  Student Handbook

9. Flow chart

Credit Transfer Process



PP6 – Facilities and Equipment Policy

1. Purpose

This policy ensures that all facilities, resources, and equipment used in training and assessment are fit-for-purpose, safe, accessible, and sufficient to support quality learning outcomes. It also ensures RSC systematically manages third-party arrangements and aligns with policies on work placements and community-based learning.

2. Scope

This policy applies to:

- All qualifications and skill set on RSC's scope of registration
- All RSC-controlled and third-party learning environments
- All physical, digital and specialist equipment used in training and assessment
- All VET students engaged in classroom, simulated, workplace or placement-based delivery

3. Definitions

Term	Definition
Facilities	Physical spaces used for training and assessment (e.g. classrooms)
Resources	Learning and assessment tools such as student workbooks, texts, digital materials, and software.
Equipment	Tools, technology used in delivering practical components of training.
Third Party	An external individual or organisation delivering part of the training or providing resources/facilities on behalf of RSC.
Work-Integrated Learning	Structured training that occurs in a real or simulated workplace (e.g. placement, on-the-job learning).
Resources Register	A live document maintained by the Compliance Manager listing all required facilities, equipment, and learning resources per training product.

4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standard 1.8
- National Vocational Education and Training Regulator Act 2011
- Work Health and Safety Act 2011 (Cth)
- Training package and unit requirements via www.training.gov.au

- ✚ Training Package Implementation Guides (TPIGs)

5. Policy Statement

RSC is committed to ensuring that:

- ✚ Every training product is supported by adequate and compliant facilities, resources, and equipment.
- ✚ Students have equal and timely access to all tools required to meet training outcomes.
- ✚ Third-party arrangements are documented and quality monitored.
- ✚ Facilities and equipment are suitable, maintained, and regularly reviewed for safety and functionality.
- ✚ Risks associated with work placements are managed through procedures outlined in the PP7 – Work Placement Policy.
- ✚ All data is captured in the Resources Register and linked to each Training and Assessment Strategy (TAS).

6. Procedure – Step by Step

Step	Action	Responsible
1	Identify required facilities, resources and equipment for each unit using Training Package Implementation Guides (TPIGs) and training.gov.au	Compliance Manager
2	Create and maintain a Resources Register outlining required resources per training product	Compliance Manager
3	Before each unit commences, review the register and check that: (a) all resources are available; (b) resources are safe and functional; and (c) quantities are sufficient for current student numbers (d) any licensing is required.	Trainer / Assessor
4	If resources are missing, broken, or insufficient, notify the Compliance Manager immediately.	Trainer / Assessor
5	Classify each resource in the register as provided by the RTO or through a third party.	Compliance Manager
6	Draft, review or renew Third-Party Agreements if third-party provision is involved.	Compliance Manager
7	Conduct scheduled WHS inspections and accessibility audits of facilities and equipment.	Compliance Manager
8	Confirm student access to all required tools and technologies, including adjustments for LLND or disability needs	Trainer / Student Support Officer
9	For work placements and community-based learning, refer to PP7 – Work Placement Policy for procedures	Work Placement Coordinator/ Compliance Manager

10	Implement corrective or preventive actions based on audits or staff/student feedback	Facilities Officer / Compliance Manager
11	Ensure Resources Register is kept current and copies are referenced in each TAS	Compliance Manager
12	Log changes and actions in the Continuous Improvement Register	Compliance Manager
13	Conduct a full annual review of the Resources Register, including validation against updated training package requirements	Compliance Manager

Lease and Agreement Management Procedure









Step	Action	Responsible	Frequency
1	Maintain a central register of all facility leases, MOUs, and service agreements, including expiry and review dates.	Compliance Manager / Admin Officer	Ongoing
2	Monitor lease expiry dates and ensure a review commences no later than 90 days before the lease expires.	CEO	90 days before expiry
3	Initiate discussion with property owner or service provider to negotiate renewal, extension, or transition arrangements.	CEO	As required
4	Ensure all new or renewed agreements are signed, current, and legally compliant before the expiry of the previous agreement.	CEO	Before current agreement expires
5	File the signed lease/MOU in the Facilities Compliance Folder, and update the Lease Register.	Admin Officer	Immediately after signing
6	Conduct an annual review to ensure all agreements are valid, stored securely, and available for audit.	Compliance Manager	Annually

7. Compliance Indicators

Performance Indicator	How the RTO Demonstrates Compliance
1.8(1) – Resources are fit-for-purpose, safe, accessible and sufficient	Pre-delivery checks, student feedback logs, WHS audits
1.8(2)(a) – How required facilities/resources are identified	Resources Register, Training Package analysis, TAS alignment

Performance Indicator	How the RTO Demonstrates Compliance
1.8(2)(b)(i) – Ongoing suitability and safety	Equipment logs, maintenance records, safety checklists
1.8(2)(b)(ii) – Student access	Trainer planning checklists, orientation logs, access timetables
1.8(2)(c) – Risk management in external settings	Procedures referenced in PP7 – Work Placement Policy

8. Related Documents

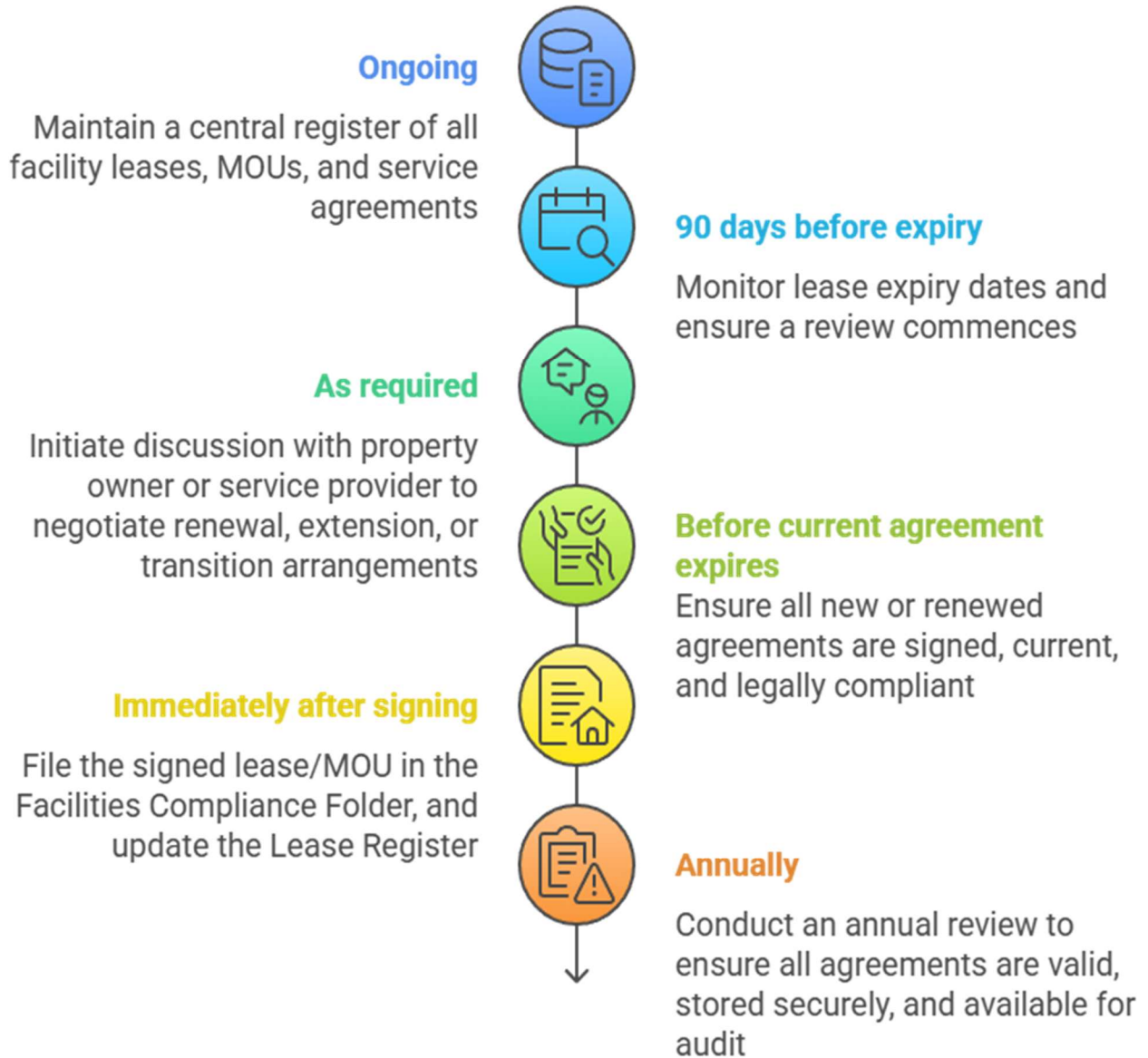
-  Training and Assessment Strategy (TAS) Template
-  Resources Register Template
-  Third-Party Agreement Document
-  WHS Audit Checklist
-  Student Access and Orientation Log
-  PP7 – Work Placement Policy
-  Equipment Maintenance Log
-  Continuous Improvement Register

9. Flow Chart

Facilities and Equipment Process



Lease and Agreement Management Procedure



PP7 – Work Placement Policy

1. Purpose

This policy ensures that work placements and community-based learning are implemented in a structured, compliant, and student-focused way. It supports industry relevance, student safety, and alignment with training package requirements while also ensuring fair access, adequate supervision, and quality learning.

2. Scope

This policy applies to:

- All training products with mandatory or elective work placement components.
- Students, trainers/assessors, workplace supervisors, and third-party hosts.
- All work-integrated or simulated industry-based training that contributes to assessment outcomes.

3. Definitions

Term	Definition
Work Placement	Structured, supervised on-the-job learning required to meet unit or qualification requirements.
Host Organisation	An external business offering the placement under a formal agreement.
Placement Agreement	Documented agreement outlining responsibilities, timelines, and WHS obligations.
Work Placement Logbook	A student-tracking tool used to document attendance, tasks, skills and assessments.
Student Placement Pack	A customised document pack issued based on the qualification and unit requirements. Includes the Placement Agreement, Logbook, Code of Conduct, and Emergency Contacts.

4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standards 1.1, 1.3, 1.8
- National Vocational Education and Training Regulator Act 2011
- Work Health and Safety Act 2011 (Cth)
- Fair Work Act 2009
- Training package guidance and implementation details

5. Policy Statement

RSC ensures that:









- ✚ All work placements meet the volume and conditions of workplace-based learning as specified in relevant training products.
- ✚ Placement packs and tools are developed and issued based on the specific qualification and unit structure.
- ✚ Placement sites are safe, suitable, and compliant with WHS and learning access standards.
- ✚ Students receive a minimum of three placement visits by a qualified trainer/assessor. Additional visits are scheduled based on:
 - Unit or course requirements
 - Student support needs
 - Workplace complexity
- ✚ Trainers complete workplace observations in direct discussion with the student's workplace supervisor, ensuring decisions on competence are valid, fair, and supported by evidence.
- ✚ RSC retains all documentation and review feedback to support audit and continuous improvement.

6. Procedure – Step by Step

Step	Action	Responsible
1	Identify qualifications and units requiring work placement	Compliance Manager
2	Establish and formalise host arrangements using signed Work Placement Agreements.	Work Placement Coordinator / CM
3	Match students to appropriate host organisations based on availability and suitability	Student Support Officer
4	Conduct WHS and Site Suitability Checklist before approving placement	Compliance Manager / WHS Officer
5	Issue the Student Placement Pack for the qualification, including : Placement Agreement, Logbook, Code of Conduct, Contact List, and other qualification-specific documents	Work Placement Coordinator/ CM
6	Confirm host access to relevant tools, supervision, and support systems	Trainer / Assessor
7	Conduct a pre-placement induction covering workplace rights, responsibilities, and expectations	Trainer / Support Officer
8	Student commences placement; workplace induction is confirmed	Student / Host Supervisor

9	Trainer conducts a minimum of three visits, with additional visits as needed based on training package and student support needs	Trainer / Assessor
10	Trainer completes Work Placement Observation Record in consultation with host supervisor	Trainer / Assessor
11	Gather and file feedback from host and student; verify attendance and skill development	Trainer / Admin Officer
12	Store placement records in the SMS and file management system	Admin Officer

7. Related Documents

-  Training and Assessment Strategy (TAS)
-  Student Placement Pack (customised per qualification)
-  Placement Agreement Document
-  WHS and Site Checklist
-  Work Placement Logbook (customised per qualification)
-  Workplace Observation Template (customised per qualification)
-  Student Code of Conduct
-  Continuous Improvement Register

8. Flow chart

Work Placement Process






PP8 – Recognition of Prior Learning (RPL) Policy

1. Purpose

This policy ensures that all domestic and international students are informed of their right to apply for Recognition of Prior Learning (RPL) and are supported throughout the process. It ensures that all RPL decisions preserve the integrity of the training product, comply with training package requirements, and meet the obligations under the Standards for RTOs 2025 and National Code 2018 – Standards 2.3 to 2.5 (RPL only).

2. Scope


This policy applies to:

-  All nationally recognised qualifications and units on RSC's scope of registration
-  All prospective and enrolled domestic and international VET students
-  All RSC's staff involved in student recruitment, enrolment, training, assessment, and compliance

3. Definitions

Term	Definition
Recognition of Prior Learning (RPL)	The process of assessing a student's existing knowledge, skills and experience against the requirements of a unit of competency or qualification.
Competency	Consistent application of knowledge and skill to the level required in the workplace.
RPL Kit	A structured guide and set of tools used by assessors and students for preparing and completing the RPL process.
Training Plan	A formal plan outlining unit delivery and any exemptions (including RPL) tailored to each student.
Course Credit	A broader term which includes RPL. For clarity, in this RPL policy, RPL and course credit are used distinctly.
PRISMS	Provider Registration and International Student Management System – used to report changes to a student's enrolment.
CoE	Confirmation of Enrolment – the official document issued to international students for visa purposes.

4. Legislative References

-  Standards for RTOs 2025 – Outcome Standard 1.6

- ✚ National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standards 2.3, 2.4, 2.5
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ AQF Qualifications Issuance Policy
- ✚ Training.gov.au – Training Package Guidelines

5. Policy Statement

RSC is committed to recognising prior learning in a way that is:

- ✚ Transparent, fair, and consistently applied
- ✚ Supported by a structured process with clear guidance for students and assessors
- ✚ Based on valid, sufficient, current, and authentic evidence (Rules of Evidence)
- ✚ Only conducted by qualified assessors using RSC’s-approved tools
- ✚ Compliant with National Code 2018 where applicable to international students




International Students – RPL Specific Clauses (National Code 2018):

- ✚ A written RPL outcome letter is issued and accepted by the student.
- ✚ The record is retained for 2 years after the student ceases to be enrolled.
- ✚ If RPL shortens the course duration:
 - ✚ The revised CoE is issued for the shorter duration.
 - ✚ Any change in course length is reported to PRISMS.







6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Promote RPL Opportunities RPL information is provided through: <ul style="list-style-type: none"> ✚ Website and pre-training review and orientation sessions or ✚ During Pre-Course Interview 	Marketing Officer / Admin Officer
2	Provide RPL Kit RPL Kit tailored to the qualification is provided to the student including: <ul style="list-style-type: none"> ✚ Unit mapping ✚ Evidence requirements ✚ Application form 	Compliance Officer
3	Initial Suitability Consultation	Trainer / Assessor

Step	Action	Responsible Person
	<ul style="list-style-type: none"> ✚ Conduct interview with the student ✚ Confirm unit alignment and evidence type/volume ✚ Confirm student understanding of RPL process 	
4	Receive RPL Application Application submitted with resume, work samples, employment references, previous qualifications, and other supporting documents.	Student
5	Evidence Assessment <ul style="list-style-type: none"> ✚ Assess evidence against unit requirements ✚ Use assessment instruments to support decisions ✚ Conduct verbal questioning, observations or challenge tasks if needed ✚ Ensure evidence meets: Validity, Authenticity, Currency, Sufficiency 	Trainer / Assessor
6	Quality Check of Evidence <ul style="list-style-type: none"> ✚ Conduct internal moderation of borderline or high-risk cases ✚ Confirm assessor qualifications and consistency of judgement 	Compliance Manager
7	RPL Decision Finalisation <ul style="list-style-type: none"> ✚ Document the outcome (Competent / Not Yet Competent) ✚ Sign RPL Assessment Record ✚ File all supporting documents in student record 	Assessor / Compliance Manager
8	Notify the Student <ul style="list-style-type: none"> ✚ Issue formal RPL Decision Letter ✚ Include unit codes and decisions ✚ For international students: retain signed copy for 2 years post-enrolment 	Admin Officer
9	Adjust Training Plan & CoE (if applicable) <ul style="list-style-type: none"> ✚ Update Training Plan ✚ If course duration shortens: revise CoE and update PRISMS ✚ Ensure updated training plan reflects RPL decisions 	Training Coordinator / Admin Officer






Step	Action	Responsible Person
10	Update Student Records <ul style="list-style-type: none">  Update SMS with RPL unit status  Tag files for audit traceability  Link to the student's USI where applicable 	Admin Officer
11	Log into CI Register (if needed) Any process issues or improvement opportunities are logged for future review	Compliance Manager

7. National Code 2018 – RPL Compliance Summary

Clause	Requirement	RTO Compliance Mechanism
2.3	RTO has and implements a documented policy for RPL	This RPL Policy and Procedure form part of the RTO's compliance documentation
2.4	Written RPL decision accepted by student; record kept for 2 years	<ul style="list-style-type: none">  Signed RPL Outcome Letter  Retained in student file and file checklist
2.5.1	CoE updated for reduced course duration if RPL granted	<ul style="list-style-type: none">  Admin Officer updates PRISMS  Issues revised CoE
2.5.2	Course duration change update in PRISMS	<ul style="list-style-type: none">  Admin ensures prompt PRISMS reporting  Compliance monitored by CEO









8. Validation Criteria

All RPL outcomes must:

-  Be based on valid, sufficient, current, and authentic evidence
-  Be assessed by qualified assessors using mapped tools
-  Be traceable in the training plan, student file, and SMS
-  Be consistent with training package rules
-  Preserve the integrity of the qualification

9. Related Documents

-  RPL Kit

-  RPL Assessment Tool
-  RPL Outcome Letter Template
-  Student Handbook
-  Enrolment Form
-  Training Plan
-  PRISMS Reporting Log
-  Continuous Improvement Register
-  Student File Checklist

10. Flow Chart

Recognition of Prior Learning (RPL) Process



PP9 – Change of Scope Policy

1. Purpose

This policy outlines RSC’s commitment to managing scope changes in a way that ensures alignment with learner and industry needs, compliance with the Standards for RTOs 2025, and the delivery of quality outcomes across all new training products.

2. Scope

This policy applies to all changes to RSC’s scope of registration, including:

- ✚ Addition or removal of qualifications, skill sets, or units of competency
- ✚ Introduction of new delivery modes (e.g. online, workplace-based)
- ✚ Changes in training locations or use of third-party providers
- ✚ Training package upgrades or version transitions

3. Definitions

Term	Definition
Scope of Registration	The list of training products the RTO is approved to deliver by ASQA.
Change of Scope	A formal process to add, remove, or modify a training product within the RTO’s registration.
Training and Assessment Strategy (TAS)	A documented strategy outlining how a qualification will be delivered and assessed.
Training Package Update	National changes to qualifications or units that impact structure, content, or assessment requirements.

4. Legislative Reference

- ✚ Standards for RTOs 2025 – Outcome Standards 1.1, 1.2, 1.3, 1.4
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ ASQA General Directions – Changes to Scope
- ✚ Training.gov.au – National Register and guidance for training product implementation

5. Policy Statement

RSC ensures that any change to scope is managed systematically to maintain educational quality and compliance by:

- ✚ Consulting with industry to ensure the product is relevant and supported

- ✚ Ensuring trainers/assessors meet vocational competency and currency requirements
- ✚ Ensuring sufficient, suitable, and contextualised resources are available
- ✚ Gaining formal approval from ASQA prior to delivery
- ✚ Ensuring staff, students, and third parties are informed of changes

6. Procedure – Step by Step









Step	Action	Responsible
1	Identify need for change (e.g. industry demand, employer request, national update, strategic direction)	CEO / Compliance Manager
2	Develop or update TAS and session plans for the new training product. As per PP1 – Training and Assessment Strategy Policy	Trainer / Course Developer
3	Create or source training and assessment resources aligned to the training package	Trainer / Compliance Manager
4	Confirm trainer/assessor qualifications, vocational competency, and current industry skills	HR Officer / Compliance Manager
5	Prepare supporting documentation (evidence of consultation, trainer matrix, TAS, assessment tools)	Compliance Manager
6	Conduct industry consultation regarding TAS, trainer expertise, and training and assessment resources	Compliance Manager
7	Submit Change of Scope application via ASQAnet with supporting evidence and pay applicable fee	Compliance Manager
8	Retain submission documents and ASQA correspondence in internal register	Admin Officer
9	Upon approval, update marketing materials, enrolment documents, website, and internal systems	Marketing Officer / Admin Officer
10	Conduct internal briefing or induction for relevant staff and update validation and review schedules	Compliance Manager
11	Monitor initial implementation and review delivery and assessment feedback	Trainer / Compliance Manager

7. Compliance Indicators

Outcome Standard	Evidence of Compliance
1.1	Training is aligned with industry consultation, student needs, and delivery context

Outcome Standard	Evidence of Compliance
1.2	Training and assessment resources and facilities are suitable and accessible
1.3	Strategies, practices, and documentation align with training product requirements
1.4	Delivery and assessment are reviewed, validated, and continuously improved post-implementation

8. Related Documents

-  TAS Template
-  Industry Consultation form
-  Qualification requirements-TGA
-  Trainer Matrix Template
-  ASQA Change of Scope Submission Checklist
-  ASQA Correspondence and Evidence Register
-  Assessment and Resource Mapping Tool
-  Continuous Improvement Register

Change of Scope Procedure



PP10 – Student Information Management Policy

1. Purpose

This policy ensures that all VET students have access to clear, accurate, and timely information about RSC's, training products, support services, fees, and any relevant student obligations. It guarantees transparency, protects student rights, and supports informed decision-making, in line with the Standards for RTOs 2025.

2. Scope

This policy applies to:

- ✚ All prospective and current VET students
- ✚ All marketing, admin, compliance, and support staff
- ✚ Any third parties acting on behalf of the RTO to deliver training, support, or recruitment services

3. Definitions

Term	Definition
Training Product	A course, qualification, unit of competency or skill set listed on the RTO's scope of registration.
Third Party	Any person or organisation delivering services on behalf of the RTO (including training, marketing or enrolment).
Pre-Training Review (PTR)	A formal process used to evaluate a student's training needs and ensure they receive all course-related information before enrolment.
Pre-Enrolment Disclosure	The process of communicating critical information such as course fees, obligations, credit transfer, RPL, complaints, and appeals.

4. Legislative Reference

- ✚ Standards for RTOs 2025 – Outcome Standard 2.1
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Privacy Act 1988
- ✚ Australian Consumer Law (Schedule 2 of the Competition and Consumer Act 2010)

5. Policy Statement

The RTO ensures all information provided to VET students — either directly or through a third party — is:

- ✚ Clear, accurate, current, and consistent across platforms and documents
- ✚ Delivered prior to enrolment and before any fees are paid

- Communicated via a Pre-Training Review (PTR) process, which confirms student understanding and retention
- Regularly updated via an annual audit of all student information channels (website, course guide, handbooks)

6. Procedure – Step by Step

1. Ensure All Student Information Is Clear, Accurate and Current [Clause 2.1(2)(a)]

Step	Action	Responsible
1.1	Draft or update online content (website, flyers, handbook) using the most recent training package and TAS.	Compliance Manager
1.2	Apply version control and record the approval of each item before release	Compliance Manager / CEO
1.3	Translate technical terms into plain English and ensure readability for the intended audience	Marketing Officer / Admin Officer
1.4	Check that all third-party communications (course guide, digital ads) use only RTO-approved content	Compliance Manager
1.5	Store master versions of all current student information documents in the version control register	Admin Officer

2. Identify and Communicate Required Pre-Enrolment Information [Clause 2.1(2)(b)]

Step	Action	Responsible
2.1	Determine pre-enrolment information requirements based on: <ul style="list-style-type: none"> Clause 2.1(2)(c) TAS Course Guide Funding contract conditions (If any) Common student queries 	Compliance Manager
2.2	Document required information in the Pre-Training Review (PTR) Form, Student Handbook	Compliance Manager
2.3	Deliver required information verbally and/or in writing to the student during the PTR meeting	Trainer / Admin Officer
2.4	Obtain student acknowledgement in PTR form (signature or digital acceptance) confirming receipt and understanding of all information.	Admin Officer
2.5	File completed PTR form and disclosures in the student's record in SMS or Version Control Register	Admin Officer

3. Make Key Student Information Easily Accessible [Clause 2.1(2)(c)(i–iv)]

Step	Action	Responsible
3.1	Ensure the following info is visible on the website and in the Student Handbook: (i) Course code, title, duration, delivery mode, start date, assessment, licensing, third-party arrangements	Compliance Manager
3.1	(ii) Training and wellbeing support services, access methods and contacts	Student Support Officer
3.1	(iii) All tuition fees, payment terms, refund policies, and funding options	Admin Officer
3.1	(iv) Student obligations (materials, IT, USI, uniforms, placement)	Compliance Manager
3.2	Use a visibility checklist to verify all web pages, course guide and handbooks	Compliance Manager
3.3	Review this content during each annual policy audit or when a course or regulation changes	Compliance Manager

4. Provide Pre-Enrolment Disclosure Documents [Clause 2.1(2)(d)]

Step	Action	Responsible
4.1	Provide all students information before enrolment- on website, student handbook and Pre-training review form including: (i) Training to be delivered by RTO or third party	Admin Officer
4.1	(ii) All fees, charges and payment schedule	Admin Officer
4.1	(iii) All student obligations (e.g. laptop, work placement, uniform)	Admin Officer
4.2	Embed this disclosure into the PTR Form and ensure students confirm understanding	Trainer / Admin Officer
4.3	File the signed PTR and offer letter/quote in the student file or SMS	Admin Officer

5. Notify Students of Changes to Training or Operations [Clause 2.1(2)(e)]

Step	Action	Responsible
5.1	Monitor changes in scope, delivery mode, locations, training product updates or third-party arrangements	Compliance Manager
5.2	Identify affected students (by cohort or individual)	Admin Officer
5.3	Draft a formal communication (email/letter/SMS) outlining the change, impacts, options, and support	Compliance Manager
5.4	Send communication to affected students within 4 weeks of confirming the change	Admin Officer

5.5	Offer and document any support provided (e.g. transition, withdrawal, refund)	Student Support Officer
5.6	Record the communication and actions taken in the Change Notification Register	Compliance Manager

7. Compliance Indicators

- ✚ **2.1(2)(a):** Website and materials are current, accurate, and reviewed
- ✚ **2.1(2)(b):** PTR is completed before enrolment and fee collection
- ✚ **2.1(2)(c):** All course-related info is accessible (fees, support, assessment, obligations)
- ✚ **2.1(2)(d):** Students receive written disclosure of training, fees, and obligations
- ✚ **2.1(2)(e):** Changes are communicated promptly and logged with transition support

8. Related Documents

- ✚ Pre-Training Review Form
- ✚ Student Handbook
- ✚ RTO Website and Course Flyers
- ✚ PP5 Credit Transfer and PP8 RPL Policy
- ✚ PP16-Feedback, Complaints and Appeals Policy
- ✚ PP32 Fee Management and Refund Policy
- ✚ Marketing Review Checklist
- ✚ Version Control Register
- ✚ Continuous Improvement Register
- ✚ Change Notification Record (if applicable)

9. Flow chart

1.

Ensure All Student Information Is Clear, Accurate and Current



Draft or Update Content

Compliance Manager drafts or updates online content using the latest training package and TAS.

Compliance Manager and CEO apply version control and record approvals.

Apply Version Control



Translate Technical Terms

Marketing and Admin Officers translate technical terms into plain English.

Compliance Manager checks third-party communications for RTO-approved content.

Check Third-Party Communications

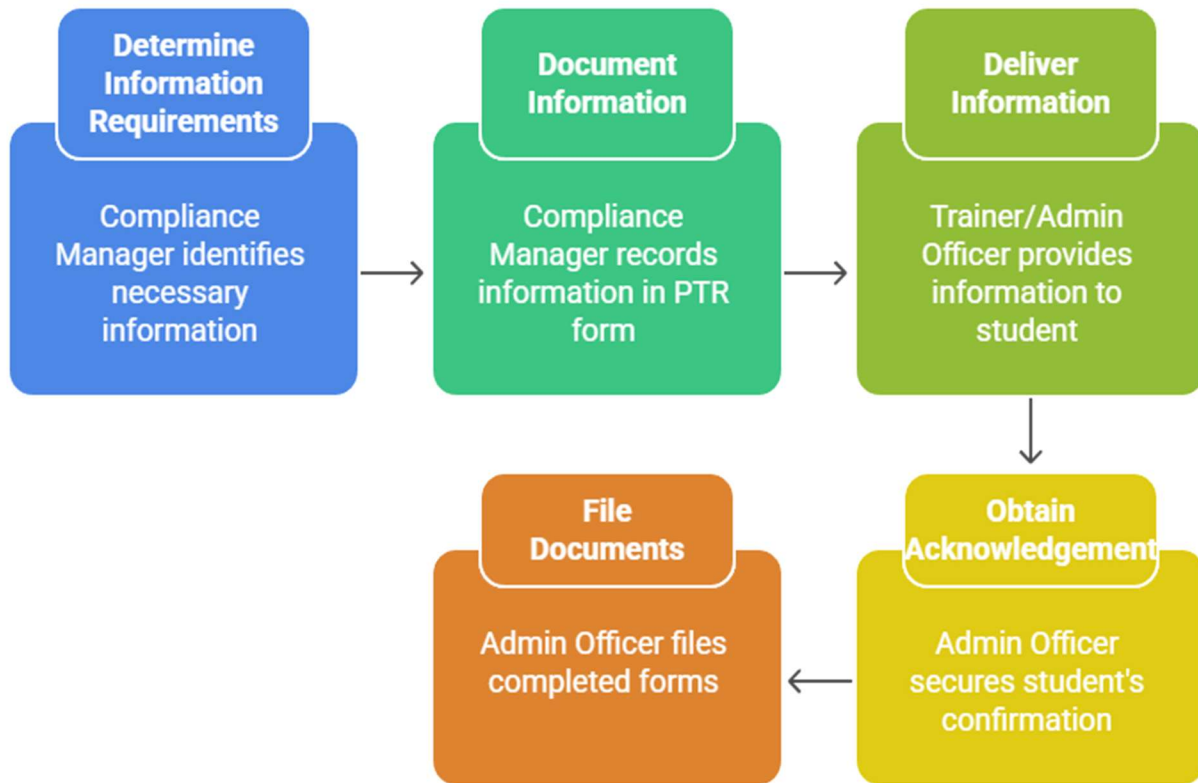


Store Master Versions

Admin Officer stores master versions of documents in the version control register.

2.

Identify and Communicate Required Pre-Enrolment Information



3.

Make Key Student Information Easily Accessible



Identify Information Needs

Determine the necessary student information

Make information visible on the website

Ensure Visibility on Website



Ensure Visibility in Handbook

Make information visible in the handbook

Verify information visibility using a checklist

Use Visibility Checklist

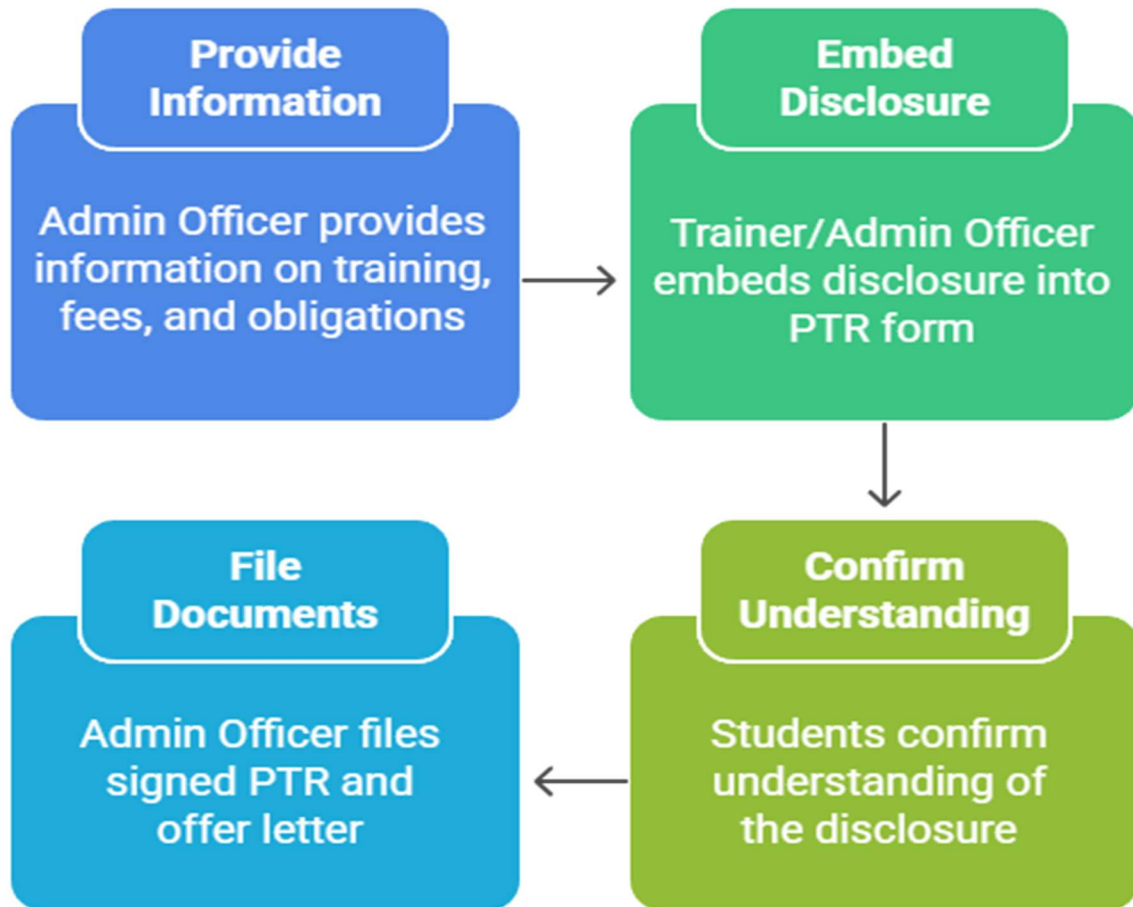


Review Content Annually

Review content during annual policy audits

4.

Provide Pre-Enrolment Disclosure Documents



5.

Notify Students of Changes to Training or Operations



PP11 – Student Pre-Enrolment Policy

1. Purpose

This policy ensures that before enrolment, all prospective students—domestic or international—are assessed for their suitability and readiness to undertake their chosen course. It includes a structured Pre-Training Review (PTR) and Language, Literacy, Numeracy and Digital Literacy (LLND) assessment, aligned with the training product's requirements. It also ensures that overseas students receive comprehensive, current, and accurate information per National Code 2018 – Standard 2.

2. Scope

This policy applies to:

- ✚ All prospective domestic and overseas students
- ✚ All nationally recognised training products on RSC's scope
- ✚ All staff involved in student recruitment, LLND assessment, and course advice
- ✚ Pre-enrolment compliance activities, including RPL/credit transfer consideration

3. Definitions







Term	Definition
LLND	Language, literacy, numeracy and digital literacy
Pre-Training Review (PTR)	Structured review to evaluate a student's background, skills, and goals
Suitability Advice	Recommendation on a student's readiness for their chosen training
Training Product	A nationally recognised qualification, skill set or unit of competency
Pre-Enrolment Info	Details of the course, fees, requirements and policies provided upfront
CRICOS	Commonwealth Register of Institutions and Courses for Overseas Students

4. Legislative Reference


- ✚ *Standards for RTOs 2025 – Outcome Standard 2.2*
- ✚ *National Code 2018 – Standard 2 (2.1–2.5)*
- ✚ *National Vocational Education and Training Regulator Act 2011*
- ✚ *ESOS Act 2000 and related legislative instruments*

5. Policy Statement

RSC is committed to ensuring:

-  All students complete a PTR and LLND assessment before enrolment.
-  RSC staff assess suitability based on academic background, work experience, and LLND results.
-  Students receive comprehensive, current, and plain English information prior enrolment aligned with National Code 2018 – 2.1 covering:
 - Entry requirements (English language, academic, experience, course credit)
 - CRICOS course details, course qualification, award, content, mode of study (online/classroom/work-based), and delivery location
 - Assessment methods and expected learning outcomes
 - Course duration, breaks, fees (tuition and non-tuition fees) including advice on the potential for changes to fees over the duration of a course, and cancellation/refund policies
 - Any third-party delivery arrangements(if applicable)
 - Work placement, online study, or licensing requirements (if applicable)
 - campus locations and facilities, equipment and learning resources available to students
 - the grounds on which the overseas student’s enrolment may be deferred, suspended or cancelled
 - accommodation options and indicative costs of living in Australia.
 - ESOS framework and government-provided support information
-  Credit Transfer and RPL options are disclosed before enrolment as per **2.3–2.5**.
-  The student’s CoE and PRISMS record are updated if RPL or credit shortens course length.
-  No overseas student is enrolled without fulfilling entry requirements and documented pre-training review process.

6. Step-by-Step Procedure

Step	Action	Responsible Person
1	Initial Enquiry Received  Record student enquiry in CRM/SMS and explain the next steps in the enrolment process.	Admin Officer/ Student support
2	Provide Pre-Enrolment Information	Admin Officer/ Prospective students

	<ul style="list-style-type: none"> ✚ Prospective student to visit website and refer course page, Student Handbook, <p>RTO policies. This includes:</p> <ul style="list-style-type: none"> ✚ Entry requirements (academic & English) ✚ CRICOS course code and delivery details ✚ Duration, fees, and refund policy ✚ Assessment and delivery modes ✚ Third-party arrangements (if any) ✚ ESOS Framework (link to Australian Government resources) ✚ Other relevant information for the RTO, student and course. 	
3	<p>Conduct Pre-Training Review (PTR)</p> <ul style="list-style-type: none"> ✚ Book a time for a PTR meeting or arrange digital completion. Include instructions for submitting documentation (e.g. qualifications, work experience). 	Admin Officer/ Student support
4	<p>Conduct PTR Interview</p> <p>Complete the Pre-Training Review by assessing:</p> <ul style="list-style-type: none"> ✚ Learning goals and career objectives ✚ Prior qualifications and experience <p>English language proficiency</p> <ul style="list-style-type: none"> ✚ Digital readiness and access ✚ Confirm alignment with course outcomes <p>Course credit and RPL</p> <p>Other course and RTO specific requirements</p>	Trainer / Student Support Officer
5	<p>Administer LLND Assessment</p> <ul style="list-style-type: none"> ✚ Use validated tools to assess Language, Literacy, Numeracy, and Digital Literacy. 	Admin Officer / Trainer
6	<p>Compare Results Against TAS</p> <ul style="list-style-type: none"> ✚ Match LLND results and pre-training review information. Identify gaps and suitability. 	Trainer / Compliance Manager
7	<p>Provide Suitability Advice</p>	Trainer

	<ul style="list-style-type: none"> Give clear recommendation to the student about course suitability, support required, or alternate pathways. Ensure written advice is documented and signed. 	
8	Offer RPL/Credit Transfer Option <ul style="list-style-type: none"> If applicable, assess RPL/CT eligibility and provide guidance. If granted, notify student Retain signed acceptance record (per National Code 2.4) 	Compliance Manager / Assessor
9	Finalise Pre-Enrolment Decision <ul style="list-style-type: none"> Update student profile in SMS Attach PTR, LLND, and RPL/CT documentation Notify student 	Admin Officer/ Student support
10	Conduct Enrolment process – refer Enrolment policy	Admin Officer/ Student support
11	Post-Enrolment Monitoring <ul style="list-style-type: none"> If gaps identified during LLND, fill Individual learning plan and provide support Monitor progress and refer students to learning support where required 	Trainer / Student Support Officer

7. National Code 2018 – Standard 2 Compliance Table

Clause	Requirement	RTO Compliance Mechanism
2.1	Provide clear, accurate pre-enrolment info in plain English	Website, Student Handbook, PTR Form
2.2	Assess student's English proficiency and academic/work readiness	LLND tool, PTR interview
2.3	Assess RPL/CT, preserve integrity	PP5 and PP8 policies, RPL Kit, documented decisions
2.4	Provide written RPL/CT decision; retain record for 2 years	Outcome Letter + File checklist
2.5.1	Update CoE for reduced course duration	PRISMS & SMS updated
2.5.2	Report any post-visa course duration change	Admin to update PRISMS

8. Related Documents

- 📄 Pre-Training Review Form
- 📄 LLND Assessment Tool
- 📄 RPL Kit and CT Application Forms
- 📄 Student Handbook
- 📄 Individual Learning Plan
- 📄 PRISMS Update Procedure
- 📄 Training and Assessment Strategy
- 📄 Continuous Improvement Register

Student Pre-Enrolment Process



PP12 – Student Support Services Policy

1. Purpose

This policy outlines how RSC provides academic and non-academic support services, including access to trainers, assessors, and student welfare staff, to ensure all VET and overseas students can progress effectively through their course. The policy supports Outcome Standard 2.3 of the Standards for RTOs 2025 and National Code 2018 – Standard 6 requirements.

2. Scope

This policy applies to all enrolled VET students, including international students on student visas. It applies to all staff involved in student welfare and support including trainers, assessors, student support officers, admin staff, and management team

3. Definitions

Term	Definition
Training Support Services	Academic or personal support offered to help students progress, e.g. LLND support, study skills help, referrals.
Support Staff	Staff responsible for providing student support, including Student Support Officers, Trainers, Admin Officers.
LLND	Language, Literacy, Numeracy, and Digital literacy.
Critical Incident	A traumatic event that affects a student's ability to progress, requiring emergency or ongoing support.
Orientation	The structured introduction provided to new students covering welfare, legal, safety, academic, and personal support information.

4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standard 2.3
- National Code 2018 – Standard 6
- ESOS Act 2000
- National Vocational Education and Training Regulator Act 2011
- Privacy Act 1988

5. Policy Statement

Riser Star College, RSC is committed to ensuring that overseas students are supported academically, socially, and personally throughout their studies in Australia, in accordance with Standard 6 of the *National Code 2018*. The RTO will implement a student-centred support framework that is timely, accessible, culturally appropriate, and responsive to the individual needs of all overseas learners.

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

A. Orientation and Student Handbook (Standard 6.1)

RSC ensures that all overseas students are provided with access to a culturally and age-appropriate orientation program and a comprehensive Student Handbook upon commencement. These resources include clear information on:

- ✚ Support services available to help students adjust to study and life in Australia
- ✚ English language and study assistance programs
- ✚ Access to relevant legal services and counselling referrals
- ✚ Emergency contacts and health services
- ✚ Campus resources, facilities, and student engagement initiatives
- ✚ Complaints and appeals processes as per Standard 10
- ✚ Attendance and course progress requirements
- ✚ Personalised support services for learners facing difficulties impacting their education
- ✚ Employment rights, workplace issue resolution, and referrals to the Fair Work Ombudsman

B. No-Cost Support and Access to Services (Standard 6.2 & 6.3)

All core support services listed in the orientation and handbook are provided at **no additional cost** to overseas students. RSC ensures that:

- ✚ Students can request assistance at any time through designated contact channels (email, phone, walk-in support).
- ✚ Reasonable academic and personal support is offered irrespective of the student's mode of delivery or study location.

C. Tailored Academic Support and Online Learners (Standard 6.4)

RSC provides learning support aligned to each student's mode of study and course requirements. Documented processes ensure:

- ✚ Ongoing monitoring of learner progress
- ✚ Additional tutoring, digital skills training, or flexible learning where necessary
- ✚ Active communication and support strategies for students undertaking online or blended learning
- ✚ Case management and welfare follow-up for vulnerable students

D. Dedicated Student Support Officer (Standard 6.5 & 6.6)

RSC appoints a dedicated and experienced Student Support Officer (SSO) as the central point of contact for overseas students. This officer:

- ✚ Has access to up-to-date service details
- ✚ Is introduced during orientation and listed in the Student Handbook with contact information

- ✚ Works alongside trainers and admin to ensure continuous student engagement
- ✚ Supports the resolution of wellbeing, cultural, and academic concerns
- ✚ Is appointed in proportion to the number of overseas students enrolled (as assessed periodically by the PEO)

E. Staff Induction and Awareness (Standard 6.7)

All RTO staff who interact directly with overseas students—including trainers, admin, and support personnel—undergo an induction program. This program covers:

- ✚ RSC’s obligations under the ESOS Act and National Code
- ✚ Rights and responsibilities of overseas students
- ✚ Responding to student wellbeing concerns and referrals
- ✚ Implications of provider responsibilities on student visa conditions

F. Critical Incident Management (Standard 6.8)

RSC maintains and implements a Critical Incident Policy, which:

- ✚ Defines potential critical incidents (e.g. harm, psychological trauma, death, assault, natural disasters)
- ✚ Establishes procedures for response, documentation, and post-incident care
- ✚ Ensures records are kept for at least 2 years after the student ceases enrolment
- ✚ Identifies responsible personnel and communication protocols

G. Safety, Security, and General Wellbeing (Standard 6.9)

RSC implements a Workplace Health and Safety Policy to:

- ✚ Ensure a safe, inclusive learning environment
- ✚ Educate students on personal safety and protective behaviours
- ✚ Provide contact details for reporting wellbeing concerns or safety incidents
- ✚ Refer students to general safety information including emergency services, personal safety tips, and mental health support

6. Step-by-Step Procedure

Step	Action	Responsible Person(s)
1	Provide Pre-Arrival and Orientation Materials- <ul style="list-style-type: none"> ✚ Provide access to the Student Handbook through Website ✚ Conduct pre-training review process to identify any support needs 	Admin Officer / Student Support Officer

Step	Action	Responsible Person(s)
	<ul style="list-style-type: none"> Schedule student for orientation session. 	
2	<p>Conduct Orientation Program- Deliver culturally and age-appropriate orientation session covering:</p> <ul style="list-style-type: none"> Student support services Study and life in Australia Emergency contacts and safety Legal, health, and counselling support Complaints and appeals Course progress and attendance Employment rights Introduce Student Support Officer and other key contacts. 	Student Support Officer / Trainer / Admin Officer
3	<p>Assign and Record Student Support Officer (SSO)</p> <ul style="list-style-type: none"> Assign a dedicated SSO to each overseas student cohort. Display and publish contact details in the orientation materials. 	Compliance Manager / PEO
4	<p>Maintain Adequate Support Staffing</p> <ul style="list-style-type: none"> Review overseas student enrolment numbers quarterly. Adjust staffing levels accordingly to maintain sufficient support coverage. 	PEO
5	<p>Provide Ongoing Access to Academic and Personal Support- Allow walk-in or scheduled meetings with SSO.</p> <ul style="list-style-type: none"> Provide LLND, study skills, or personal counselling referrals where required. Respond to support requests within 2 business days. 	Student Support Officer / Trainers / Admin
6	<p>Support Online and Distance Students (If applicable)</p> <ul style="list-style-type: none"> Maintain contact through LMS, email, or calls. Monitor progress and provide intervention support where needed. 	Student Support Officer / Trainer
7	<p>Provide Up-to-Date Safety and Wellbeing Information</p> <ul style="list-style-type: none"> Share emergency contacts and safety resources at orientation. 	Student Support Officer / Admin

Step	Action	Responsible Person(s)
	<ul style="list-style-type: none"> Email or post regular safety updates and student rights information. 	
8	<p>Implement and Follow Critical Incident Policy</p> <ul style="list-style-type: none"> Manage incidents that may affect students' ability to complete their course. Keep records for 2 years after enrolment ends. Notify relevant authorities where applicable. 	Compliance Manager / CEO
9	<p>Train Staff on ESOS Obligations and Student Rights</p> <ul style="list-style-type: none"> Include ESOS and Standard 6 responsibilities in all staff inductions. Conduct annual PD refreshers for frontline staff. 	Compliance Manager / PEO
10	<p>Review and Improve Support Services</p> <ul style="list-style-type: none"> Collect student feedback through surveys. Evaluate support service effectiveness annually. Log improvements in CI Register. 	Student Support Officer / Compliance Manager

7. Related Documents

- Student Handbook
- Orientation Procedure
- PP43-Critical Incident Management Policy and Register
- Pre-Training Review Form
- LLND Assessment Results
- Student Support Referral Form
- SMS Student Records
- PP44 - Workplace Health and Safety Policy

8. Flow chart

Student Support Services Process



PP13 – LLN and Digital Literacy Support Policy

1. Purpose

This policy ensures that all VET students with identified Language, Literacy, Numeracy (LLN) and Digital Literacy support needs receive appropriate, timely, and tailored support to successfully participate in training. It supports compliance with Outcome Standard 2.3.





2. Scope

This policy applies to all prospective and enrolled students undertaking nationally recognised training with RSC, and to all staff involved in delivering or supporting LLN and Digital Literacy services.

3. Definitions

Term	Definition
LLN	Language, Literacy, and Numeracy capabilities essential for learning and workplace performance
Digital Literacy	The ability to use digital tools, software, and systems to access and manage information for learning
LLND Assessment	Tools used to assess students' LLN and digital literacy levels at entry
Individual Learning Plan (ILP)	A tailored learning plan created for students requiring additional learning or support strategies
Support Plan	A documented strategy to support students who require additional LLN or digital assistance
ACSF	Australian Core Skills Framework (ACSF) is a national reference tool that describes and benchmarks an individual's performance in the five core skill areas (Learning, Reading, Writing, Oral Communication and Numeracy) essential for learning, work, and life.

4. Legislative Reference

-  Standards for RTOs 2025 – Outcome Standard 2.3
-  National Vocational Education and Training Regulator Act 2011
-  Foundation Skills Training Package
-  ACSF and Digital Literacy Framework

5. Policy Statement

The RSC is committed to providing equitable learning opportunities. Where a student's LLN or digital literacy needs are identified, RSC will:

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- 📄 Assess needs through LLND assessments during the Pre-Training Review
- 📄 Provide reasonable support strategies including additional resources, flexible delivery, or referrals
- 📄 Use an Individual Learning Plan (ILP) for students who require ongoing support
- 📄 Engage qualified trainers or support staff to deliver appropriate interventions
- 📄 Monitor student progress and adjust support as needed
- 📄 Maintain confidentiality and encourage self-disclosure without discrimination

6. Step-by-Step Procedure

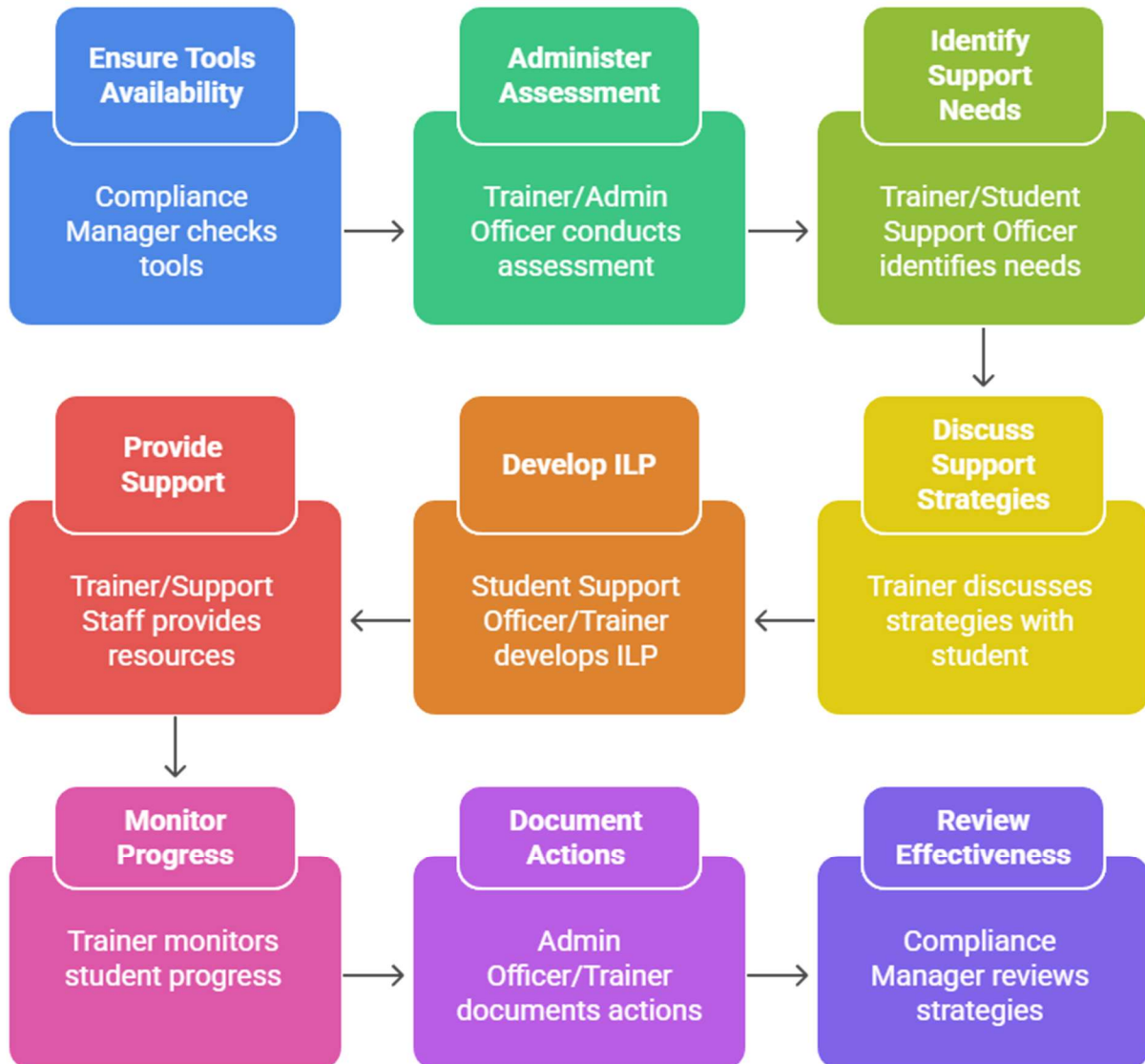
Step	Action	Responsible
1	Ensure relevant LLND assessment tools are available and current according to the ACSF requirements.	Compliance Manager
2	Administer LLND assessment as part of the Pre-Training Review process	Trainer / Admin Officer
3	Identify students requiring additional LLN or digital literacy support	Trainer / Student Support Officer
4	Discuss LLND needs with student and propose support strategies	Trainer
5	Develop and implement an Individual Learning Plan (ILP) if required	Student Support Officer / Trainer
6	Provide access to tutoring, extra resources, or technology support	Trainer / Support Staff
7	Monitor student progress and make adjustments as needed	Trainer
8	Document support actions and outcomes in SMS or student file	Admin Officer / Trainer
9	Review effectiveness of LLND support strategies annually	Compliance Manager

7. Related Documents

- 📄 LLND Assessment Tool
- 📄 Pre-Training Review (PTR) Form
- 📄 Individual Learning Plan (ILP) Template
- 📄 Student Handbook
- 📄 Australian Core Skills Framework (ACSF)
- 📄 SMS Student File

8. Flow chart

LLN and Digital Literacy Support Process



PP14 – Disability Support and Adjustments Policy

1. Purpose

This policy ensures that VET students with disability are supported through appropriate, fair and timely reasonable adjustments to ensure they can access and participate in training and assessment on an equal basis. It supports compliance with Outcome Standard 2.4 of the Standards for RTOs 2025.

2. Scope

This policy applies to all prospective and enrolled students who disclose a disability and to all RTO personnel involved in training, assessment, administration, and student support services.

3. Definitions

Term	Definition
Disability	As defined under the Disability Discrimination Act 1992, including physical, intellectual, psychiatric, sensory, neurological, and learning disabilities
Reasonable Adjustment	Modifications made to training or assessment methods to allow a student with disability to participate on an equal basis, without compromising training package or regulatory requirements
Disclosure	Voluntary act by which a student informs the RTO of their disability and/or support needs
Student Support Plan	A tailored plan outlining agreed support measures
Reasonable Adjustment Form	A formal document approved by the Compliance Manager detailing approved accommodations

4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standard 2.4
- Disability Discrimination Act 1992
- Disability Standards for Education 2005
- National Vocational Education and Training Regulator Act 2011

5. Policy Statement

RSC:

- Encourages voluntary disclosure of disability via the enrolment process and PTR discussion
- Ensures all reasonable adjustments are approved, documented and implemented only by the Compliance Manager

- ✚ Guarantees that no adjustment will compromise the training package requirements, rules of evidence, or Principles of Assessment
- ✚ Will clearly document and communicate reasons when an adjustment is not possible
- ✚ Supports students through confidential, inclusive practices that uphold integrity and student equity

6. Step-by-Step Procedure

Step	Action	Responsible
1	Enrolment Form includes section for students to voluntarily disclose any disability	Admin Officer
2	Trainer discusses support needs during Pre-Training Review (PTR) if disability is disclosed	Trainer
3	Maintain confidentiality and advise student about rights and support options	Student Support Officer
4	Collect supporting documentation (if applicable) and refer to Compliance Manager	Trainer / Student Support Officer
5	Compliance Manager determines if a reasonable adjustment is appropriate and completes the Reasonable Adjustment Form	Compliance Manager
6	If approved, implement adjustments (e.g., extra time, tech aids) ensuring no compromise to training product requirements	Compliance Manager / Trainer
7	If adjustment is not feasible, document reasons and notify student promptly and respectfully	Compliance Manager
8	Monitor student's progress and review adjustment effectiveness periodically	Compliance Manager / Trainer
9	File Reasonable Adjustment Form and related records in SMS or student file	Admin Officer

7. Related Documents

- ✚ Enrolment Form
- ✚ Pre-Training Review (PTR) Form
- ✚ Reasonable Adjustment Form
- ✚ Student Handbook
- ✚ SMS Student File

8. Flow chart

Disability Support and Adjustments Process



Enrolment Form Disclosure

Students voluntarily disclose disabilities on the enrolment form.

Trainer discusses support needs with the student.

Pre-Training Review



Confidentiality and Support Advice

Student Support Officer advises on rights and support options.

Trainer and Student Support Officer collect documents and refer to Compliance Manager.

Documentation and Referral



Adjustment Determination

Compliance Manager determines if adjustments are appropriate.

Approved adjustments are implemented by Compliance Manager and Trainer.

Adjustment Implementation



Adjustment Feasibility

Compliance Manager documents reasons if adjustments are not feasible.

Compliance Manager and Trainer monitor student's progress.

Progress Monitoring



Record Filing

Admin Officer files the Reasonable Adjustment Form and related records.

PP15– Diversity, Inclusion and Wellbeing Policy

1. Purpose

This policy ensures that the RTO provides a safe, inclusive, and culturally respectful learning environment that supports the wellbeing of all VET students, including First Nations students. It outlines how the RTO identifies the wellbeing needs of its student cohort and provides appropriate support, in line with Outcome Standards 2.5 and 2.6 of the Standards for RTOs 2025.

2. Scope

This policy applies to all students and staff across all areas of training delivery, assessment, student support, and operations. It applies to all training products delivered under the RTO's scope of registration.

3. Definitions

Term	Definition
Diversity	Recognition and respect for individual differences in culture, language, ethnicity, gender, age, disability, religion, and socioeconomic background
Inclusion	Creating equitable access and opportunities for all students to engage and succeed
Cultural Safety	An environment where individuals feel respected, valued and safe in expressing their cultural identity
Wellbeing Needs	Emotional, mental, physical, and social factors that affect a student's capacity to engage in learning
First Nations Peoples	Aboriginal and Torres Strait Islander people as the First Peoples of Australia




4. Legislative Reference

- Standards for RTOs 2025 – Outcome Standards 2.5 and 2.6
- National Vocational Education and Training Regulator Act 2011
- Racial Discrimination Act 1975
- Disability Discrimination Act 1992
- Disability Standards for Education 2005
- Equal Opportunity Act 2010 (VIC) or equivalent

5. Policy Statement

RSC is committed to:







- Fostering a safe, inclusive, and culturally safe learning environment
- Promoting respect for all individuals and cultural backgrounds

-  Ensuring staff have cultural competence and uphold inclusive practices
-  Identifying the wellbeing needs of students through training product requirements and student profiles
-  Offering wellbeing support services suitable to the cohort's needs and actively informing students how to access them

6. Step-by-Step Procedure

Step	Action	Responsible
1	Include diversity and wellbeing values in all staff and trainer induction programs	Compliance Manager
2	Embed inclusive and culturally safe practices into training delivery and support	Trainer / Support Officer
3	Provide cultural awareness and mental health training annually for staff	Compliance Manager
4	Identify wellbeing needs through the training product, cohort profile, and PTR process	Trainer / Student Support Officer
5	List available wellbeing and crisis support services in the Student Handbook and website	Compliance Manager / Marketing Officer
6	Inform students during orientation and in-class sessions about how to access support services	Trainer / Student Support Officer
7	Enable students to raise wellbeing or inclusion concerns confidentially	Student Support Officer
8	Investigate and resolve all concerns fairly and respectfully	Compliance Manager
9	Promote inclusion and wellbeing via newsletters, posters and events	Support Officer / Marketing Officer
10	Review effectiveness of inclusion and wellbeing practices annually	Compliance Manager

7. Related Documents

-  Student Handbook
-  Code of Conduct
-  Cultural Safety Statement
-  Wellbeing Services List
-  Annual Audit Reports
-  Induction and Orientation Resources

8. Flow Chart

Diversity, Inclusion and Wellbeing Process



PP16 – Feedback, Complaint and Appeal Policy

1. Purpose

This policy ensures that RTO provides all learners, including international students, with a clear, fair, and accessible process to provide feedback, make complaints, or appeal decisions. It supports continuous improvement and ensures compliance with:

- ✚ Standards for RTOs 2025 – Outcome Standards 2.7 and 2.8
- ✚ National Code of Practice 2018 – Standard 10 (CRICOS)
- ✚ Australian Privacy Principles (APPs)

2. Scope

This policy applies to all current, prospective, and former students, as well as RTO staff and third-party providers. It related to :

- ✚ Informal and formal feedback
- ✚ Formal complaints
- ✚ Appeals of academic and non-academic decisions
- ✚ Course progress
- ✚ RTO, its trainers, assessors or other staff;
- ✚ Education agent
- ✚ Any third-party providing services on RTO's behalf, its trainers, assessors or other staff;
- ✚ Assessment/RPL outcome;
- ✚ Fees and refunds/re-crediting

3. Definitions

Term	Definition
Feedback	Informal input (positive or negative) regarding RTO services or experiences
Complaint	A formal expression of dissatisfaction about a decision, service, behaviour, or policy
Appeal	A formal request to review a decision that affects the student
Procedural Fairness	Ensures decisions are unbiased, evidence-based, and all parties are heard
Support Person	A nominated person who may accompany a student to any complaint or appeal meeting

Term	Definition
Independent Reviewer	A third party not involved in the original decision who may review the appeal
CI Register	Continuous Improvement Register used to log and follow up systemic issues

4. Legislative References

- ✚ Standards for RTOs 2025 – Outcome Standards 2.7 & 2.8
- ✚ National Code of Practice 2018 – Standard 10 (CRICOS)
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Australian Privacy Principles (Privacy Act 1988)

5. Policy Statement

RSC values feedback and takes complaints and appeals seriously. RSC:

- ✚ Encourages informal feedback and resolution
- ✚ Provides a transparent, fair, and timely complaints and appeals process
- ✚ Ensures all decisions are made with procedural fairness
- ✚ Respects student privacy and protects against victimisation
- ✚ Maintains appropriate records of all feedback, complaints, and appeals
- ✚ Ensures international students are informed of their right to internal and external appeal pathways at no or minimal cost

International students are additionally protected under the National Code 2018 and are provided full written outcomes, external review options, and support to contact the Department of Home Affairs if needed.

RSC acknowledges that students may raise concerns or be dissatisfied with decisions, services, behaviours, or policies affecting their study or welfare. To uphold the principles of natural justice and procedural fairness, RSC provides a structured complaints and appeals process that includes both internal resolution and external review options.

Specifically, RSC ensures that:

- ✚ All overseas students have access to a documented, free, and accessible internal complaints and appeals process, outlined clearly in the Student Handbook.
- ✚ If a matter cannot be resolved informally, students may formally submit a complaint or appeal using the appropriate form, with assistance from staff if required. Forms are available in RSC's website
- ✚ Complaints and appeals may relate to any dealings with RSC, its staff, education agents, or third-party providers delivering services on its behalf.

- ✚ The assessment of any formal complaint or appeal begins within 10 working days and is finalised as soon as practicable with all due consideration of evidence and circumstances. Student will receive a written acknowledgment within 10 business days
- ✚ Students are provided the opportunity to formally present their case and may be accompanied by a support person of their choice at no cost during any meeting or hearing.
- ✚ All complaints and appeals are handled in a professional, fair, and transparent manner by appropriately trained and impartial staff.
- ✚ Students are issued with a written statement of the outcome, including detailed reasons for the decision, at the conclusion of the internal process. A written decision will be provided within 20 business days
- ✚ A written record of each complaint or appeal, including the outcome and reasons, is maintained securely and retained for a minimum of two years after the student ceases to be an accepted student.
- ✚ If the internal process does not result in resolution to the student's satisfaction, RSC will provide information about accessing an appropriate external complaints or appeals body, such as the Overseas Students Ombudsman or ASQA, within 10 working days.
- ✚ If any internal or external process results in a decision or recommendation in favour of the student, RSC will immediately implement the outcome and advise the student of the corrective or preventive action taken.
- ✚ Students are advised to seek advice from the Department of Home Affairs where their complaint or appeal outcome may affect their visa conditions.

This policy ensures overseas students can raise and resolve issues in a safe, respectful environment, free from disadvantage or retaliation. It is a core part of RSC's commitment to student welfare, quality assurance, and continuous improvement.

6. Step-by-Step Procedure

Feedback Procedure

Step	Action	Responsible
1	Provide access to Feedback Form via website, orientation, and PTR	Compliance Manager / Admin
2	Encourage students to submit feedback informally through class discussions or surveys	Trainers / Student Support Officer
3	Collect and review all feedback submissions (positive or constructive)	Compliance Manager
4	Record feedback in the Feedback, Complaint and Appeal Register	Compliance Manager
5	Use feedback insights to inform the Continuous Improvement Register and adjust services or operations	Compliance Manager / CEO

Complaint Procedure

Step	Action	Responsible
1	Make Complaint and appeal Form accessible via website, orientation, and Student Handbook	Compliance Manager / Admin
2	Encourage informal resolution of concerns before formal complaint submission	Trainer / Student Support Officer
3	If unresolved, student completes and submits the Complaint and appeal Form	Student
4	Acknowledge receipt of the complaint in writing within 10 working days	Compliance Manager
5	Register the complaint in the Feedback, Complaint and Appeal Register	Compliance Manager
6	Investigate the complaint with fairness and transparency, involving relevant staff	Compliance Manager / Relevant Manager
7	Offer student the opportunity to present their case with a support person	Compliance Manager
8	Issue written outcome within 20 business days, including reasons	Compliance Manager
9	Log outcome and systemic insights in CI Register	Compliance Manager
10	Inform student of appeal rights if not satisfied	Compliance Manager

Appeal Procedure

Step	Action	Responsible
1	Student completes and submits the Appeal Form within 20 working days of decision	Student
2	Acknowledge receipt of appeal in writing within 10 working days	Compliance Manager
3	Log the appeal in the Feedback, Complaint and Appeal Register	Compliance Manager
4	Review appeal impartially with all evidence and consultation	Compliance Manager / CEO
5	Provide opportunity to student to present their case with support person	Compliance Manager
6	Appoint independent reviewer if required	CEO
7	Issue formal written outcome within 20 business days	Compliance Manager
8	If appeal denied, inform of external appeal option and provide contact details	Compliance Manager
9	If external appeal favours student, implement decision immediately	Compliance Manager

10	Record all appeal actions and systemic issues for review	Compliance Manager
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External Appeals

If the student is not satisfied with the outcome of the internal complaints and appeals process, they have the right to access an external complaints handling and appeals process at minimal or no cost. The external appeal cost must be paid by the student.

The RTO must advise the student of this right within 10 working days of concluding the internal review and provide the contact details of the appropriate external complaints and appeals body.

The external appeal bodies available are:

1. Overseas Students Ombudsman (OSO) (for international students)
 - Website: <https://www.ombudsman.gov.au>
 - Phone: 1300 362 072
 - OSO provides a free and independent service to investigate complaints about education providers.
2. ASQA (for domestic students)
 - Website: <https://www.asqa.gov.au>
 - ASQA handles complaints related to RTO compliance with the Standards for RTOs 2025.
3. LEADR Complaints, Appeals and Resolution Department (Alternative Mediation Service)
 - Website: [Resolution Institute | Home](#)
4. Legal Aid Department in the relevant state
 - Students may contact their state's Legal Aid Office for assistance.

Cost of Mediation (if applicable):

- ✚ If an alternative mediation service is used, the cost of mediation (e.g. mediator's fee, room hire, travel expenses) will be shared equally between the RTO and the complainant.

Implementation of External Review Recommendations:

- ✚ The RTO will immediately implement any recommendations arising from the external review within 10 working days of receiving the decision.

7. Additional CRICOS-Specific Provisions (National Code Standard 10)

RTO ensures the following additional protections for overseas students:

- ✚ No cost or minimal cost for internal or external appeal processes
- ✚ Right to have a support person attend meetings
- ✚ Information on how to contact the Department of Home Affairs if enrolment is affected

- ✚ Written records kept of every step
- ✚ Outcome and reasons are always communicated in writing

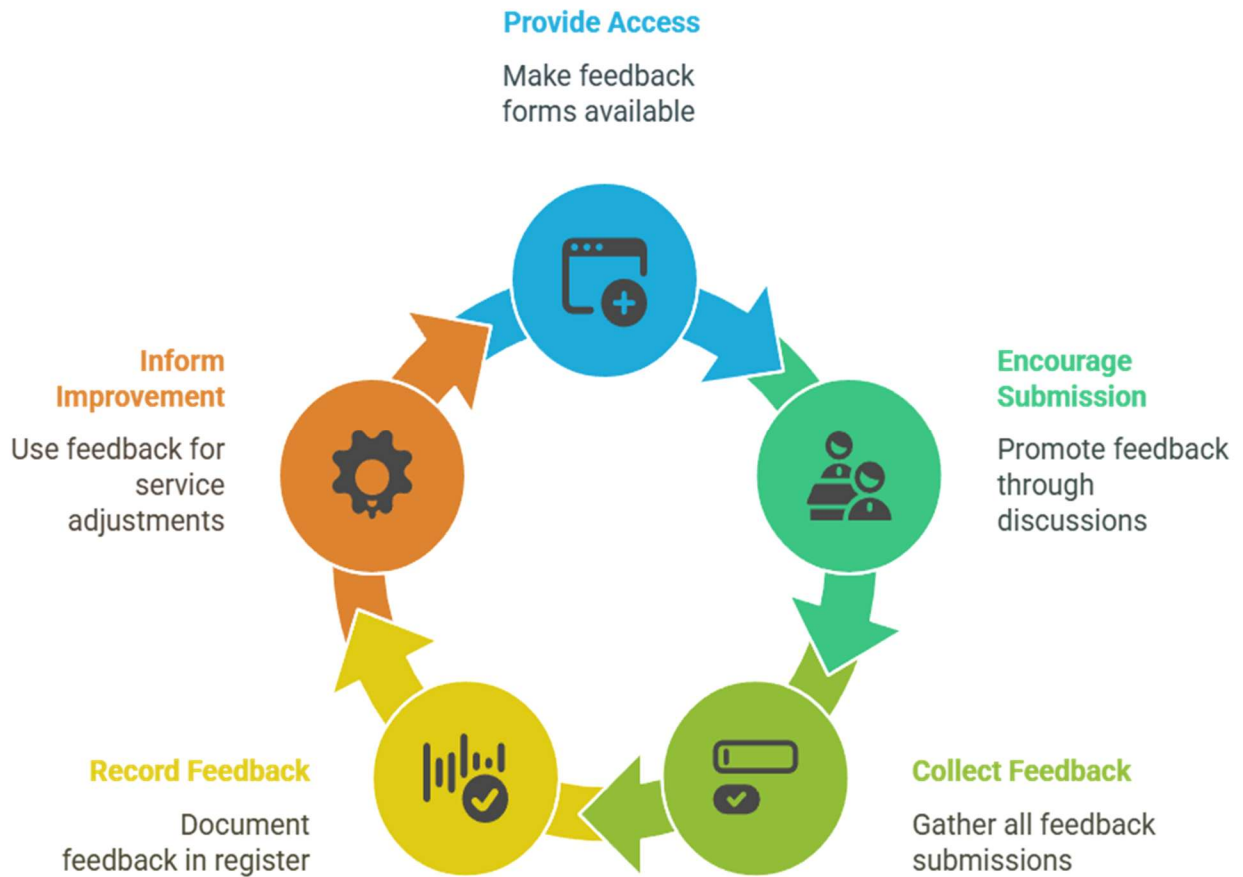
8. Related Documents

- ✚ Feedback Form
- ✚ Complaint and Appeal Form
- ✚ Feedback, Complaint and Appeal Register
- ✚ Continuous Improvement (CI) Register
- ✚ Student Handbook

8. Flow chart

1.

Feedback Procedure



2.

Complaint Procedure

Make Complaint and appeal Form accessible via website, orientation, and Student Handbook

Acknowledge receipt of the complaint in writing within 10 working days

Register the complaint in the Feedback, Complaint and Appeal Register

Issue written outcome within 20 business days, including reasons

Log outcome and systemic insights in CI Register



Encourage informal resolution of concerns before formal complaint submission

If unresolved, student completes and submits the Complaint and appeal Form

Investigate the complaint with fairness and transparency, involving relevant staff

Offer student the opportunity to present their case with a support person

Inform student of appeal rights if not satisfied

3.

Appeal Procedure



Student Submits Appeal Form

Student completes and submits the appeal form within 20 working days.

Compliance Manager acknowledges receipt of the appeal within 10 working days.

Acknowledge Receipt



Log Appeal

Compliance Manager logs the appeal in the Feedback, Complaint and Appeal Register.

Compliance Manager and CEO review the appeal impartially with evidence and consultation.

Review Appeal



Student Presents Case

Compliance Manager provides an opportunity for the student to present their case with support.

CEO appoints an independent reviewer if required.

Appoint Independent Reviewer



Issue Formal Outcome

Compliance Manager issues a formal written outcome within 20 business days.

If the appeal is denied, the student is informed of the external appeal option and provided with contact details.

Inform of External Appeal



Implement Decision

If the external appeal favors the student, the decision is implemented immediately.

Compliance Manager records all appeal actions and systemic issues for review.

Record Appeal Actions



PP17 – AVETMISS Reporting Policy

1. Purpose

This policy ensures that RSC complies with Clause 3.1 of the Standards for RTOs 2025 by collecting, maintaining, and submitting accurate training activity data in accordance with AVETMISS requirements and the Data Provision Requirements 2020. The RTO is committed to ensuring all student training records are correct, current, and submitted on time to support national VET reporting.

2. Scope

This policy applies to:

- ✚ All VET students enrolled in nationally recognised training with the RTO
- ✚ Compliance Manager and CEO responsible for data reporting
- ✚ Staff responsible for student management systems (SMS), enrolment, or training activity entry

3. Definitions

Term	Definition
AVETMISS	Australian Vocational Education and Training Management Information Statistical Standard – the national data standard for collecting VET data
NCVER	National Centre for Vocational Education Research – the organisation that collects and reports on VET sector data
TVA (Total VET Activity)	A mandatory, annual reporting submission that includes all AVETMISS data for the calendar year
Student Management System (SMS)	The digital system used to store enrolment and training records
USI	Unique Student Identifier – mandatory for all students undertaking nationally recognised training

4. Legislative References

- ✚ Standards for RTOs 2025 – Clause 3.1
- ✚ Data Provision Requirements 2020
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ AVETMISS for VET Providers Release 8.0

5. Policy Statement

RSC is committed to:

- ✚ Accurately collecting and maintaining student training data in line with AVETMISS 8.0 specifications
- ✚ Submitting Total VET Activity (TVA) data annually to NCVER by 28 February
- ✚ Ensuring data is validated, complete, and consistent with enrolment and assessment records
- ✚ Using its SMS to store and manage AVETMISS data fields throughout the student lifecycle
- ✚ Training staff responsible for data entry on AVETMISS coding requirements
- ✚ Rectifying and resubmitting data where errors or validation warnings are identified

6. Procedure – Step-by-Step

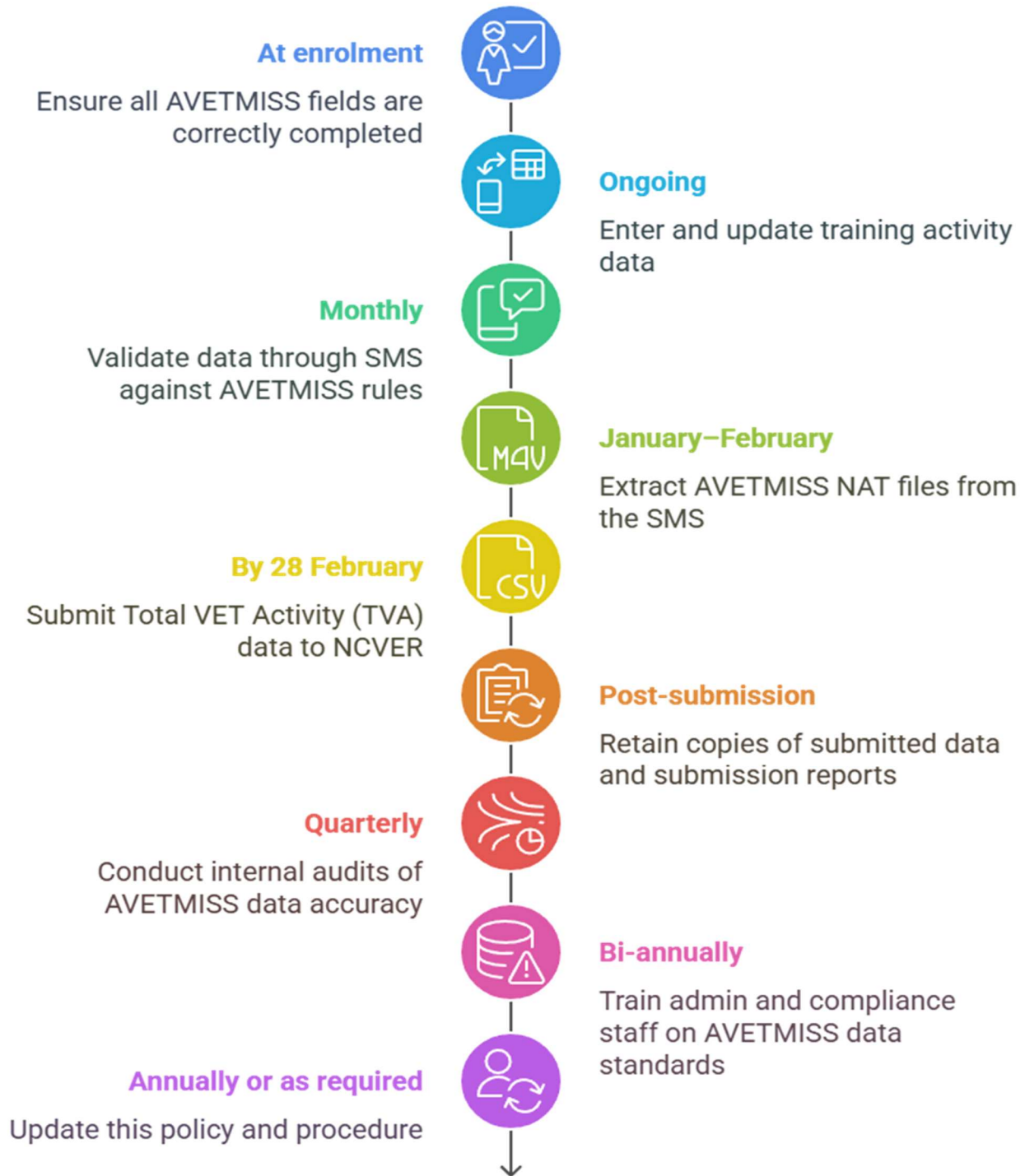
Step	Action	Responsible Person	Timing
1	Ensure all AVETMISS fields are correctly completed during student enrolment (e.g. USI, postcode, LLN, disability, prior education, etc.)	Admin / Student Support Officer	At enrolment
2	Enter and update training activity data including unit enrolments, outcomes, start/end dates, and delivery modes	Trainer / Admin	Ongoing
3	Validate data through SMS against AVETMISS rules and correct any errors	Compliance Manager	Monthly
4	Extract AVETMISS NAT files from the SMS and prepare for submission	Compliance Manager	January–February
5	Submit Total VET Activity (TVA) data to NCVER via the AVS portal	Compliance Manager	By 28 February
6	Retain copies of submitted data and submission reports in the AVETMISS reporting folder	Compliance Manager	Post-submission
7	Ensure data aligns with assessment outcomes and course completions	Compliance Manager	Ongoing
8	Conduct internal audits of AVETMISS data accuracy	CEO / Compliance Manager	Quarterly
9	Train admin and compliance staff on AVETMISS data standards	CEO	Bi-annually

Step	Action	Responsible Person	Timing
10	Update this policy and procedure in line with changes to AVETMISS or NCVER requirements	Compliance Manager	Annually or as required

7. Related Documents

- ✚ Student Enrolment Form
- ✚ Student Management System AVETMISS Configuration Manual
- ✚ AVETMISS NAT File Specifications
- ✚ AVETMISS Validation Summary Reports
- ✚ NCVER AVS Submission Confirmation
- ✚ RTO Data Provision Requirements
- ✚ Staff Training Records

AVETMISS Reporting Policy



PP18 – Discrimination and Harassment Policy

1. Purpose

This policy affirms the RTO’s commitment to providing a learning and working environment that is free from all forms of discrimination and harassment. It ensures all students and staff are treated with respect, fairness, and dignity, and outlines procedures for reporting, manage, and prevent such behavior in accordance with relevant legislation and Outcome Standards 2.1, 2.4 and 2.5.

2. Scope

This policy applies to all VET students and staff of the RTO, including third-party providers, contractors, and visitors across all learning settings—on campus, during online delivery, in the workplace, and in community-based learning environments.

3. Definitions





Term	Definition
Discrimination	Unfavorable treatment based on personal characteristics such as race, gender, disability, age, religion, sexuality, or cultural background.
Harassment	Unwanted, offensive, humiliating, or intimidating behavior. This includes sexual harassment, bullying, and vilification.
Reasonable Adjustment	Modifications made to training or assessment to accommodate students with disability without compromising course integrity
Cultural Safety	A learning environment that is spiritually, socially, emotionally, and physically safe for people, particularly for First Nations people.

4. Legislative References

- ✚ Standards for RTOs 2025 – Outcome Standards 2.1, 2.4, 2.5
- ✚ Disability Discrimination Act 1992 (Cth)
- ✚ Sex Discrimination Act 1984 (Cth)
- ✚ Racial Discrimination Act 1975 (Cth)
- ✚ Equal Opportunity Act (relevant state-based legislation)
- ✚ National Vocational Education and Training Regulator Act 2011

5. Policy Statement





RSC has zero tolerance for any form of discrimination or harassment. We foster an environment where:





-  All VET students feel safe and valued regardless of background, disability, gender, or beliefs.
-  First Nations learners are supported through culturally appropriate and inclusive training practices.
-  All students are provided with equitable access to support and complaint resolution processes.
-  Reports of discrimination or harassment are addressed swiftly, fairly, and confidentially.

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Promote the Discrimination and Harassment Policy through orientation, Student Handbook, and website	Compliance Manager
2	Ask students to disclose disability or support needs via the Enrolment Form (optional and voluntary)	Admin Officer
3	Discuss support needs and inclusion commitments during PTR (Pre-Training Review)	Trainer / Admin Officer
4	Ensure all staff complete induction training on inclusive practice, cultural safety, and anti-discrimination	Compliance Manager
5	Immediately respond to reports or observations of discriminatory or harassing behaviour	Trainer / Student Support Officer
6	Provide the student with a copy of the Discrimination and Harassment Policy and Complaints Form	Student Support Officer
7	If a formal complaint is lodged, follow the PP16 Feedback and Complaints Management Policy procedures	Compliance Manager
8	Make reasonable adjustments to support affected students (refer to PP14 – Disability Support and Adjustments Policy)	Compliance Manager
9	Where needed, involve external support services or refer to counselling	Student Support Officer
10	Record incidents and outcomes in the Feedback, Complaint and Appeal Register	Compliance Manager
11	Review complaints trends annually as part of the CI (Continuous Improvement) cycle	CEO / Compliance Manager

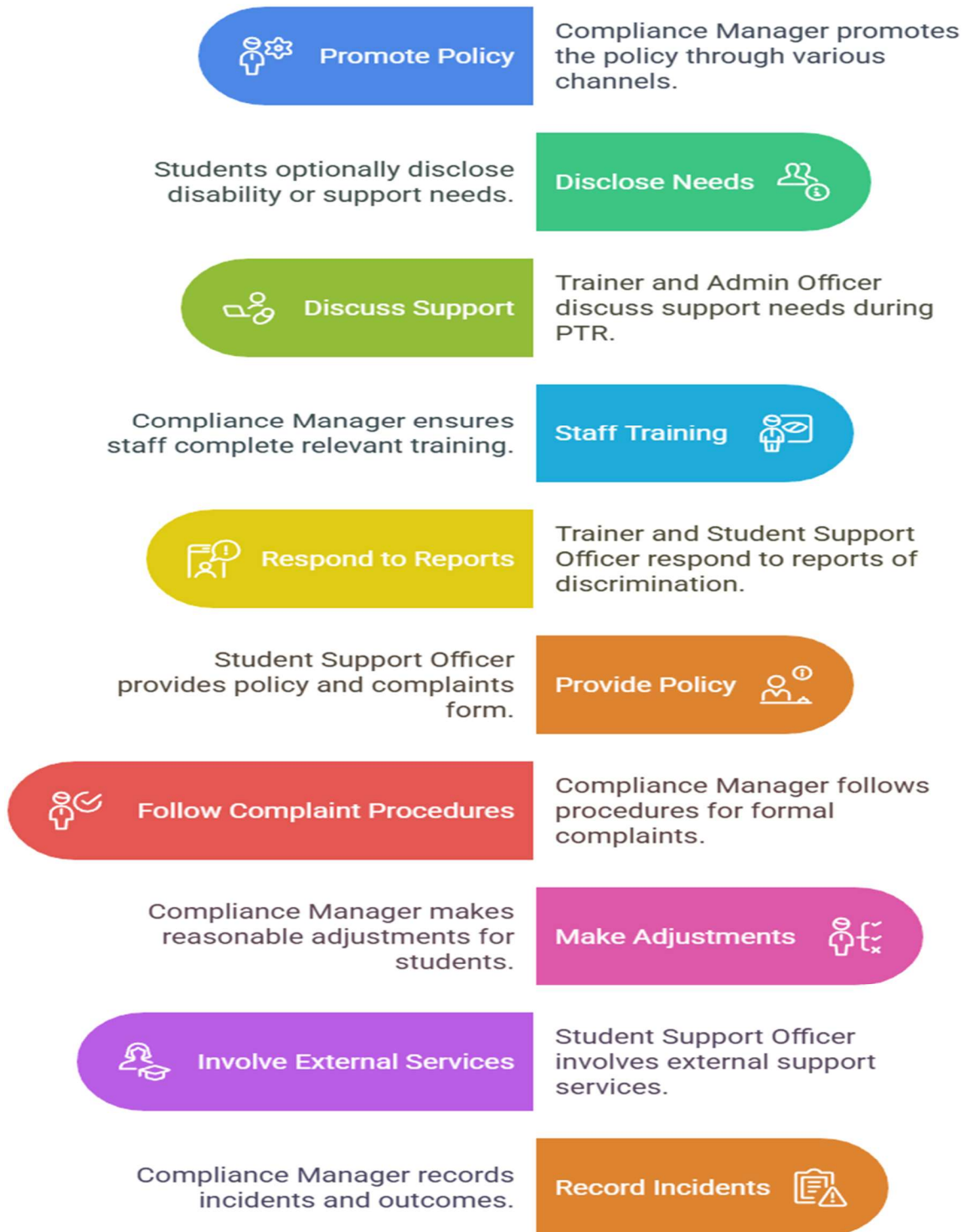
7. Related Documents

-  PP16 – Feedback, Complaint and Appeal Policy
-  PP14 – Disability Support and Adjustments Policy
-  Student Handbook
-  Code of Conduct – Students and Staff

-  Cultural Safety Guidelines
-  CI (Continuous Improvement) register
-  Feedback, Complaint and Appeal Register
-  Complaints and Feedback Forms

8. Flow chart

Discrimination and Harassment Process



PP19 – Workforce Planning Policy

1. Purpose

This policy outlines how the RSC strategically plans, monitors, and supports its VET workforce to ensure trainers, assessors, and other staff are suitably qualified, sufficient in number, and capable of delivering high-quality training and assessment that meets the needs of students, industry, and regulatory requirements.

2. Scope

This policy applies to all RSC's staff, including trainers, assessors, compliance personnel, administrative staff, and contracted or third-party providers involved in the delivery and assessment of training products.

3. Definitions

Term	Definition
Workforce Planning	A systematic process to align the RTO's staffing capabilities with its scope of registration, student enrolment trends, and training delivery needs.
Workforce Matrix	A document used to record each trainer/assessor's qualifications, units delivered, and corresponding student numbers by course.
TAS (Training and Assessment Strategy)	A document that outlines the training delivery and assessment structure for each training product.
PD Calendar	A Professional Development calendar outlining mandatory and elective training activities for all RTO staff.

4. Legislative and Regulatory References

- ✚ Standards for RTOs 2025 – Outcome Standard 3.1
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Fair Work Act 2009
- ✚ Human Rights and Equal Opportunity Commission Act 1986

5. Policy Statement

RSC is committed to:

- ✚ Maintaining a sufficient number of trainers, assessors, and support staff to meet student and course requirements.
- ✚ Ensuring staff are appropriately qualified, competent, and experienced in accordance with training package and legislative requirements.

- ✚ Supporting staff through induction, ongoing professional development, and performance review.
- ✚ Aligning workforce planning with the TAS, student numbers, practical and placement needs, and new qualifications added to scope.
- ✚ Ensuring compliance with all relevant standards and fostering a culture of quality and accountability.

6. Step-by-Step Procedure

Step	Action	Responsible Person
1	Review each TAS to determine: number of trainers/assessors required, delivery mode and locations, class size, student cohort needs, practical and/or work placement requirements(if any)	Compliance Manager
2	Assess student enrolments and projected demand for each intake to validate staffing sufficiency	Compliance Manager
3	Evaluate the current staff-to-student ratio across all qualifications and modes of delivery	Compliance Manager
4	Conduct quarterly workforce reviews and prepare internal reports on sufficiency, quality, and upcoming needs	Compliance Manager
5	Maintain a Workforce Matrix documenting all trainers, assessors, and key staff, their unit allocations, and student numbers for each course.	Admin Officer
6	Conduct industry consultation to confirm workforce capability aligns with current industry expectations	Compliance Manager
7	Recruit additional staff as needed, ensuring compliance with trainer qualification requirements and currency	CEO / HR Officer
8	Deliver a structured staff induction program, including compliance responsibilities, policies, TAS overviews, and support access	Compliance Manager
9	Maintain and implement a Professional Development (PD) Calendar for trainers and staff, including VET updates and industry engagement	Compliance Manager
10	Conduct annual performance appraisals and verify vocational and training competency remain current and aligned with TAS	CEO / Compliance Manager

7. Related Documents

- ✚ Workforce Matrix
- ✚ Professional Development Calendar
- ✚ Training and Assessment Strategy (TAS)
- ✚ Staff Induction Checklist
- ✚ Performance Review Template
- ✚ Industry Consultation Record

8. Flow chart

Workforce Planning Policy



PP20 – Trainer and Assessor Policy

1. Purpose

This policy ensures all training and assessment are delivered and assessed by credentialed individuals in accordance with the *Standards for RTOs 2025* and the *Credential Policy*. It aims to ensure workforce quality, professional development, supervision integrity, and industry relevance for all training products.

2. Scope

This policy applies to all trainers, assessors, and industry experts who deliver or assess training and/or contribute under supervision. It includes those actively working toward credentials, those delivering under direction, and staff providing supervision.

3. Definitions

Term	Definition
Credential Policy	Defines qualifications and supervision requirements for RTO staff delivering or assessing training.
Trainer/Assessor	Person holding qualifications under section 1A of the Credential Policy.
Industry Expert	Specialist engaged to support delivery/assessment under supervision.
Supervision	Oversight and quality control by a qualified trainer (section 1E of Credential Policy).
Actively Working Towards	Enrolled and progressing in a TAE credential expected to complete within 2 years.
Trainer Matrix	Document mapping trainer qualifications, vocational competency, PD, and currency.

4. Legislative and Regulatory References

- ✚ Standards for RTOs 2025: Outcome Standards 3.2 & 3.3
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Credential Policy – Sections 1A–1E, 2A–2C
- ✚ Training package requirements (www.training.gov.au)

5. Policy Statement

RSC will ensure that all trainers and assessors:

- ✚ Hold credentials from section 1A of the Credential Policy to deliver/assess independently.

- ✚ Are verified prior to engagement through trainer files and mapped on the Trainer Matrix.
- ✚ Are inducted and undertake annual PD in both VET and industry competency.
- ✚ Maintain currency in their TAE and vocational areas.

Trainers under supervision must meet criteria under section 1C or 1D and must:

- ✚ Work under formal direction only (section 1E);
- ✚ Be recorded with a supervision agreement and supervision log;
- ✚ Never make assessment judgements.

Industry experts must:

- ✚ Be engaged based on student needs or unit-specific content;
- ✚ Be supervised and cannot assess alone.

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Trainer Provides Documents: Trainer submits certified copies of qualifications, CV, TAE certificate, transcripts, and evidence of vocational competency.	Trainer
2	CEO Verifies Documents: Confirm authenticity of submitted documents and compare against training package and credential policy requirements.	CEO
3	Review Competency, Currency, and Professional Development: Assess trainer’s vocational competency, TAE status, industry currency, and PD records. Note gaps or training needs.	Compliance Manager
4	Check Availability & Delivery Mode Fit: Ensure trainer’s availability aligns with course schedule, delivery mode (online/on-campus), and student load.	CEO
5	Create Trainer Contract: Prepare and issue employment or contract agreement, outlining duties, delivery units, and supervision (if applicable).	CEO / Admin Officer
6	Trainer Completes Trainer and Assessor Matrix: Trainer maps their qualifications, unit competency, and delivery experience into the standard Workforce Matrix template.	Trainer
7	Conduct Trainer Induction: Deliver induction covering RTO policies, TAS overview, compliance requirements, LMS, student support services, and recordkeeping expectations.	Compliance Manager
8	Trainer Commences Delivery and Assessment: Trainer starts scheduled training and assessment once approved and fully inducted.	Trainer

Step	Action	Responsible Person
9	Conduct Annual Review and Update Trainer Files: Annually check for PD completion, current qualifications, and currency. Update the Workforce Matrix and credential checklist.	Compliance Manager

7. Compliance Monitoring and Supervision

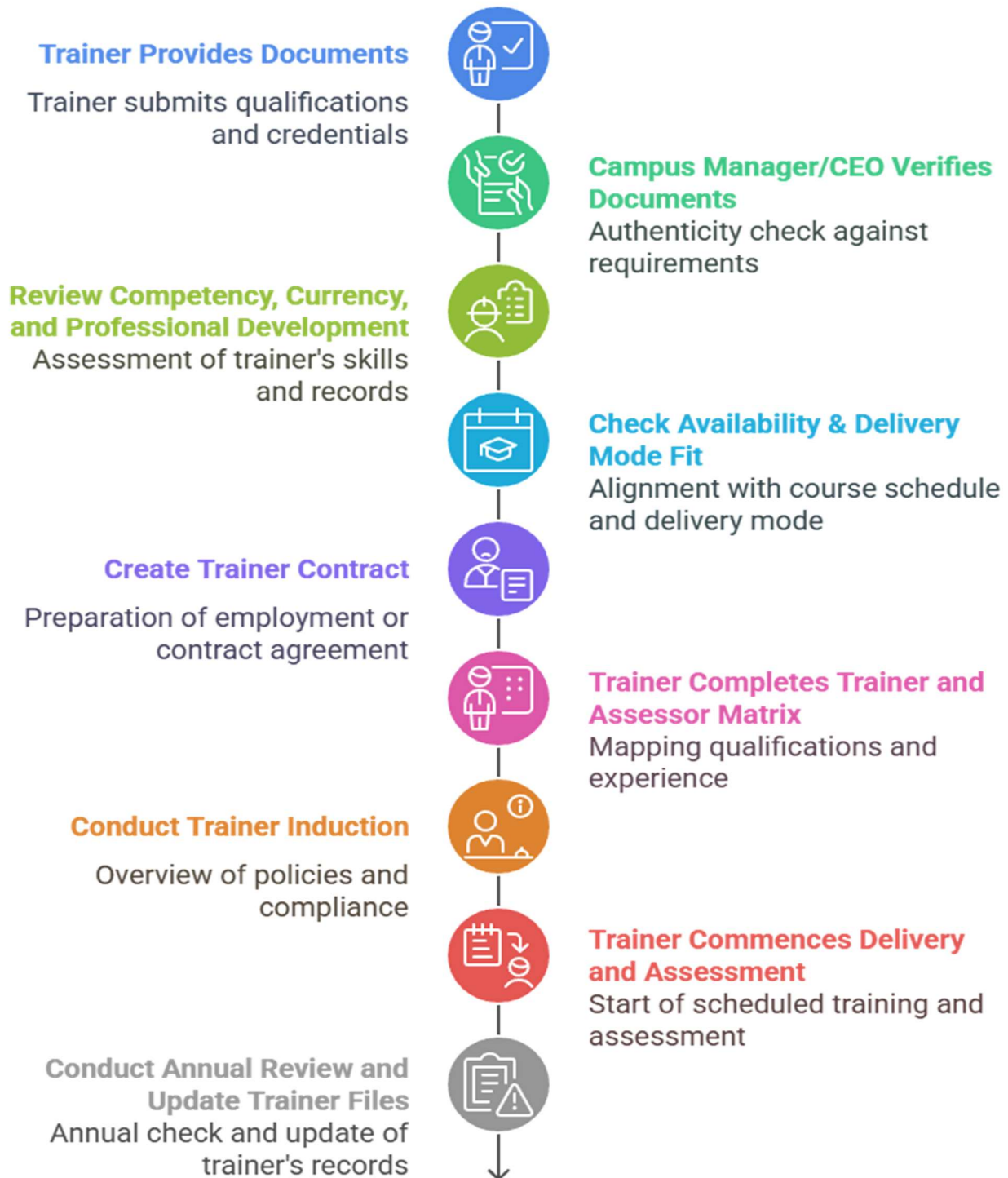
- ✚ All trainers must meet 3.2 (credentialed and current in TAE and industry) before starting.
- ✚ Staff delivering under supervision must never make assessment decisions.
- ✚ Supervision agreements and logs must be maintained for all supervised delivery.
- ✚ Industry experts must only deliver under direction and be involved in assessment only if co-assessing.
- ✚ All delivery by experts or supervised staff must be quality-checked.
- ✚ Professional development logs must be updated at least annually.
- ✚ Credential non-compliance must result in suspension from delivery until rectified.
- ✚ Where RSC engages industry experts, this is done based on the specific training product requirements or identified needs of the student cohort. Such experts are engaged in response to their subject matter expertise aligned with the unit being delivered.

8. Related Documents

- ✚ Workforce Matrix
- ✚ TAS (Training and Assessment Strategy)
- ✚ PD Calendar
- ✚ Trainer Induction Checklist
- ✚ Trainer Files (qualifications, CVs, logs, contract)

9. Flow chart

Trainer and Assessor Policy



PP21 – Professional Development Policy

1. Purpose

This policy outlines the RTO's commitment to maintaining a qualified and competent training workforce through structured and documented professional development (PD). It ensures compliance with Outcome Standards 3.2 and 3.3, with a focus on current vocational and training/assessment knowledge.

2. Scope

Applies to:

- ✚ Trainers and assessors delivering nationally recognised training
- ✚ Industry experts delivering under supervision
- ✚ Management staff responsible for PD tracking and workforce quality

3. Definitions

Term	Definition
VET Professional Development (PD)	Activities that improve skills in training and assessment.
Industry Currency	Ongoing engagement in the trainer's vocational area to maintain current knowledge.
Trainer Matrix	A document that tracks each trainer's qualifications, units of delivery, PD activities, industry experience, and currency.
PD Calendar	A record of planned PD activities aligned with the RTO's annual training cycle.

4. Legislative References

- ✚ Standards for RTOs 2025 – Outcome Standards 3.2 and 3.3
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Credential Policy
- ✚ Relevant training packages and unit requirements

5. Policy Statement

The RTO ensures:

- ✚ All trainers/assessors engage in annual PD relevant to training and assessment
- ✚ Each trainer completes at least two VET PD activities and one industry currency activity per year

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- ✚ All PD is documented and monitored using the Trainer Matrix
- ✚ The Matrix must be current prior to assigning delivery or assessment tasks
- ✚ Trainers under supervision still participate in PD appropriate to their role

6. Procedure – Step-by-Step

Step	Action	Responsible
1	Provide PD expectations and access to PD Calendar during trainer induction	Compliance Manager
2	Record trainer credentials and prior PD in the Trainer Matrix	Admin Officer/ Trainer
3	Ensure all PD evidence is collected (certificates, attendance logs, reflections)	Trainer / Admin Officer
4	Log annual VET PD (min. 2) and industry PD (min. 1 per training product) in the Trainer Matrix	Trainer / Compliance Manager
5	Review the Trainer Matrix for each trainer before approving course delivery	Compliance Manager
6	Update Trainer Matrix following annual performance and PD review meetings	Admin Officer
7	Address PD gaps with a documented PD Improvement Plan	Campus Manager / CEO
8	Use PD trends to develop and publish the annual PD Calendar	Compliance Manager

7. Examples of Acceptable PD

Training and Assessment (VET PD):

- ✚ Validation workshops
- ✚ Learning support strategies
- ✚ ASQA standards updates
- ✚ Assessment moderation sessions

Industry PD (Currency):

- ✚ Industry networking and shadowing
- ✚ Site visits or workplace projects
- ✚ Short courses and trade events
- ✚ Employer consultation or work trials

8. Monitoring and Review

- ✚ The Trainer Matrix is reviewed annually and updated as PD activities occur

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business

Doc Control Number: rev 01

Date – 01-07-2025

- ✚ Gaps in compliance are documented and addressed within 30 days
- ✚ Non-compliant trainers are not allocated to new delivery or assessment duties

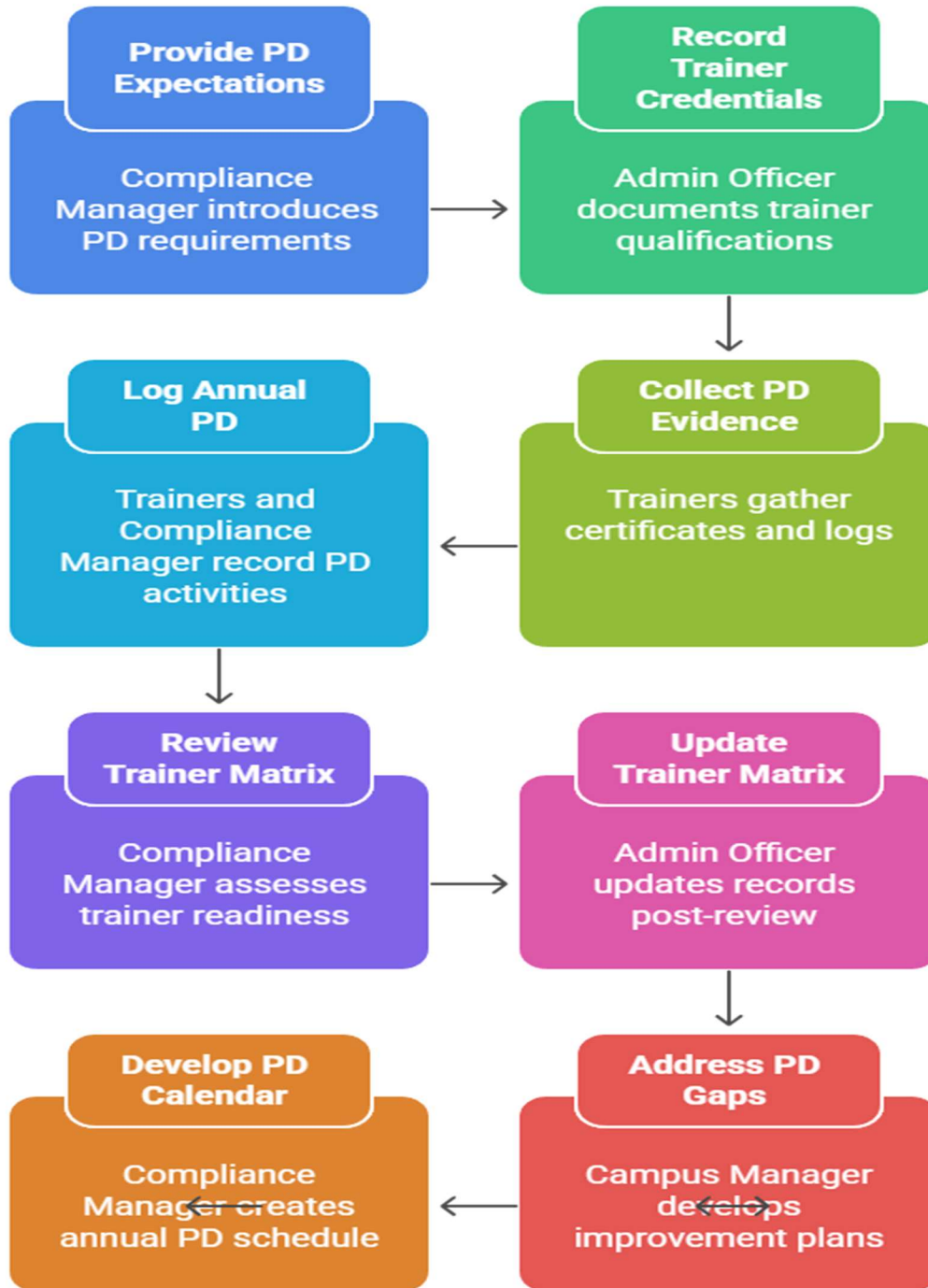
9. *Related Documents*

- ✚ Trainer Matrix
- ✚ PD Calendar
- ✚ Trainer Induction Checklist
- ✚ Performance Review Form
- ✚ PD Plan
- ✚ Staff Files (Trainer Portfolio)

10. *Flow chart*

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

Professional Development Process



PP22 – Trainer Supervision and Direction Policy

1. Purpose

This policy ensures that all trainers and industry experts who deliver training or contribute to assessment but are not yet fully credentialled are supervised in accordance with the Standards for RTOs 2025 and the Credential Policy. It guarantees quality training delivery, student safety, and compliance through structured direction and oversight.

2. Scope

This policy applies to:

- ✚ Trainers actively working towards a credential;
- ✚ Trainers delivering under direction (Skill Set holders, school teachers, etc.);
- ✚ Industry experts contributing to training or assessment;
- ✚ Supervising trainers and RTO compliance staff.

3. Definitions

Term	Definition
Delivering under direction	Where a person may deliver training or collect assessment evidence under supervision, but must not make assessment judgements.
Supervision	Ongoing oversight, mentoring, guidance, and quality control by a fully credentialled trainer.
Actively working towards	Enrolled in and progressing through a credential, expected to complete within 2 years.
Supervisor	A trainer who meets section 1E of the Credential Policy and provides direction.

4. Legislative References

- ✚ Outcome Standard 3.2
- ✚ Credential Policy: Sections 1C, 1D, and 1E
- ✚ National Vocational Education and Training Regulator Act 2011

5. Policy Statement

The RTO ensures that only trainers and assessors with appropriate credentials:

- ✚ Deliver training and assessment independently.
- ✚ Provide direction to others delivering under supervision.
- ✚ Are recorded in the Trainer Matrix and have documented evidence on file.

Where staff deliver training under supervision:

- ✚ They must hold a relevant Skill Set or teaching qualification as per Section 1D of the Credential Policy;
- ✚ They must not make assessment decisions;
- ✚ They must work under documented supervision agreements;
- ✚ A Supervision Log must record observations and meetings;
- ✚ All delivery must align with the training product and cohort requirements.

6. Step-by-Step Supervision Procedure

Step	Action	Responsible Person
1	Confirm trainer holds relevant Skill Set or teaching credential as listed in Section 1D of the Credential Policy	Compliance Manager
2	Ensure trainers are NOT making assessment decisions	Supervisor / Compliance Manager
3	Assign a fully credentialed trainer as Supervisor (must meet Section 1E of Credential Policy)	CEO / Campus Manager
4	Develop and sign a Supervision Agreement, outlining units, activities, communication plan, and frequency of oversight	Compliance Manager / Supervisor
5	Maintain a Supervision Log, with dated entries for: Meetings, Observations, Trainer feedback, Quality assurance findings	Supervisor
6	Conduct initial supervision induction (including TAS, training product requirements, rules of evidence, and use of LMS)	Supervisor / Compliance Manager
7	Undertake periodic observation and file reviews to ensure quality delivery	Supervisor
8	Submit log and progress updates to the Compliance Manager for audit and monitoring	Supervisor
9	Discontinue supervision if: Trainer becomes fully credentialed, or does not meet requirements or poses compliance risk	Compliance Manager / CEO

7. Documentation Required

- ✚ Trainer credentials and CV
- ✚ Supervision Agreement Template

- 📄 Supervision Log (ongoing)
- 📄 Training and Assessment Strategy (TAS)
- 📄 Trainer Matrix
- 📄 Training product requirements and mapping

8. *Quality Assurance*

- 📄 Compliance Manager to audit Supervision Logs quarterly
- 📄 RTO to track each trainer's progression towards full credentials
- 📄 All supervision arrangements must maintain student experience, uphold assessment integrity, and comply with training package requirements

9. Flow chart

Trainer Supervision and Direction Process



PP23 – Leadership and Accountability Policy

1. Purpose

This policy sets out the principles and responsibilities that govern the leadership and accountability of Risen Star College of Technology & Business. It ensures that the organisation and its governing persons act with integrity and meet the compliance obligations set out in Outcome Standard 4.1 of the Standards for RTOs 2025 and the Fit and Proper Person Requirements.

2. Scope

This policy applies to the CEO, Board Members, Compliance Manager, and any other governing persons responsible for overseeing and directing the operation of the RTO.

3. Definitions

Term	Definition
Governing Person	Individuals who hold executive or decision-making authority, including directors, CEO, and board members.
Fit and Proper Person Requirements	Legislative criteria under section 186 of the National Vocational Education and Training Regulator Act 2011.
Integrity	Acting in an honest, fair, and transparent manner.
Accountability	Being responsible and answerable for decisions and outcomes.
Compliance Culture	Organisational environment that promotes regulatory adherence and quality assurance.

4. Legislative and Regulatory References

- Standards for RTOs 2025 – Outcome Standard 4.1
- National Vocational Education and Training Regulator Act 2011
- Fit and Proper Person Requirements (F2011L01346)
- VET Quality Framework

5. Policy Statement

The RTO's leadership ensures that:

- All governing persons meet and maintain the Fit and Proper Person Requirements;
- Governance decisions promote organisational integrity and compliance;

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- ✚ Governing persons demonstrate leadership through ethical behaviour, informed decision-making, and operational oversight;
- ✚ A strong culture of fairness, transparency, and student-centred service delivery is maintained.

6. Step-by-Step Procedure

Step	Action	Responsible Person
1	Collect a signed Fit and Proper Person Declaration (FPPD) from all governing persons (including CEO, directors, board members) upon engagement	CEO
2	Conduct and document background checks for each governing person (including: national police check, ASIC register check, bankruptcy register)	CEO
3	Ensure each governing person completes an Induction Program covering: regulatory compliance, Fit and Proper Person Requirements, Standards for RTOs 2025, and governance obligations	CEO
4	Maintain and securely store all governance-related documentation including: FPPDs, induction records, conflict of interest information, governance meeting minutes	CEO
5	Conduct and document annual governance reviews covering: organisational performance, regulatory compliance updates, risk areas, and changes in legislation or RTO operations	CEO
6	Review all major organisational decisions for alignment with: the Standards for RTOs, the VET Quality Framework, and student best interests. Decisions must be recorded with supporting rationale	CEO
7	Establish and lead a culture of integrity, fairness, transparency, and student focus. This includes modelling ethical behaviour and addressing non-compliance or misconduct swiftly	CEO
8	Undertake an annual reassessment of each governing person's compliance with Fit and Proper Person Requirements. If any issues arise, immediately develop and implement a corrective action plan	CEO
9	Ensure information about the RTO's leadership, decision-making responsibilities, and accountability structures is available and shared with all new appointees	CEO
10	Lead the process for responding to any regulatory requests, notices, or audits concerning governance, and ensure timely and accurate communication with ASQA	CEO

7. Quality Assurance and Continuous Improvement

- ✚ The CEO and Compliance Manager will monitor leadership and governance activities quarterly.

- ✚ Any breach or risk to Fit and Proper Person compliance will be investigated and addressed immediately.
- ✚ All governance procedures are reviewed annually in alignment with Outcome Standard 4.1.

8. Related Documents

- ✚ Fit and Proper Person Declaration (FPPD)
- ✚ Meeting Minutes
- ✚ Staff Code of Conduct
- ✚ Risk Management Plan

9. Flow chart

Leadership and Accountability Process



PP24 – Staff Roles and Responsibilities Policy

1. Purpose

This policy ensures that all staff and third parties working on behalf Risen Star College, RSC clearly understand their roles, responsibilities, and regulatory obligations. It supports accountable, consistent operations and ensures compliance with Outcome Standard 4.2 of the Standards for RTOs 2025.

2. Scope

This policy applies to all staff, contractors, consultants, and third-party providers involved in the delivery of services for the RTO.

3. Definitions

Term	Definition
Staff	Anyone employed or engaged by the RTO, including administration, trainers, assessors, and support staff.
Third Party	External organisations or individuals delivering services (e.g., training, assessment, recruitment) on behalf of the RTO.
Regulatory Instruments	Includes the Standards for RTOs 2025 and any other legislative instruments made under section 185 of the NVETR Act.
Staff Matrix / Org Chart	A visual and documented summary of staff roles, reporting lines, and key functions.

4. Legislative and Regulatory References

- Standards for RTOs 2025 – Outcome Standard 4.2
- National Vocational Education and Training Regulator Act 2011
- Relevant contract terms and service agreements with third parties

5. Policy Statement




RSC is committed to clearly defining and communicating all staff and third-party responsibilities to:

- Promote regulatory compliance;
- Avoid confusion and duplication of tasks;
- Support clear communication and decision-making;
- Ensure third parties uphold the same quality standards as the RTO.




6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Develop and Maintain Position Descriptions: Create clear and detailed position descriptions for each role, outlining purpose, daily duties, compliance obligations under the Standards for RTOs 2025, and role-specific KPIs.	CEO
2	Provide Regulatory Induction: Deliver formal induction to all staff and third parties covering the RTO's obligations under the Standards for RTOs, NVETR Act, and other legislative instruments relevant to the role.	Compliance Manager
3	Maintain Organisation Chart: Ensure a current and accurate organisational chart is maintained showing all roles, reporting lines, and which staff or third parties are engaged for which functions.	Compliance Manager
4	Document Third-Party Roles: Establish and maintain a Third-Party Service Agreement that clearly defines each third party's services, responsibilities, compliance accountabilities, and delivery scope.	CEO
5	Update Staff on Regulatory Changes: Promptly communicate any changes to regulations, training packages, or organisational procedures via email, internal notices, or LMS alerts to ensure ongoing compliance.	Compliance Manager
6	Confirm Staff Understanding: Ensure all staff sign off on their role responsibilities and acknowledge regulatory expectations after induction and when significant updates occur.	CEO
7	Conduct Annual Role and Compliance Review: Review and confirm that each staff member still meets their role requirements, understands their compliance obligations, and update documentation accordingly.	Compliance Manager
8	Monitor Third-Party Operations: Conduct regular monitoring (e.g. site visits, compliance checks) of all third parties to ensure their services align with RTO obligations and that they meet contract terms.	Compliance Manager

7. Continuous Improvement

-  Non-compliance with assigned responsibilities is reviewed through internal audits or staff feedback.
-  Changes in regulations trigger immediate review of relevant role documents and third-party agreements.
-  Feedback on unclear responsibilities is logged in the Continuous Improvement Register.

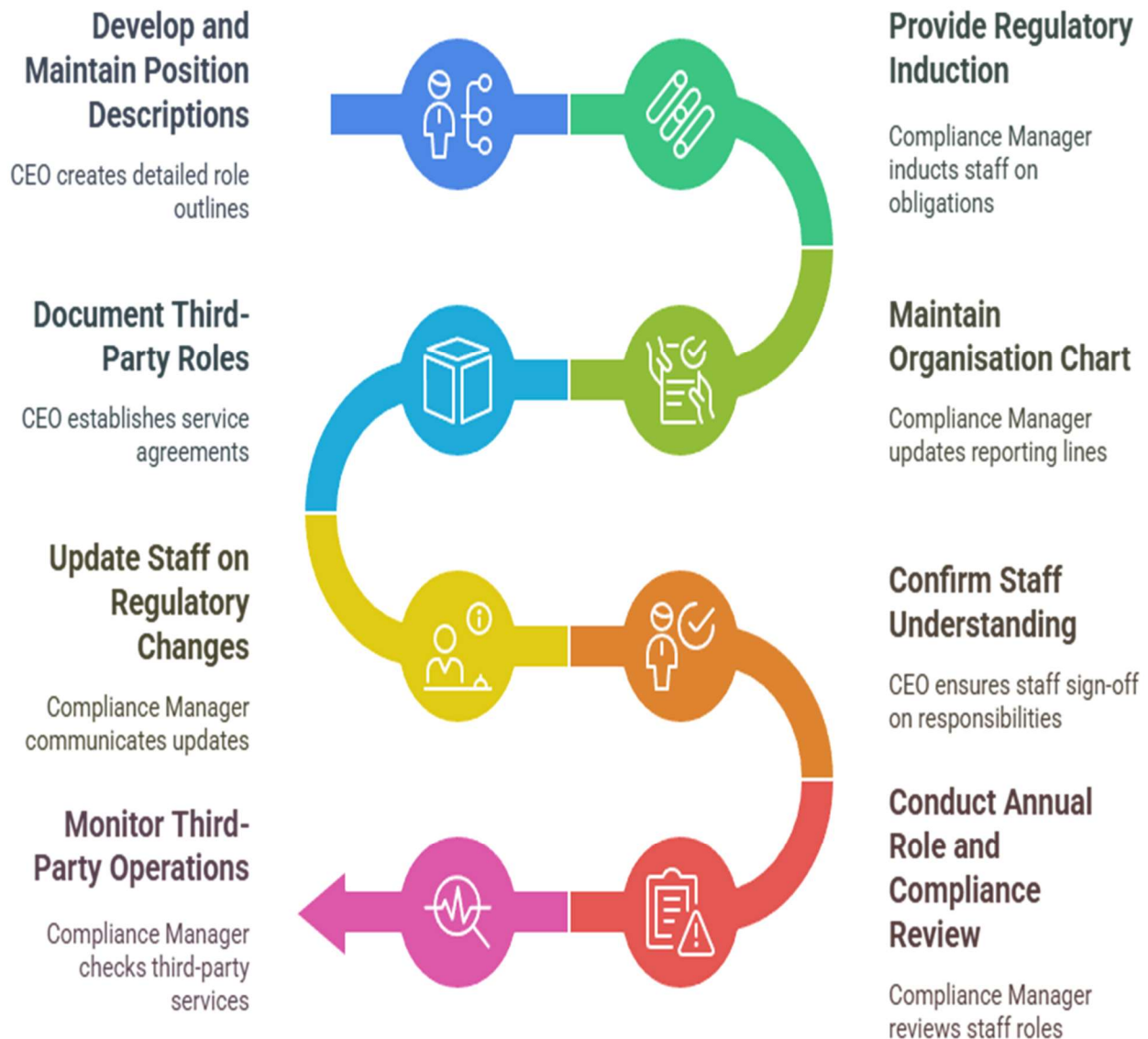
8. Related Documents

-  Position Descriptions (All Staff)
-  Organisation Chart
-  Third-Party Service Agreement Template

- ✚ Staff Induction Checklist
- ✚ Regulatory Update Memo Template
- ✚ Continuous Improvement Register

9. Flow chart

Staff Roles and Responsibilities Policy



PP25 – Third-Party Management Policy

1. Purpose

This policy ensures that all third-party arrangements entered into by the RTO are compliant with the Standards for RTOs 2025 and the National Vocational Education and Training Regulator Act 2011, specifically section 185. It establishes a transparent and accountable framework for managing and monitoring services delivered by third parties on behalf of the RTO.





2. Scope

This policy applies to all third-party organisations and individuals delivering services—such as training, assessment, or student support—on behalf of the RTO. It also applies to RTO staff responsible for managing third-party relationships.

3. Definitions

Term	Definition
Third Party	Any individual or organisation delivering training, assessment, or related services on behalf of the RTO.
ASQA	The Australian Skills Quality Authority, the national regulator for Australia’s VET sector.
Third-Party Register	An official record maintained by the RTO listing all active third-party arrangements and relevant contract details.
Due Diligence	The process of evaluating a third party’s capacity, compliance, and suitability before formal engagement.
Third-Party Agreement	A formal written agreement between the RTO and a third party outlining the scope of services, responsibilities, and compliance obligations.

4. Legislative and Regulatory References

-  Standards for RTOs 2025 – Outcome Standard 4.2
-  National Vocational Education and Training Regulator Act 2011, including section 185
-  ASQA Guidelines on Third-Party Arrangements
-  RTO’s Compliance and Governance Framework

5. Policy Statement

RSC will only engage third parties where:

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025




- ✚ There is a clearly demonstrated need based on training product delivery or student support requirements.
- ✚ The third party meets the RTO's due diligence requirements.
- ✚ A written agreement is established, clearly outlining compliance obligations.
- ✚ Notification is made to ASQA in accordance with section 185 of the Act.
- ✚ Regular monitoring and compliance reviews are conducted to ensure ongoing adherence to regulatory obligations.
- ✚ Students are fully informed that services are being delivered on behalf of the RTO.
- ✚ The RTO retains full responsibility for the quality of training and assessment regardless of any third-party involvement.

6. Step-by-Step Procedure








Step	Action	Responsible Person
1	Identify Third-Party Need: Evaluate the need for a third-party arrangement based on training product requirements, RTO delivery capacity, and student support needs.	CEO
2	Conduct Due Diligence: Assess the third party's operational history, compliance record, qualifications, and ability to meet RTO and regulatory expectations.	Compliance Manager
3	Develop Third-Party Agreement: Prepare a written agreement outlining the services provided, compliance obligations under the Standards for RTOs 2025, and quality assurance mechanisms.	CEO
4	Notify ASQA of Third-Party Arrangement: Submit third-party delivery details to ASQA via asqanet in accordance with section 185 of the NVETR Act, prior to commencement.	Compliance Manager
5	Execute Third-Party Agreement: Signed written agreement outlining the services provided, compliance obligations under the Standards for RTOs 2025, and quality assurance mechanisms.	CEO
6	Provide Induction to Third-Party Staff: Deliver an induction session to third-party staff on their obligations, RTO expectations, the TAS, student support, reporting, and audit requirements.	Compliance Manager
7	Maintain Third-Party Register: Record and update all approved third-party arrangements in the official Third-Party Register, including service scope, contacts, and agreement dates.	Admin Officer
8	Communicate Regulatory and Policy Changes: Ensure third parties receive timely updates on legislative, policy, training product, or operational changes that affect delivery.	Compliance Manager

9	Monitor Third-Party Operations: Conduct regular compliance checks, including audits, delivery observations, document reviews, and collection of student feedback.	Compliance Manager
10	Review Agreements Annually: Evaluate each third-party agreement annually to determine ongoing compliance and suitability. Decide whether to renew, revise, or terminate the arrangement.	CEO

7. Compliance Monitoring

-  All third-party activities are subject to compliance audits, assessment validations, and student feedback reviews.
-  Records must be retained for each engagement, including copies of agreements, communications, monitoring results, and ASQA notifications.
-  Any non-compliance will result in immediate review and may trigger contract suspension or termination.

8. Related Documents

-  Third-Party Agreement Template
-  Third-Party Register
-  TAS (Training and Assessment Strategy)
-  ASQA Notification Records
-  Third-Party Induction Checklist
-  Compliance Audit Tools
-  National Vocational Education and Training Regulator Act 2011 – Section 185

Third-Party Management Policy



PP26 – Risk Management and Mitigation Policy

1. Purpose

This policy ensures the RTO systematically identifies, manages, and mitigates risks to VET students, staff, and the organisation. It provides a structured framework for assessing operational, financial, and reputational risks and ensures compliance with the Standards for RTOs 2025 (Outcome Standard 4.3) and relevant provisions under the National Vocational Education and Training Regulator Act 2011, including Section 158 and Section 191A.

2. Scope

This policy applies to:

- All RTO operations including training, assessment, student services, and governance.
- All staff, including management, trainers/assessors, and third-party providers.
- All risks to students (including minors), staff, data, finances, facilities, and compliance.

3. Definitions

Term	Definition
Risk	A potential event or condition that may negatively impact the organisation, students, or staff.
Risk Register	A living document listing all identified risks, their ratings, controls, and action plans.
Conflict of Interest (COI)	A situation where personal or financial interests interfere, or appear to interfere, with the impartial performance of duties.
FVRA	Financial Viability Risk Assessment – required annually under section 158 of the Act.
Child Safe Principles	National standards to ensure the safety of minors involved in education.
Financial Monitoring	Regular analysis of revenue, expenses, cash flow, and balance sheet health.

4. Legislative and Compliance References

- Standards for RTOs 2025 – Outcome Standard 4.3
- National Vocational Education and Training Regulator Act 2011 (sections 158, 185, 191A)
- Financial Viability Risk Assessment Requirements
- National Principles for Child Safe Organisations

5. Policy Statement

The RTO commits to:

- ✚ Proactively identifying and mitigating risks to students, staff, and the organisation.
- ✚ Maintaining financial viability and ensuring governing persons understand financial performance.
- ✚ Disclosing and managing conflicts of interest.
- ✚ Upholding the safety and wellbeing of underage VET students.
- ✚ Conducting reviews and updates to risk mitigation strategies.

6. Step-by-Step Procedure




Step	Action	Responsible Person
1	Maintain Risk Register – Create and regularly update a Risk Register capturing risks to students, staff, finances, compliance, and operations.	Compliance Manager
2	Conduct six month Risk Reviews – Review all entries in the register using a risk matrix (likelihood x consequence). Update mitigation plans and assign responsibilities.	CEO / Compliance Manager
3	Identify Risks to Under-18 Students – For students under 18, assess risks related to delivery modes, workplace exposure, supervision levels, and suitability of training content.	Compliance Manager
4	Apply Child Safe Principles – Incorporate the National Principles for Child Safe Organisations in policy, induction, delivery practices, and host employer agreements.	Compliance Manager
5	Perform Annual Financial Review (FVRA) – Use ASQA's FVRA tool to assess the organisation's financial viability. Address any risks to cash flow or sustainability.	CEO / Accounts Officer
6	Monthly Financial Monitoring – Review Profit & Loss, Cash Flow, and Balance Sheet reports monthly. Summarise insights for governing persons to support strategic decisions.	Accounts Officer / CEO
7	Conduct Conflict of Interest information during staff and third party induction. If any conflict of interest then ask to complete COI form and submit.	Compliance Manager
8	Escalate and Manage Conflicts – Where a conflict of interest poses a risk, escalate to the CEO for review. Implement mitigation (e.g. withdrawal from decision-making).	Compliance Manager
9	Train Staff on Risk and COI – Include training on risk awareness, financial compliance, and COI reporting during onboarding and annual refreshers.	Compliance Manager

10	Inform Governing Persons – Provide governing persons with briefings on identified risks, financial position, and any changes in legislation affecting operations.	CEO
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7. Conflict of Interest – Detailed Requirements

A Conflict of Interest (COI) exists when personal or financial interests conflict with professional duties.






Examples include:

-  Assessing a relative or friend.
-  Awarding procurement to a connected business.
-  Having external investments that impact impartiality.








COI Management System:

-  Induction Discussion: COI is explained during new staff induction.
-  Ongoing Disclosure: Staff must report new COIs immediately.
-  Escalation: Compliance Manager assesses declarations, escalates unresolved issues to the CEO.
-  Resolution: COI mitigation may include role adjustment or supervisor reassignment.
-  Register Maintenance: All actions logged in the COI Register and linked to HR files.

8. Monitoring and Compliance

-  Risk mitigation effectiveness is reviewed quarterly and logged in minutes.
-  Financial reports are submitted monthly and analysed by the CEO and/or PEO.
-  Conflict of Interest Register and declarations are reviewed annually.
-  Child safety protocols are audited annually and reviewed when minors are enrolled.
-  Continuous Improvement (CI) Register is updated for any risk-triggered changes.

9. Related Documents

-  Risk Register
-  Conflict of Interest Declaration Form
-  Financial Reports (Monthly and Annual)
-  ASQA Financial Viability Risk Assessment (FVRA)
-  Child Safety and Welfare Policy (under 18 students) (if applicable)
-  CI Register
-  Third-Party Agreements (if risk assessed)

10. Flow chart

Risk Management and Mitigation Process



PP27 – Financial Viability Monitoring Policy

1. Purpose

This policy outlines the RTO's approach to financial viability monitoring, ensuring compliance with Outcome Standard 4.3 and the Financial Viability Risk Assessment Requirements under section 158 of the National Vocational Education and Training Regulator Act 2011. The RTO aims to maintain a financially stable operation that can meet obligations to students, staff, and regulators.

2. Scope

This policy applies to:

- ✚ The CEO and financial staff responsible for budgeting and financial oversight.
- ✚ Governing persons involved in high-level financial decision-making.
- ✚ External auditors and consultants engaged to verify or review financial status.

3. Definitions

Term	Definition
Financial Viability	The ability of the organisation to generate sufficient income to meet operating payments, debt commitments, and investments.
Financial Viability Risk Assessment (FVRA)	The evaluation framework mandated under the NVETR Act for assessing a provider's financial health.
Cash Flow Forecasting	Predicting future financial liquidity based on expected income and expenditure.
Financial Position	The current state of assets, liabilities, and equity as presented in balance sheets.

4. Legislative References

- ✚ Standards for RTOs 2025 – Outcome Standard 4.3
- ✚ National Vocational Education and Training Regulator Act 2011 – Section 158
- ✚ Financial Viability Risk Assessment Requirements (F2011L02730)

5. Policy Statement

RSC will:

- ✚ Maintain accurate and current financial records.

- ✚ Monitor income, cash flow, and liabilities on a monthly basis.
- ✚ Ensure that governing persons understand and can interpret financial data.
- ✚ Prepare for and respond to audits by maintaining full transparency and documentation.
- ✚ Use financial data to inform continuous improvement and strategic decisions.

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Maintain monthly financial records: income statements, balance sheets, cash flow reports	Accounts Department
2	Review financial position at the end of each month	Compliance Manager / CEO
3	Conduct quarterly financial forecasting and budgeting to ensure sustainability	Accounts Department / CEO
4	Ensure the CEO and governing persons receive a financial briefing each quarter	Compliance Manager
5	Conduct an internal financial audit annually, including a reconciliation of student fees and government funds	External Auditor / Accounts
6	Assess financial viability risks based on FVRA criteria and update mitigation strategies	Compliance Manager
7	If risks identified, initiate contingency planning and budget adjustments	CEO / Accounts Department
8	Provide financial documentation during re-registration, change of scope, or upon ASQA request	Compliance Manager / CEO
9	Document all financial reviews and decisions	Compliance Manager / Admin

7. Monitoring and Review

- ✚ This policy is reviewed annually or when a significant financial risk is identified.
- ✚ The CEO is responsible for ensuring all financial obligations and reporting standards are met.

8. Related Documents

- ✚ Financial Viability Risk Assessment Requirements
- ✚ Monthly and Quarterly Financial Reports
- ✚ Strategic and Operational Budget
- ✚ Cash Flow Forecasting Sheet

Financial Viability Monitoring Process



PP28 – Child Safety and Welfare Policy

1. Purpose

This policy outlines the commitment of the RTO to protect the safety, welfare, and wellbeing of all VET students under the age of 18. It ensures that all training and assessment delivery to minors is undertaken in compliance with the National Principles for Child Safe Organisations, as well as the NVETR Act section 191A.

Please note – RSC does not currently admit student below 18 years. If in the future we do, the following policy will apply.

2. Scope

This policy applies to:

- All VET students under the age of 18,
- All staff, trainers, assessors, and third-party providers,
- Contractors and volunteers involved in any capacity where they may interact with minors.

3. Definitions




Term	Definition
Child	A person under the age of 18.
Child Safe Organisation	An entity that fosters a culture of child safety, supports child wellbeing, and takes steps to prevent child abuse or harm.
Mandatory Reporter	A person who is legally required to report suspected child abuse or neglect.
Grooming	Actions deliberately undertaken to gain the trust of a child for the purpose of abuse.

4. Legislative References

- Standards for RTOs 2025 – Outcome Standard 4.3
- National Principles for Child Safe Organisations
- Child Safety and Wellbeing Act (as applicable per state)
- National Vocational Education and Training Regulator Act 2011 – s191A

5. Policy Statement





RSC is committed to creating and maintaining a child-safe learning environment that protects students under the age of 18 from harm, neglect, abuse, and exploitation. All staff and third parties must comply with mandatory reporting obligations and follow the procedures outlined in this policy to:

-  Prevent child abuse and unsafe practices,
-  Ensure risk-based strategies are in place for minors,
-  Promote a culture of respect, inclusion, and child wellbeing.

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Identify under-18 students at the time of enrolment through the Enrolment Form. Flag and note in the Student Management System (SMS).	Admin Officer
2	Develop a risk management plan based on training content, delivery mode, and delivery environment for each cohort of under-18 students.	Compliance Manager
3	Ensure all trainers and support staff working with students under 18 have a valid Working with Children Check (WWCC) and have signed the Child Safety Code of Conduct.	Admin Officer
4	Provide annual Child Safety and Mandatory Reporting training to all relevant staff.	Compliance Manager
5	Include child safety topics during staff induction and reinforce during staff meetings and PD.	Compliance Manager
6	For work placement, confirm host organisation has child safety policies and WWCC-compliant staff. Maintain risk assessments for these sites.	Placement Coordinator
7	Provide age-appropriate safety, wellbeing, and support contact information to students (via handbook, posters, orientation).	Student Support Officer
8	Respond immediately to disclosures or suspicions of harm. Activate the Child Safety Incident Response Plan and notify relevant authorities.	Compliance Manager / CEO
9	Record all incidents or risks in the Child Safety Register and update any risk controls as needed.	Compliance Manager
10	Include child safety and welfare review in the quarterly risk and compliance report.	CEO

7. Risk Management Measures

-  Age-based risk assessments for delivery mode (e.g. online vs face-to-face).
-  Adult supervision and safe environment protocols for practical sessions.
-  Emergency contact and parent/guardian authority recorded in SMS.
-  Separate grievance procedures for minors with simplified language and clear access points.

8. Monitoring and Review

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
 Doc Control Number: rev 01
 Date – 01-07-2025

- ✚ Child safety procedures are reviewed annually or earlier if an incident occurs.
- ✚ Quarterly internal audit includes a review of child safety practices and WWCC validity.
- ✚ The Compliance Manager leads investigations and ensures corrective actions.

9. Related Documents

- ✚ Child Safety Code of Conduct
- ✚ Incident Response Flowchart – Child Harm
- ✚ Risk Register
- ✚ Child Safety and Wellbeing Poster (for student display)
- ✚ Trainer Induction Checklist (includes Child Safety content)
- ✚ National Principles for Child Safe Organisations

10. Flow chart

Child Safety and Welfare Policy



PP29 – Continuous Improvement & Quality Assurance Policy

1. Purpose

This policy outlines the continuous improvement and quality assurance approach of the Risen Star College of Technology and Business to ensure compliance with regulatory requirements, consistent delivery of high-quality services, and sustained improvement across all functions of the organisation. The policy supports the organisation's responsibility under Outcome Standard 4.4 to systematically monitor and evaluate its performance and implement effective improvement strategies.

2. Scope

This policy applies to:

- ✚ All staff and contractors
- ✚ All training and assessment activities
- ✚ Student support services
- ✚ Administrative and governance operations
- ✚ Third-party delivery arrangements

3. Definitions

Term	Definition
Continuous Improvement (CI)	An ongoing effort to enhance services, processes, and outcomes through regular monitoring, evaluation, and stakeholder feedback.
TQMS	Total Quality Management System – a structured system used to manage compliance, quality assurance, and improvement actions.
CI Register	A document used to record and track all improvement actions, feedback items, audit findings, and stakeholder input.
Audit	A formal review of processes and documentation to confirm compliance with regulatory requirements.
Feedback	Input from students, employers, staff or other stakeholders regarding services, resources, delivery, or assessment.

4. Legislative and Regulatory References

- ✚ Standards for RTOs 2025 – Outcome Standard 4.4
- ✚ National Vocational Education and Training Regulator Act 2011

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- Data Provision Requirements
- National Principles for Child Safe Organisations (for students under 18)

5. Policy Statement

The RTO will:

- Monitor and evaluate organisational performance using internal and external data sources.
- Promote a culture of continuous improvement through staff involvement and stakeholder feedback.
- Use a structured CI system to document, implement, and review improvement strategies.
- Meet compliance obligations through proactive identification of gaps, risks, and performance trends.
- Collect and use data from students, staff, industry, regulators and employers to inform change.

6. Key Areas for Monitoring and Evaluation

- Student satisfaction and outcomes
- Training and assessment quality
- Trainer/assessor capability and industry relevance
- Compliance with TAS and training package requirements
- Feedback from stakeholders including regulators and employers
- Risk management and audit outcomes
- Benchmarking against sector best practices

7. Step-by-Step Procedure

Step	Action	Responsible Person
1	Establish and Maintain TQMS (Total Quality Management System): Develop and maintain a structured system for documenting and managing compliance, feedback, risk, audit outcomes, and quality actions.	Compliance Manager/CEO
2	Annual Internal Audit Planning: Prepare a 12-month internal audit schedule covering all operational areas (training, assessment, enrolment, support, governance). Use regulatory checklists based on current Standards.	Compliance Manager / CEO
3	Conduct Internal Audits: Undertake systematic internal audits as per the audit plan. Record findings, gaps, and evidence. Flag non-compliance or improvement opportunities.	Compliance Manager/CEO

Step	Action	Responsible Person
4	<p>Collect Stakeholder Feedback: Gather data from students, trainers, assessors, staff, employers, and third parties via surveys, evaluations, site visits, PTR, and informal consultations.</p> <p>Collect data from VET regulators, State and Territory training authorities as possible for example audit conducted by ASQA.</p>	Admin Officer / Trainers / Student Support Compliance Manager
5	<p>Analyse Performance Data: Collate AVETMISS data, completion/withdrawal stats, complaints, quality indicators (Learner & Employer), validation results and trends.</p>	Compliance Manager
6	<p>Record into CI Register: Input all audit findings, feedback points, suggestions and issues into the Continuous Improvement Register. Assign responsible person and timeline.</p>	Student Support Officer
7	<p>Conduct Root Cause Analysis: For recurring issues or major non-compliance, conduct root cause analysis to ensure the action plan addresses the source, not the symptoms.</p>	Compliance Manager / CEO
8	<p>Hold Continuous Improvement Meetings: CEO, Compliance, Admin, Trainers meet quarterly to review CI Register, analyse patterns, prioritise actions, allocate resources.</p>	CEO / Compliance Manager
9	<p>Develop and Implement Action Plan: Document clear improvement strategies including responsible staff, deadlines, required resources, and success criteria.</p>	Compliance Manager
10	<p>Communicate Improvements: Notify staff and students about changes to processes, tools or training strategies through staff meetings, memos, emails or handbook updates.</p>	Admin Officer / Compliance Manager
11	<p>Monitor & Verify Effectiveness: Conduct follow-up review to determine whether the improvement resolved the issue and led to positive change. Update CI Register with review results.</p>	Compliance Manager
12	<p>Quality Indicator Reporting: Annually submit Learner and Employer satisfaction survey data to NCVET and use this data to enhance services.</p>	Compliance Manager
13	<p>Benchmark Practices: Review practices of other RTOs, industry reports, or ASQA publications to identify best practice and implement innovation.</p>	CEO / Compliance Manager
14	<p>Maintain Documentation and Evidence: Ensure all CI records, actions, decisions, and outcomes are stored in the Quality folder or SharePoint with version control.</p>	Admin Officer

Step	Action	Responsible Person
15	Annual Review of the CI Policy & System: Evaluate the CI framework itself annually to ensure it remains compliant, user-friendly, and effective in driving quality.	Compliance Manager / CEO

8. Feedback and Data Collection Mechanisms

- ✚ Learner and Employer Satisfaction Surveys
- ✚ Complaints and Appeals Register
- ✚ Internal and external audit findings
- ✚ Validation and moderation outcomes
- ✚ Student and staff evaluations
- ✚ Informal feedback during meetings, site visits or induction
- ✚ Benchmarking and sector news

9. Roles and Responsibilities

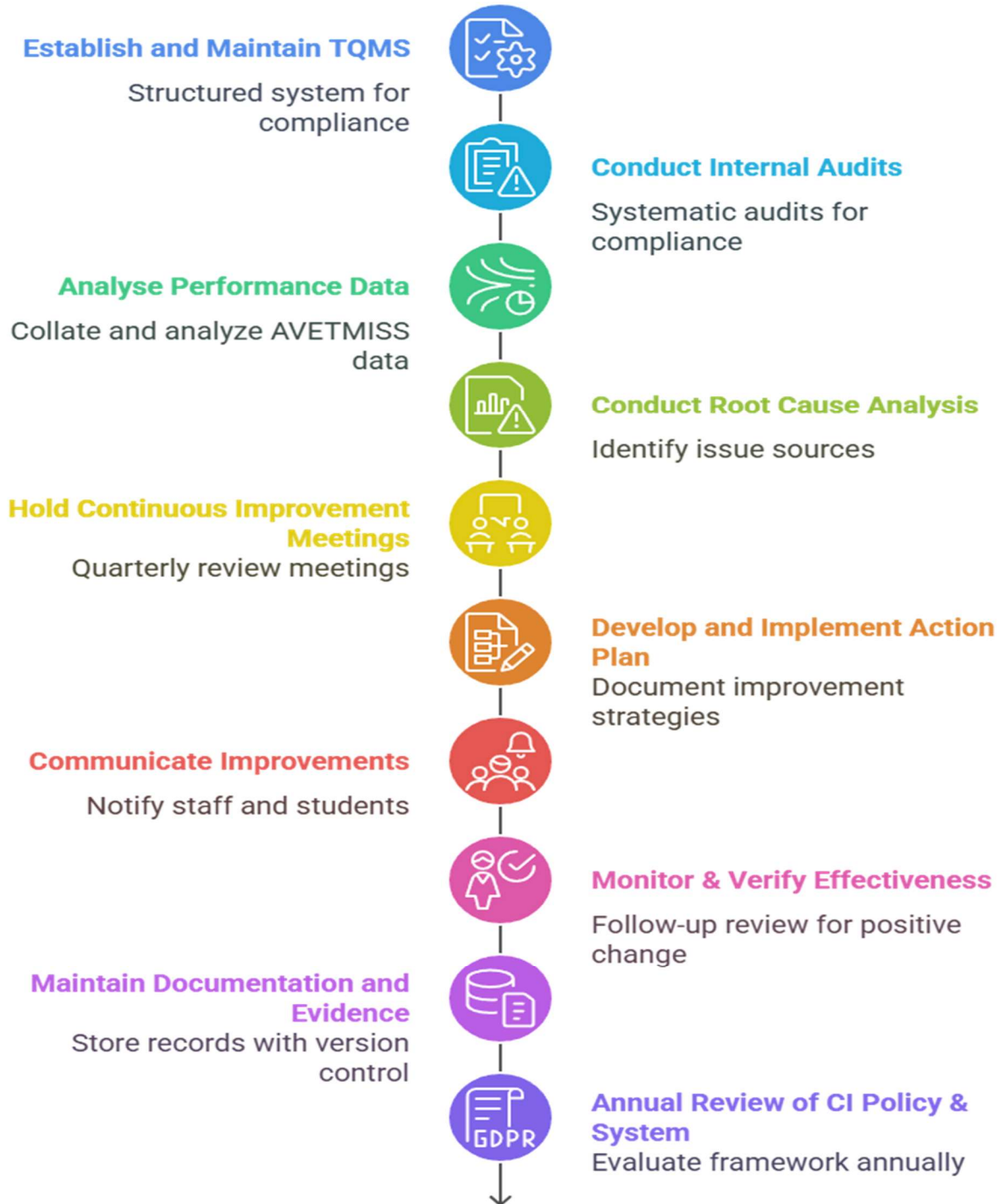
- ✚ **CEO:** Lead continuous improvement culture, approve audit reports and improvement plans
- ✚ **Compliance Manager:** Oversee TQMS, conduct audits, analyse data, lead meetings, track register
- ✚ **Student Support Officer:** Maintain the CI Register, record all improvements, support documentation
- ✚ **Trainers / Assessors:** Collect student/employer feedback, participate in validation, flag issues
- ✚ **Admin Staff:** Support surveys, communication, and document control

10. Related Documents

- ✚ Continuous Improvement Register
- ✚ Internal Audit Plan & Tools
- ✚ Student and Employer Survey Templates
- ✚ Feedback, Complaints and appeal Forms
- ✚ Data Reporting Submission Logs
- ✚ Industry consultation form
- ✚ Staff Meeting and Validation Minutes

11. Flow chart

Continuous Improvement & Quality Assurance Process



PP30 – Marketing and Advertising Policy

1. Purpose

This policy ensures that all marketing and advertising conducted by Risen Star Technology & Business, RSC or on its behalf is accurate, ethical, and legally compliant, providing prospective students – including overseas students – with the information they need to make informed decisions. It supports integrity in public communication, consumer protection under Australian law, and aligns with RSC’s compliance obligations under both the Standards for RTOs 2025 and National Code 2018 (Standard 1).

2. Scope

This policy applies to:

- Marketing staff
- Compliance and admin officers
- Education agents and third-party recruiters
- Training partners and consultants
- All platforms and materials (e.g. website, social media, email campaigns, brochures, flyers, student handbook)

3. Definitions

Term	Definition
Marketing Material	Any communication that promotes RSC’s courses, services, or outcomes.
TAS	Training and Assessment Strategy for each course.
CRICOS	Commonwealth Register of Institutions and Courses for Overseas Students.
AQF Certification	Testamurs, Statements of Attainment, and transcripts issued by the RTO.
Third Party	An individual/organisation engaged to market, recruit, train, or assess.
Expert	A subject matter specialist engaged under supervision.
National Register	Official database (training.gov.au) for RTOs and qualifications.
Standard 7: Overseas Student Transfers	As per the National Code of Practice for Providers of Education and Training to Overseas Students 2018, ensures that CRICOS-registered providers do not knowingly enrol students wishing to transfer from another provider before completing six months of their principal course unless certain conditions are met such as Provides a release (if required), Meets specific exemptions (e.g. provider ceased registration, government sponsorship).

4. Legislative and Regulatory References

- ✚ Standards for RTOs 2025 – Clauses 7 & 13 and Schedule 2
- ✚ National Code 2018 – Standard 1 (1.1 to 1.5)
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Australian Consumer Law (Schedule 2 of the Competition and Consumer Act 2010)
- ✚ Credential Policy
- ✚ VET Student Information Standard – Schedule 1
- ✚ Outcome Standard 2.1

5. Key Policy Requirements

A. Mandatory Inclusions in Advertising

Marketing and advertising must:

- ✚ Include RTO and CRICOS registration codes, and link to the National Register listing.
- ✚ Clearly distinguish accredited vs. non-accredited offerings.
- ✚ Disclose fees, funding, and any financial support.
- ✚ Use correct training product codes and titles.
- ✚ Reference only products on current scope of registration.
- ✚ Identify third-party services, including delivery or recruitment.
- ✚ Disclose work placement or licensing outcomes, if applicable.

B. Prohibited Practices

✚ No misleading claims about:

- Completion guarantees
- Employment outcomes
- PR or migration outcomes

✚ Do not use logos or branding of other organisations without written permission.

✚ Do not provide false or misleading information about:

- Prerequisites
- Provider partnerships
- Work-based training

✚ Do not actively recruit a student in conflict with Standard 7 of the National Code.

Key Points – Standard 7: Overseas Student Transfers

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business

Doc Control Number: rev 01

Date – 01-07-2025

1. **No Active Recruitment of Restricted Students:** RTOs must not knowingly recruit students currently enrolled with another CRICOS-registered provider within the first 6 months of their principal course unless:
 - The original provider has issued a release (if applicable under provider’s release policy),
 - The provider has ceased to be registered,
 - A government sponsor (if applicable) supports the transfer.
2. **Do Not Misrepresent Transfer Eligibility: Marketing must not imply that:**
 - Students can easily change providers at any time, or
 - The RTO can “help” students transfer regardless of their visa or enrolment status.
3. **Be Transparent with Overseas Students: Clearly communicate:**
 - That a student may be restricted from transferring providers early in their enrolment,
 - That visa and CoE obligations still apply, and
 - That all transfers must comply with Standard 7.
4. **Avoid Inappropriate Incentives:** Do not advertise or offer incentives (e.g., discounts, free enrolments) targeted at students from other providers, particularly those still within their first 6 months.
5. **Verify Student Status Before Enrolment:** Ensure a compliance check is done through PRISMS or appropriate documentation to determine if a transfer is lawfully permitted before accepting enrolment.

6. Step-by-Step Procedure

Step	Action	Responsible Person
1	Check Training and Assessment Strategy (TAS): Review each TAS before developing marketing material to ensure consistency in delivery mode, entry requirements, course duration, work placement(if required), etc.	Marketing Officer / Compliance Team
2	Draft Marketing Content: Prepare accurate promotional content across platforms (website, social media, print). Ensure language is factual, clear, and free of misleading claims.	Marketing Officer
3	Include Mandatory Inclusions: - RTO Code & CRICOS Code (if applicable)- Training product title and code- Fee/funding info- Third-party disclosure- Work placement or licensing outcomes- Course prerequisites (e.g. LLND, English language proficiency requirements)	Marketing Officer
4	Review for Prohibited Content:- No employment guarantees- No migration outcome claims- No misleading comparisons or use of third-party logos without permission- Do not recruit students restricted by Standard 7 (for overseas transfers)	Compliance Manager

Step	Action	Responsible Person
5	Align with National Code Standard 1:- Marketing must be accurate, ethical, and consistent with Australian Consumer Law- Include CRICOS provider name and code in overseas student materials- No misleading info on course structure, assessment, or delivery agents	Compliance Manager
6	Credential Check: Ensure no marketing material falsely represents trainer/assessor credentials. Cross-reference Credential Policy for accurate qualifications.	Compliance Manager
7	Use of Branding and Logos:- Only authorised NRT and RTO logos- Do not use logos or names of unrelated organisations without written consent	Marketing Officer / Compliance Manager
8	Complete Marketing Compliance Checklist: Use the approved checklist to verify compliance with:- Standards for RTOs- Outcome Standard 2.1- National Code- Schedule 2.	Compliance Manager
9	Final Approval and Sign-Off: Compliance Manager signs off marketing material before publishing	Compliance Manager
10	Save Version-Controlled File: Upload final material and signed checklist to the controlled document system or SharePoint	Admin Officer
11	Distribute Approved Material: Provide access to approved materials only. Ensure agents use up-to-date compliant versions.	Marketing Officer / Third Party
12	Six months Review and Audit: Conduct audit of all public-facing and agent-facing materials. Check for expired or incorrect information.	Compliance Manager
13	Non-Compliance Response: If any breach is found: - Remove/revise content immediately- Notify relevant parties- Log issue in CI Register- Review staff training or system gaps.	Compliance Manager
14	Ongoing Monitoring: Arrange staff PD on National Code and advertising compliance annually- Include marketing compliance in internal audit schedule.	Compliance Manager / CEO

7. National Code 2018 – Marketing Compliance Summary

Clause	Requirement	RTO Compliance
1.1	Ensure marketing is accurate, not misleading, consistent with consumer law	Policy, procedure, and marketing audit

Clause	Requirement	RTO Compliance
1.2	No misleading claims about partnerships, work placement, or entry requirements	TAS cross-check and Compliance Manager sign-off
1.3	No guarantees of migration or assessment outcomes	Prohibited claims explicitly listed in policy
1.4	Include CRICOS name and registration number in any marketing to overseas students	All online and print materials checked before publishing
1.5	No active recruitment where it conflicts with transfer obligations (Std 7)	Agent training and written agreements include this clause

8. Monitoring and Review

- ✚ Six months internal marketing audits
- ✚ Annual staff training on Schedule 2 and National Code
- ✚ Feedback captured via Complaints Register and CI Register
- ✚ Reviewed annually or upon legislative change

9. Related Documents

- ✚ Marketing Compliance Checklist
- ✚ Student Handbook (Marketing Section)
- ✚ Third-Party Agreement Template
- ✚ PP16 – Feedback, Complaints and Appeal Policy
- ✚ TAS for all qualifications
- ✚ Continuous Improvement Register

10. Flow chart

Marketing and Advertising Process



PP31 – Enrolment Policy

1. Purpose

This policy outlines the systematic and compliant enrolment process at Risen Star College of Technology & Business. It ensures that all prospective students are enrolled only after completing the required pre-enrolment procedures and that all relevant data is collected, verified, and stored in alignment with Outcome Standards 2.1 and 2.2. The process supports fair, transparent, and well-informed student admission decisions. It also aligns with the requirements of Standard 3 of the National Code 2018.







2. Scope

This policy applies to all domestic and international students enrolling into nationally recognised training courses offered by the RTO. It also applies to staff involved in student enrolment, administration, support, and training delivery.

3. Definitions

Term	Definition
Pre-Enrolment Review	A formal review of a student's needs, LLND abilities, prior learning and suitability for the training product.
Enrolment	The process of formally registering a student into the SMS and issuing required documentation for training commencement.
SMS (Student Management System)	The system used to record and manage student enrolment data, course progress, and communications.
LLND	Language, Literacy, Numeracy and Digital literacy evaluation conducted before enrolment.
PTR Form	The Pre-Training Review Form used to assess training suitability.

4. Legislative and Regulatory References

-  Standards for RTOs 2025 – Outcome Standards 2.1 and 2.2
-  National Vocational Education and Training Regulator Act 2011
-  VET Data Policy
-  Student Identifiers Act 2014
-  Privacy Act 1988
-  National Code 2018 – Standard 3

5. Policy Statement

The RTO ensures all students are enrolled into training only after completing a compliant pre-enrolment process that includes: confirmation of the student's suitability and needs, provision and verification of all required documentation, secure enrolment into the RTO's SMS, and clear communication of course commencement details.

International students are also provided with a written agreement, in line with the ESOS Act and National Code 2018 Standard 3, covering course details, tuition and non-tuition fees, refund policies, obligations on both sides, and a record of acceptance.

6. Enrolment Procedure – Step-by-Step

Step	Action	Responsible Person
1	Confirm Completion of Pre-Enrolment Review - Ensure PTR Form, LLND assessment, and support needs identification are complete. - Ensure course credit and RPL opportunities have been offered (per National Code 2.3 – 2.5).	Admin Officer / Trainer
2	Provide Enrolment Form and list of documents require - Include: ID, USI, qualification-specific items as indicated in the student course guide	Admin Officer
3	Collect and Verify Student Documentation - Check: Photo ID, Passport, valid USI, course-specific prerequisites (e.g. English language proficiency, work experience).	Admin Officer
4	Confirm Eligibility and Course Suitability - Validate evidence meets TAS and CRICOS entry criteria. - For international students: confirm visa type, CRICOS course match, and delivery mode eligibility.	Admin Officer / Compliance Manager
5	Issue Letter of Offer document (as per NC 2018 Standard 3.3) - Include full course details, course start date, Location, fee breakdown (tuition and non-tuition fees), prerequisites, refund policy, assessment methods, modes of delivery, duration, third-party details (if applicable), Compliant and appeal policy and privacy disclosures. - Get acceptance (signature or electronic confirmation) from the student.	Admin Officer / Compliance Officer
6	Receive Tuition/Non-Tuition Fee initial Payment - Accept payment only after written agreement is signed . Provide receipt and retain copy for 2 years.	Admin Officer
7	Enter Student Details into SMS - Record: personal details, course, CoE details (for international), fee status, support needs.	Admin Officer
8	Generate and Issue CoE (International Students only) - Ensure accurate course duration (adjusted for RPL or CT where applicable). - Update PRISMS if applicable.	Admin Officer
9	Send Welcome Email and Training Plan / Timetable - Includes: course start date, orientation session, timetable, LMS login (if applicable), and support contacts.	Admin Officer














Step	Action	Responsible Person
10	Notify Trainer/Assessor of Enrolment - Provide name, course, start date, and support info. - For early intervention planning.	Admin Officer
11	Store All Records Securely - In student file or SMS. - Include: signed written agreement, copies of ID, PTR, LLND, training plan, and evidence of fee payments. All record must be stored securely to prevent unauthorised access, damage, or loss for minimum 2 years.	Admin Officer / Compliance Manager
12	Conduct Internal Compliance Audit on Enrolments (Annually) - Ensure: written agreements are complete, CoE aligns with actual start and end dates, and data matches TAS.	Compliance Manager
13	If student contact details changed then student must update the RTO within 3 days and RTO needs to update the SMS and PRISMS with in 7 days.	Student / RTO admin

National Code 2018 – Standard 3 Compliance Mapping

Clause	Requirement	RTO Compliance Mechanism
3.1	Enter into a written agreement with the overseas student <i>before</i> accepting fees	Step 5 of the procedure ensures a signed agreement is received before any payment is collected (Step 6)
3.2	If student is under 18, written agreement must be signed by parent/guardian	Covered in Step 3: Admin collects parental consent for students under 18
3.3.1	Course details: name, CRICOS code, mode of delivery, start date, location	Included in the Letter of Offer (Step 5) and Welcome Email (Step 9)
3.3.2	Entry requirements including English language, prerequisites	Verified at Step 4, documented in the Letter of Offer
3.3.3	Conditions on enrolment (e.g., visa status, prerequisites)	Assessed and recorded in PTR (Pre-Enrolment Review) and agreement (Step 1–5)
3.3.4	Tuition fees, due dates, payment options	Fully listed in the letter of offer issued in Step 5
3.3.5	Non-tuition fees (e.g., reassessment, deferral, late payments)	Included in letter of offer
3.3.6	Privacy – how student data may be disclosed under Privacy Act	Addressed in Privacy Policy and stated in the letter of offer
3.3.7	Complaints and appeals process outlined	Referenced in letter of offer

Clause	Requirement	RTO Compliance Mechanism
3.3.8	Students must keep copies of agreements and receipts	Students advised to keep documents via pre-enrolment info and letter of offer.
3.3.9	Supplementary material may be linked, not embedded	Only supporting documents (e.g., refund policy, ESOS info) are linked in letter of offer.
3.4.1 – 3.4.5	Refund policy – must be in plain English, aligned with ESOS Act, TPS, and consumer law	Refund policy is referenced in letter of offer and student handbook.
3.5.1 – 3.5.3	Student contact details and emergency contacts must be collected and updated within 7 days of change	Collected in Enrolment Form (Step 3) and monitored via SMS with update reminders
3.6	Retain written agreement and fee records for 2 years after student ceases enrolment	Step 12 ensures secure storage and compliance with retention requirements

7. Related Documents

-  Pre-Enrolment Policy (PP11)
-  Pre-Training Review Form (PTR)
-  LLND Assessment Tools
-  Enrolment Form
-  Course-specific Document Checklist
-  Student Welcome Email Template
-  Student Management System (SMS)
-  Student Handbook
-  Timetable / Training Plan Template
-  Written Agreement Template (CRICOS Students)
-  Fee Management and Refund Policy (PP32)
-  ESOS Framework Information
-  Feedback, Complaint and Appeal Policy (PP16)

8. Flow chart

Enrolment Process



PP32 – Fee Management and Refund Policy

1. Purpose

This policy ensures the RTO provides transparent, fair, and consistent processes for charging and refunding student fees and complies with:

- ✚ *Standards for RTOs 2025* – Clause 18 (Prepaid Fees), Clause 2.1 (Student Information)
- ✚ *National Code of Practice 2018* – Standard 3 (CRICOS students)
- ✚ *Australian Consumer Law (ACL)* obligations for student protection

It also defines how fees are published, managed, protected, and refunded and how students are informed of their obligations.

2. Scope

This policy applies to all international students, their authorised payers, and RTO personnel involved in enrolment, admissions, marketing, finance, and administration.

3. Definitions

Term	Definition
Prepaid Fees	Fees paid in advance for services not yet delivered (training or assessment)
Tuition Assurance	A regulatory mechanism to protect student fees if the RTO is unable to deliver the course
Threshold Prepaid Fee	The maximum amount (\$1,500) an RTO may collect before requiring protection measures
Non-Tuition Fees	Charges not related to training delivery, e.g. enrolment, materials, reassessment, ID reissue
Cooling-Off Period	A 10-business-day period allowing cancellation of an unsolicited enrolment (ACL)

4. Legislative References

- ✚ *Standards for RTOs 2025* – Clause 18 & Clause 2.1
- ✚ *National Code of Practice 2018* – Standard 3
- ✚ *National Vocational Education and Training Regulator Act 2011*
- ✚ *Australian Consumer Law (Schedule 2, CCA 2010)*

5. Policy Statement

The RTO:

- 📄 Provides clear and accurate information about fees, charges, refunds, and fee protection prior to enrolment
- 📄 **Ensures all fees (tuition and non-tuition) are disclosed in:**
 - Letter of Offer
 - Student Handbook
 - Student Course Guide
 - Website
- 📄 **Collects no more than \$1,500 in prepaid fees unless protected by:**
 - (a) An unconditional financial guarantee
 - (b) A tuition assurance scheme, or
 - (c) Another approved fee protection method
- 📄 **Publishes and updates a full fee schedule, including:**
 - Enrolment fees
 - Course fees
 - RPL, reassessment, reissue, withdrawal, and material costs
- 📄 Issues receipts and written agreements to all students detailing fee obligations and refund terms
- 📄 Applies the cooling-off period where enrolment occurred via unsolicited contact, as required under ACL
- 📄 **Issues refunds fairly and in line with:**
 - Written agreement terms
 - Compassionate or compelling circumstances
 - Visa-related issues (before and after commencement)
 - Provider default (e.g. course cancellation, TPS trigger)
- 📄 Processes refunds within 20 working days, and all decisions are recorded and communicated in writing
- 📄 Retains all written agreements and fee records for two years after the student ceases to be enrolled

Prepaid Fee Protection Measures

a. Tuition Protection Service (TPS)

- 📄 RSC is a current participant of the Tuition Protection Service (TPS).

- ✚ If RSC cannot provide the course, TPS ensures the student:
 - Is offered an equivalent course at no additional cost, or
 - Receives a refund of unused tuition fees.

b. Separate Fee Account Monitoring

- ✚ Prepaid funds are held in a separate designated account.
- ✚ Monthly review by the CEO ensures the account holds enough to match all PRISMS-indicated prepaid balances.

6. Fee Schedule

Fee Type	Amount	Frequency/Conditions
Enrolment Fee	\$250	At enrolment – non-refundable
Course Tuition Fee	Refer website	Per course/term
RPL Fee	\$300 per unit	Non-refundable if SOA issued
Supplementary Assessment	\$350	After 2 free attempts
Unit Repeat	\$1,500	Full unit retake
Certificate Reissue	\$50	Upon request
Change of CoE	\$300	On application
Late Payment Fee	\$50	Weekly charge per invoice/Instalment
Airport Pickup	\$350	Refundable if cancelled pre-arrival
Deferment Fee	\$300	On application
Re-enrolment Fee	\$400	After CoE cancellation

7. Refund Conditions (Summary)

Situation	Refund Entitlement
RTO cancels course (pre-start)	100% refund (incl. enrolment fee)
RTO unable to deliver full course	Refund of unused tuition fees
Visa refused before course commencement	100% tuition refund (excl. enrolment fee)

Situation	Refund Entitlement
Visa refused after course commencement	Pro-rata refund per study period
Withdrawal ≥ 10 weeks before course commencement	95% refund (excl. enrolment fee)
Withdrawal 4–10 weeks before course commencement	70% refund (excl. enrolment fee)
Withdrawal <4 weeks before course commencement	25% refund (excl. enrolment fee)
Withdrawal after course commencement	No refund
Misconduct or non-compliance	No refund
RPL assessed with SOA issued	No refund
Abandonment	No refund; outstanding fees invoiced

8. Late Payment and CoE Cancellation Process

Step	Action	Responsible Officer	Details / Notes
1	Monitor Payment Due Dates	Accounts Officer / Admin Officer	Check due dates for student tuition or scheduled instalment payments weekly.
2	Identify Late Payments	Accounts Officer	Flag students who have not made payment by the due date (1–3 days late).
3	Send 1st Reminder Notice	Accounts Officer	Issue a polite reminder via email/SMS (attach invoice copy). Allow 5 working days to pay.
4	Send 2nd Warning Notice	Compliance Manager	If no payment after 5 days, send a formal warning letter with a 10-day final payment deadline. Notify of risk to CoE.
5	Offer Support Options	Student Support Officer	Contact student to check if support or payment plan is needed (keep records).
6	Final Notice (Intention to Report)	Compliance Manager	After 10-day warning period lapses, send written Notice of Intention to Report for Non-Payment. Give student 20 working days to appeal.

Step	Action	Responsible Officer	Details / Notes
7	Wait for Appeal Period	Compliance Manager	Monitor for appeals within 20 days. If student appeals, handle under complaints and appeals process.
8	No Appeal Received	Compliance Manager	If student does not respond or appeal, proceed to cancel CoE on PRISMS. Document all steps.
9	Report on PRISMS	Compliance Manager	Log into PRISMS and report student under non-payment of fees. Cancel CoE. Retain confirmation.
10	Update Internal Records	Admin Officer	Update SMS (Student Management System), finance system, and compliance registers with cancellation and notes.
11	Audit Readiness	Compliance Manager	Ensure all email logs, notices, PRISMS evidence, and forms are filed and ready for audit.

9. Cooling-Off Period

In line with Australian Consumer Law, students who enrol via unsolicited contact (e.g. telemarketing, door-to-door) are entitled to cancel their enrolment within 10 business days without penalty. During this time:










- ✚ No services will be delivered
- ✚ No fees will be collected
- ✚ Written consent is required to waive this right

10. Refund Process

Step	Action	Responsible Person	Timeframe
1	Student reviews the refund conditions outlined in the Letter of Offer, Student Handbook, and Fee Management Policy.	Student	Prior to withdrawal
2	Student completes and submits a signed Refund Request Form with supporting documents (e.g. withdrawal form, visa refusal notice).	Student	As soon as withdrawal decision is made
3	Admin Officer logs the request in the Refund Register and sends an acknowledgement email.	Admin Officer	Within 2 business days
4	Compliance Manager verifies eligibility by reviewing: - Enrolment status (SMS/PRISMS) - Payment records	Compliance Manager	Within 5 business days

Step	Action	Responsible Person	Timeframe
	- Applicable refund rules - Supporting documentation		
5	Compliance Manager submits findings and recommendation to the CEO.	Compliance Manager	Immediately after assessment
6	CEO reviews and makes the final decision. If approved, authorises refund. If not, provides written reasons.	CEO	Within 3 business days of submission
7	Finance Officer processes refund to the original payer's account and records it in the Refund Register.	Finance Officer/ Student support	Within 5 business days of CEO approval
8	Compliance Manager issues a formal written notification of the outcome (approved or denied) including reasons and appeal rights.	Compliance Manager	Within 20 business days from receipt of application
9	If denied, student may appeal under the Feedback, Complaint and Appeal Policy	Student / Compliance Manager	As needed
10	If the RTO defaults on course delivery, the CEO coordinates with TPS to arrange full refund or alternative placement.	CEO	Within 14 days of default

11. Related Documents

-  Refund Request Form
-  Student Handbook
-  Written Agreement
-  Letter of Offer and Acceptance
-  Feedback, Complaint and Appeal Policy
-  Continuous Improvement Register
-  PP30 – Marketing and Advertising Policy
-  PP31 – Enrolment Policy
-  Payment warning letters

12. Flow chart

Fee Management and Refund Policy



PP33 – Student Identifier Management Policy

1. Purpose

This policy ensures that the RTO complies with Clause 12 of the Standards for RTOs and the Student Identifiers Act 2014 by managing the collection, verification, protection, and use of Unique Student Identifiers (USIs) in a secure and lawful manner.






2. Scope

This policy applies to all staff, students, and third-party representatives involved in the collection, use, and storage of student USIs.

3. Definitions





Term	Definition
USI (Unique Student Identifier)	A 10-digit alphanumeric reference assigned to each VET student in Australia.
AVETMISS	The Australian Vocational Education and Training Management Information Statistical Standard, which requires valid USIs for national reporting.
Registrar	The national authority responsible for administering the USI system.

4. Legislative and Regulatory References



-  Student Identifiers Act 2014
-  Student Identifiers Regulation 2014
-  Privacy Act 1988
-  Standards for RTOs 2025 – Clause 12
-  Data Provision Requirements 2012

5. Policy Statement

RSC ensures:

-  All students are informed of the USI requirement before enrolment.
-  USIs are collected and verified before issuing any AQF certification documentation.
-  No training activity is reported to NCVER unless a verified USI is present.
-  Personal information used for USI access is collected, stored, and used in accordance with the Privacy Act.

6 Step-by-Step Procedure – Student Identifier Management

Step	Action	Responsible Person
1	Collect Personal Information and Consent - During enrolment, collect personal information, USI, training records, and other relevant data from the student.- Ensure students sign consent forms for data collection and usage as per the Privacy Act and the RTO's policies.	Admin Officer
2	Secure Data Storage - Enter student and training data into secure systems, including the Student Management System (SMS), financial software (e.g. Xero or MYOB), and cloud storage (e.g. Google, Microsoft).- Restrict access to authorised personnel only using role-based permissions.	Admin Officer / Compliance Manager
3	Maintain Register of Issued Qualifications - Keep a centralised register of all AQF qualifications and Statements of Attainment issued.- Ensure records align with AQF Qualifications Register Policy.- Records must include student name, USI, qualification code/title, date issued.	Admin Officer
4	Retention of Enrolment Records - Store enrolment forms, pre-training review documents, and supporting evidence (e.g. ID, LLND results) for 7 years from completion or withdrawal.- Archive inactive files securely with access logs.	Admin Officer
5	Retention of Financial Records - Retain student payment records, invoices, refund processing documentation, and transaction summaries for 7 years, in line with ATO and audit requirements.	Accounts Officer
6	Retention of Complaints and Appeals Records - Keep copies of submitted complaints and appeals, outcome letters, investigation records, and resolution documentation for 5 years.	Compliance Manager
7	<p>Retention of Assessment Evidence (Including RPL)- Retain all assessment evidence (e.g. completed workbooks, observation checklists, assessor marking tools, validation records) for 2 years after the student's completion of the qualification or standalone unit.</p> <ul style="list-style-type: none">  For RPL, retain application forms, RPL mapping documents, evidence submitted (certificates, work samples), assessor's final judgment, and RPL outcome communication.  Ensure electronic copies are kept in the student's digital file on SharePoint or the LMS where applicable. 	Trainer / Compliance Manager
8	Access to Records Upon Request - If a student or former student requests access to their records (e.g. certificate reissue, attendance records), provide access or copies within 4 weeks.- Log all requests in the Access Request Register.	Admin Officer

Step	Action	Responsible Person
10	Secure Disposal of Expired Records - Once minimum retention periods are met: - Shred physical documents. - Permanently delete electronic records from all storage systems.- Disposal must be authorised and recorded on a Destruction Log.	Compliance Manager

7. Privacy & Consent




USIs and personal data collected for verification are handled under the Australian Privacy Principles (APPs). Consent for USI creation or access must be recorded through the enrolment form or via written authorisation.

8. Third Party Obligations






Any third party involved in training delivery or student recruitment must comply with this policy and maintain confidentiality of USI information.

9. Breach and Compliance

Failure to comply with this policy may result in:

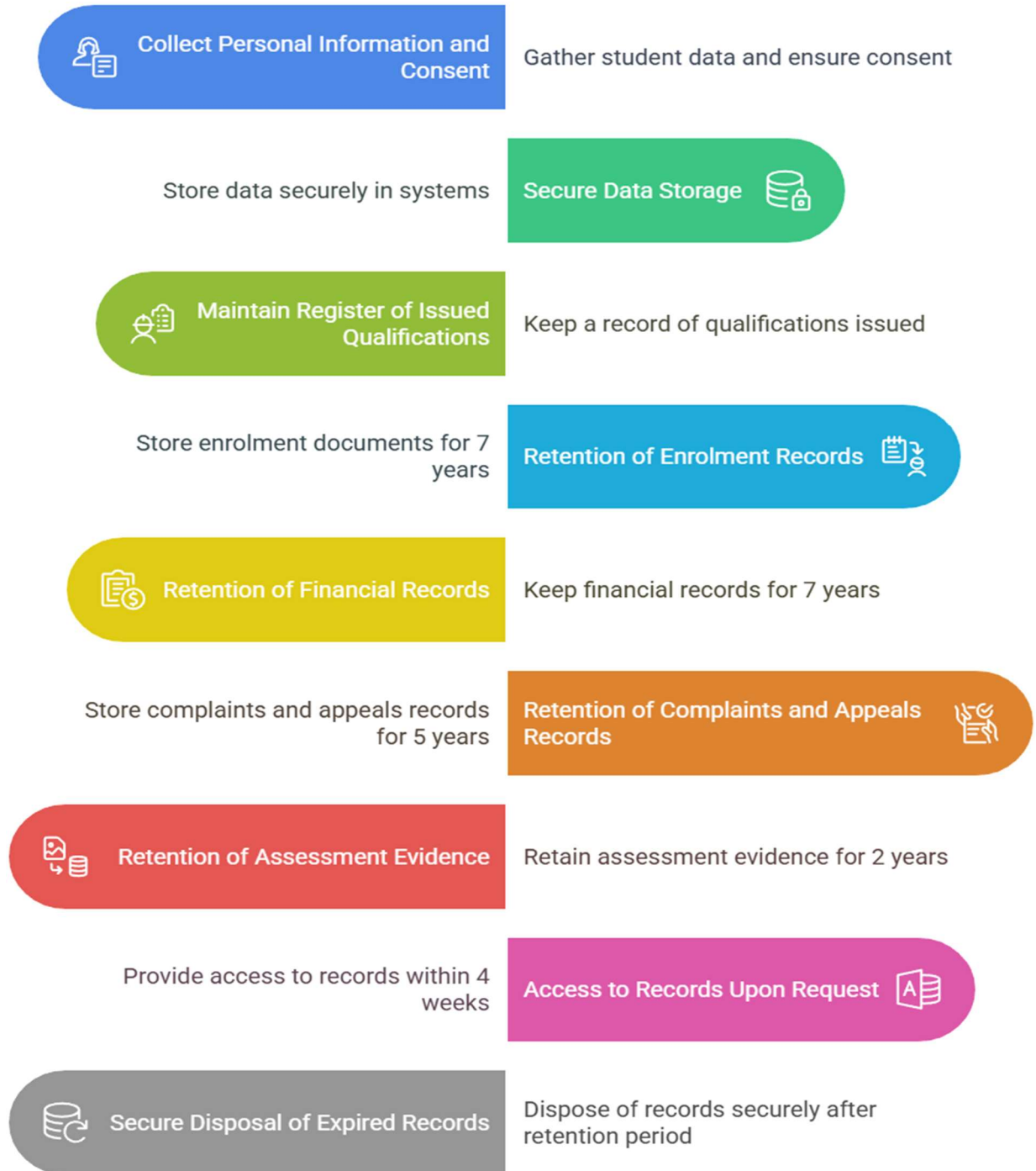
-  Withholding of AQF documentation;
-  Breach reporting to the Registrar;
-  Disciplinary action for staff or third parties.

10. Related Documents

-  Enrolment forms
-  Pre-Training Review Form
-  Consent form
-  Student Management System (SMS)
-  Certification Register

11. Flow chart

Student Identifier Management Process



PP34 – Data Privacy and Record Keeping Policy

1. Purpose

This policy ensures that the RTO manages student and staff records in a manner that protects personal information, meets legislative data privacy obligations, and aligns with Clause 10 of the Standards for RTOs 2025. The policy also ensures that record keeping practices support transparency, accuracy, and regulatory compliance.

2. Scope

This policy applies to:

- ✚ All personal and training records of students
- ✚ RTO staff, contractors, and third parties who handle personal or sensitive information
- ✚ Storage, access, and disposal of physical and digital records

3. Definitions

Term	Definition
Personal Information	Information or opinion that identifies or could identify an individual (e.g., name, address, date of birth, USI)
Sensitive Information	A subset of personal information including health, disability, racial background, or religious beliefs
AVETMISS	The data standard used to collect VET sector data
NCVER	National Centre for Vocational Education Research
USI	Unique Student Identifier – mandatory for all nationally recognised training
PRISMS	Provider Registration and International Student Management System used for international student reporting

4. Legislative References

- ✚ Standards for RTOs 2025 – Clause 10
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Australian Privacy Principles (Privacy Act 1988)
- ✚ Archives Act 1983

- 📌 Data Provision Requirements 2020
- 📌 AVETMISS and USI Reporting Requirements

5. Policy Statement

RSC is committed to:








- 📌 Protecting the privacy of personal and sensitive information it collects
- 📌 Meeting all legislative requirements for the retention, storage, and security of records
- 📌 Ensuring students have access to their records upon request
- 📌 Retaining training and assessment records for at least 30 years
- 📌 Retaining other required records (e.g., complaints, appeals, enrolment records) for a minimum of seven years, or as otherwise legally required
- 📌 Implementing strict access controls and secure disposal practices

6. Procedure – Step-by-Step

Step	Action	Responsible Person	Timing
1	Collect personal information only where necessary (e.g., enrolment, LLN, AVETMISS, USI)	Admin Officer / Student Support	At enrolment
2	Ensure all personal data is collected with consent and privacy notice is provided	Admin Officer	During enrolment
3	Store physical records in locked cabinets and digital records in password-protected systems with backups	Compliance Manager / IT Support	Ongoing
4	Provide students access to their personal and training records upon written request	Compliance Manager	Within 10 business days
5	Regularly review access controls and restrict data handling to authorised staff only	Compliance Manager	Quarterly
6	Back up digital data daily and store backups securely off-site or in a secure cloud	Admin Officer / Compliance	Daily
7	Archive training and assessment records securely for 30 years	Admin Officer / Compliance	Ongoing
8	Retain financial, complaint, appeal and enrolment records for 7 years minimum	Admin Officer	Ongoing
9	Securely dispose of expired paper records by shredding or certified destruction	Admin / Compliance Manager	As required

Step	Action	Responsible Person	Timing
10	Train all staff annually on data privacy responsibilities and breach response	Compliance Manager / CEO	Annually
11	Report any data breaches to the CEO and investigate in line with the Notifiable Data Breaches Scheme	Compliance Manager	As required

7. Related Documents

-  Student Enrolment Form
-  Privacy Notice
-  Access to Records Request Form
-  Complaints and Appeals Register
-  Records Management Procedure
-  RTO Data Retention Schedule
-  Staff Confidentiality Agreement

8. Flow chart

Data Privacy and Record Keeping Process



PP35 – Certification Issuance Policy

1. Purpose

This policy ensures that all AQF certification documentation (including qualifications and statements of attainment) issued by the RTO is valid, compliant, and issued in accordance with the Standards for RTOs 2025 (Clause 9 and Clause 11), the AQF Qualifications Issuance Policy, and the NRT Logo Conditions of Use. It supports timely, accurate, and lawful certification of VET student achievements.

2. Scope

Applies to all certification issued by RSC for:

- ✚ AQF qualifications
- ✚ Statements of attainment
- ✚ This includes full qualifications, partial completion of units, and withdrawal situations where at least one unit is completed.

3. Definitions

Term	Description
AQF	Australian Qualifications Framework
Qualification	A nationally recognised credential for completion of a training product
Statement of Attainment	A formal record of partial completion or withdrawal where one or more units are completed
SMS	Student Management System, used to generate official documentation
NRT Logo	Nationally Recognised Training logo for use on compliant certificates

4. Legislative and Regulatory References

- ✚ Standards for RTOs 2025 – Clause 9 and Clause 11
- ✚ AQF Qualifications Issuance Policy
- ✚ NRT Logo Conditions of Use Policy
- ✚ National VET Regulator Act 2011
- ✚ Student Identifiers Act 2014

5. Policy Statement

RSC will only issue AQF certification documentation to individuals who:

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- ✚ Have been formally assessed as competent in accordance with the training package rules;
- ✚ **Have completed either:**
 - A full AQF qualification, or
 - One or more units of competency from an AQF qualification and subsequently withdrawn from the qualification;
- ✚ Have met all agreed fee payment requirements;
- ✚ Have had their student and assessment records verified for compliance;
- ✚ Will receive their certification within 30 calendar days of completion of assessment, subject to the above conditions.

All certification is generated through the SMS to maintain standardised, accurate, and compliant document control.

6. Certificate Issuance Conditions

6.1 AQF Qualifications Must Include:

- ✚ RTO's name, registration code, and logo
- ✚ Code and full title of qualification (as on training.gov.au)
- ✚ NRT logo (as per logo policy)
- ✚ Signature of an authorised signatory
- ✚ RTO's seal, identifier, or unique watermark
- ✚ **Statement:** "The qualification is recognised within the Australian Qualifications Framework" or AQF logo
- ✚ **If applicable:**
 - Industry descriptor
 - Occupational/functional stream in brackets
 - "Achieved through Australian Apprenticeship arrangements"
 - Language delivery statement for multilingual delivery

6.2 Statements of Attainment Must Include:

- ✚ RTO's name, registration code, and logo
- ✚ Full title and code of each unit/module
- ✚ NRT logo (as per logo policy)
- ✚ Signature of authorised signatory
- ✚ RTO seal, identifier, or watermark

✚ Statement: “A VET statement of attainment is issued by an NVR registered training organisation when an individual has completed one or more accredited units or modules.”

✚ **If applicable:**

- Statement of qualification the unit(s) belong to
- Statement of attainment from partial course
- Language delivery statement for multilingual delivery

7. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Verify Completion: Confirm student has either completed all units of an AQF qualification or completed some units and formally withdrawn from the course.	Admin Officer and trainer
2	Compliance Check: Review enrolment, completed assessments, PTR (Pre-training review), fee status, and USI.	Compliance Manager
3	Confirm Fees Paid: Ensure all course-related fees have been paid in full.	Accounts Officer
4	Generate Certificate: Use SMS to generate Testamur + Record of Results or Statement of Attainment. Ensure correct inclusion of required information and logos (as per (Compliance Standards) Section 11 and AQF policy).	Admin Officer/ Compliance Manager
5	Final Sign-Off: Check USI, product codes, trainer declaration, and eligibility type.	Compliance Manager
6	Issue Certificate: Email digital copy, file PDF, and provide hard copy. SMS keep the log of issued Testamur.	Admin Officer
8	Re-issue Requests: Process within 10 business days with proof of ID after the re-issue fees.	Admin Officer

8. Compliance Assurance

Before issuing a certificate, the following must be verified:

- ✚ Student has completed the full qualification or eligible units.
- ✚ All assessments are valid and completed.
- ✚ Student has withdrawn but has completed at least one unit – issue SoA.
- ✚ All documentation complies with (Compliance Standards) Section 9-11 (logos, wording, signatures).
- ✚ Certification is not issued until all **fees** are paid.
- ✚ AQF Logo and NRT Logo are applied in accordance with guidelines.

9. Non-Compliance Handling

- ✚ If any non-compliance is discovered post-issuance, the certificate will be revoked and a replacement issued once compliance is ensured
- ✚ Errors are logged in the Continuous Improvement Register

10. Related Documents

- ✚ Student Management System (SMS)
- ✚ Certification Register- SMS
- ✚ PP3 – Assessment Tools and Systems Policy
- ✚ PP31 - Enrolment Policy
- ✚ PP32 - Fee Management and Refund Policy
- ✚ Compliance Audit Checklist (certificate Issue)
- ✚ SMS User Guide for Certificate Generation

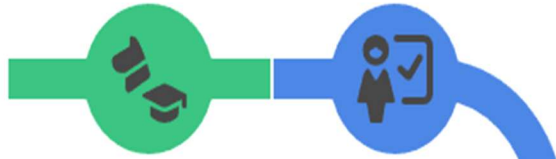
[Fact sheet - Sample forms of AQF certification documentation.pdf](#)

11. Flow chart

Certification Issuance Policy

Verify Completion

Confirm student's course status



Generate Certificate

Create digital and hard copies



Final Sign-Off

Check eligibility and declarations



Compliance Check

Review enrolment and assessments

Confirm Fees Paid

Ensure all fees are settled

Issue Certificate

Distribute digital and hard copies

Re-issue Requests

Process re-issue requests within 10 days



PP36 – Transition of Training Products Policy

1. Purpose

This policy outlines the RTO's commitment to ensuring compliance with the Standards for RTOs 2025 – Clause 14 and Outcome Standard 2.1(e), by managing transitions between superseded, deleted, or expired training products. The RTO ensures students are not disadvantaged and maintains compliance during course transitions.

2. Scope

This policy applies to:

- All training products on the RTO's current scope of registration
- All VET students enrolled in affected training products
- Relevant staff including trainers, assessors, administrative and compliance personnel
- Any third-party partners delivering services on behalf of the RTO

3. Definitions

Term	Definition
Superseded	A training product that has been replaced by a newer version.
Deleted/Expired	A training product that is no longer recognised or valid on the National Register.
Transition	The process of moving students from a superseded training product to a replacement training product.
Teach-out	Completing training and issuing certification for students currently enrolled in a superseded training product within the permitted time frame.
Training Product	An AQF qualification, skill set, unit of competency, accredited short course, or module.
TGA	Training.gov.au – the official national register of RTOs and training products.

4. Policy Statement

RSC ensures that:

- No new enrolments occur in superseded training products after 12 months from the date a replacement training product is added to the National Register.





- ✚ Students enrolled in superseded products must either complete and receive AQF certification within the transition period, or be transitioned into the new product promptly.
- ✚ For non-superseded qualifications that are deleted, students must complete the course and receive certification within two years of the removal date.
- ✚ For units, modules, or skill sets that are deleted, students must complete and receive certification within one year.
- ✚ No student will commence training or assessment in any training product that has expired, been removed, or deleted from the National Register.
- ✚ All transition decisions and activities will be formally planned, documented, and reviewed to maintain student outcomes and compliance.

5. Procedure – Step-by-Step







Step	Action	Responsible Person
1	Monitor updates on training.gov.au and subscribe to ASQA alerts for training product changes.	Compliance Manager
2	Confirm whether the training product is superseded, deleted, or expired, and note the transition and teach-out deadlines.	Compliance Manager
3	Review the RTO's scope of registration, current TAS, marketing materials, and student enrolments for the affected product.	Compliance Manager
4	Determine appropriate transition strategy: complete within teach-out period or transfer students to the replacement product.	Compliance Manager / CEO
5	Plan for transition using a transition planning checklist, hold meetings with trainers and admin staff to assign responsibilities.	Compliance Manager
6	Apply for the new training product to be added to scope if not already approved.	Compliance Manager
7	Update TAS documents, mapping tools, assessment plans, and RPL kits to align with the new product.	Compliance Manager / Instructional Design Staff
8	Identify students affected by the change and determine personalised transition arrangements.	Admin Officer
9	Formally notify students of changes and provide advice on options and timelines.	Admin Officer / Trainer
10	Update course brochures, marketing content, website, and enrolment forms to reflect the new product.	Marketing Officer
11	Update SMS with new product codes, enrolment links, and delivery data.	Admin Officer
12	Process any required credit transfers and update student records accordingly.	Admin Officer

13	Ensure trainers assigned to the new product meet all credential and industry currency requirements.	Compliance Manager
14	Monitor progress of the transition plan and document milestones and outcomes in transition records.	Compliance Manager
15	Archive all records of the transition process for audit purposes.	Compliance Manager

6. Legislative and Regulatory References

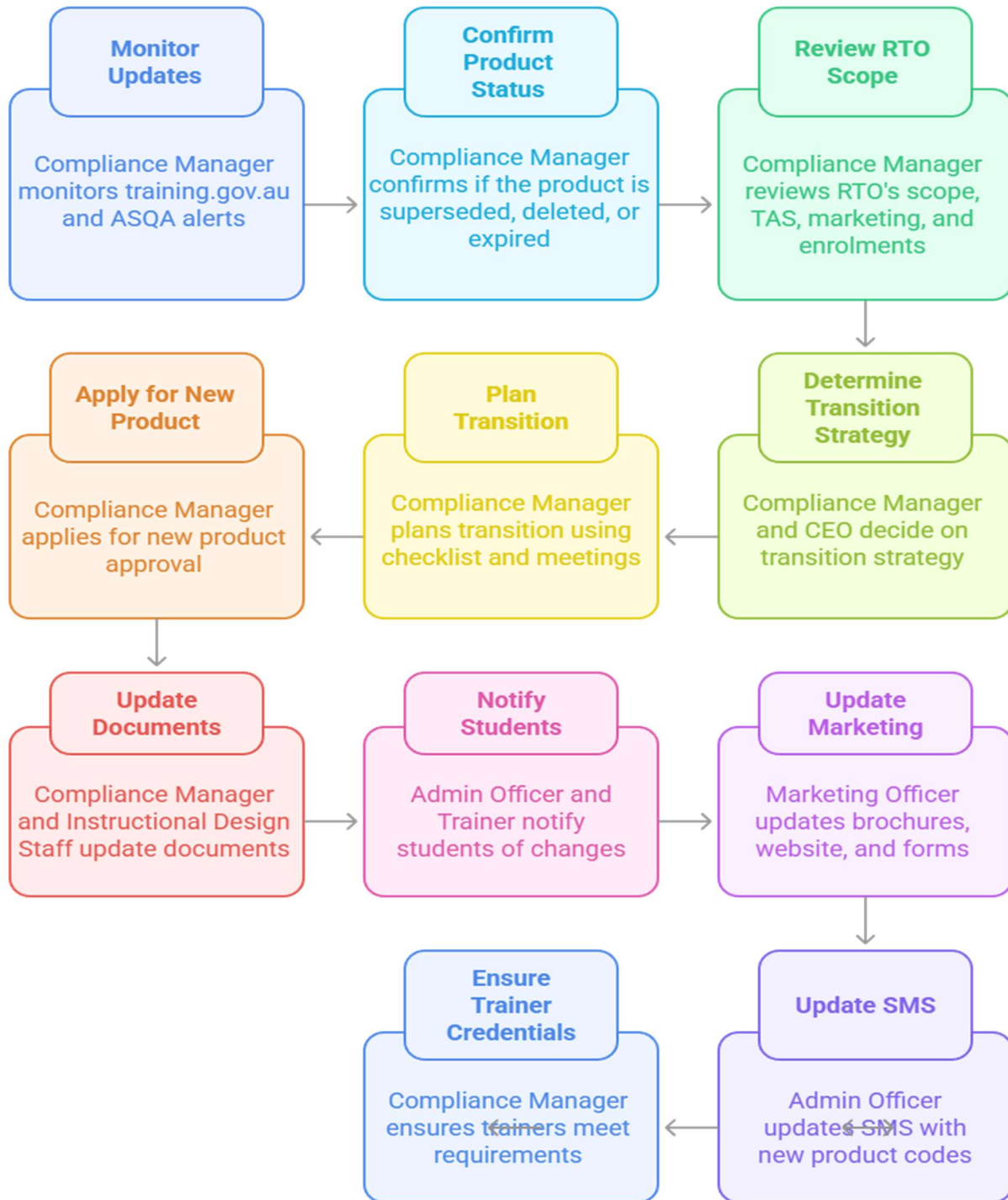
-  Standards for RTOs 2025 – Clause 14
-  Outcome Standard 2.1(e)
-  National Register (training.gov.au)
-  ASQA General Directions on Transition and Teach-Out

7. Related Documents

-  Training and Assessment Strategy (TAS)
-  Student Enrolment Records
-  Assessment Mapping Tools
-  Credit Transfer Forms
-  Trainer Matrix and Credential Files
-  Student Communication Templates

8. Flow chart

Transition of Training Products Process



PP37 – Public Liability Insurance Policy

1. Purpose

The purpose of this policy is to ensure that the RTO maintains valid and adequate public liability insurance to cover risks associated with its operations, facilities, training, assessment services, and interactions with students, staff, and visitors.

2. Scope

This policy applies to all operations of the RTO, including on-campus, offsite, online, and work-based training and assessment activities conducted directly by the RTO or through a third party.

3. Policy Statement

In accordance with Clause 19 of the Compliance Standards, RSC is committed to:

- ✚ Maintaining current and adequate public liability insurance at all times.
- ✚ **Ensuring the insurance covers:**
 - All premises used for training and assessment.
 - All RTO staff, students, contractors, visitors, and volunteers.
 - Any third-party or partner training arrangements.
- ✚ Reviewing and renewing the policy annually or as required when there is a change in operations.
- ✚ Retaining evidence of current insurance coverage for inspection by ASQA or other regulators.
- ✚ Including public liability risk management in its overall risk mitigation strategy.

4. Definitions

Term	Definition
Public Liability Insurance	A type of insurance that covers legal costs and compensation claims if the RTO is held liable for injury or property damage to a third party.
Third Party	A partner or contractor who delivers training and/or assessment services on behalf of the RTO.
Clause 19	A compliance requirement under the Standards for RTOs mandating the maintenance of current public liability insurance.





5. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Obtain or renew public liability insurance coverage with a reputable provider.	CEO
2	Ensure the insurance policy explicitly includes RTO operations, locations, staff, students, and activities.	Compliance Manager
3	Retain a digital and physical copy of the Certificate of Currency.	Admin Officer
4	Upload a copy of the Certificate of Currency to the compliance folder in SharePoint.	Compliance Manager
5	Review coverage annually or when any of the following occur: – Change in delivery mode – New campus or delivery site – Partnership with a third party	CEO / Compliance Manager
6	Communicate insurance requirements to all contractors and third parties via agreements or onboarding sessions.	CEO
7	Provide evidence of coverage during audits, registration, or regulatory reviews.	Compliance Manager
8	Record insurance policy expiry and renewal dates in the Compliance Calendar to avoid lapses.	Compliance Manager

6. Compliance Monitoring

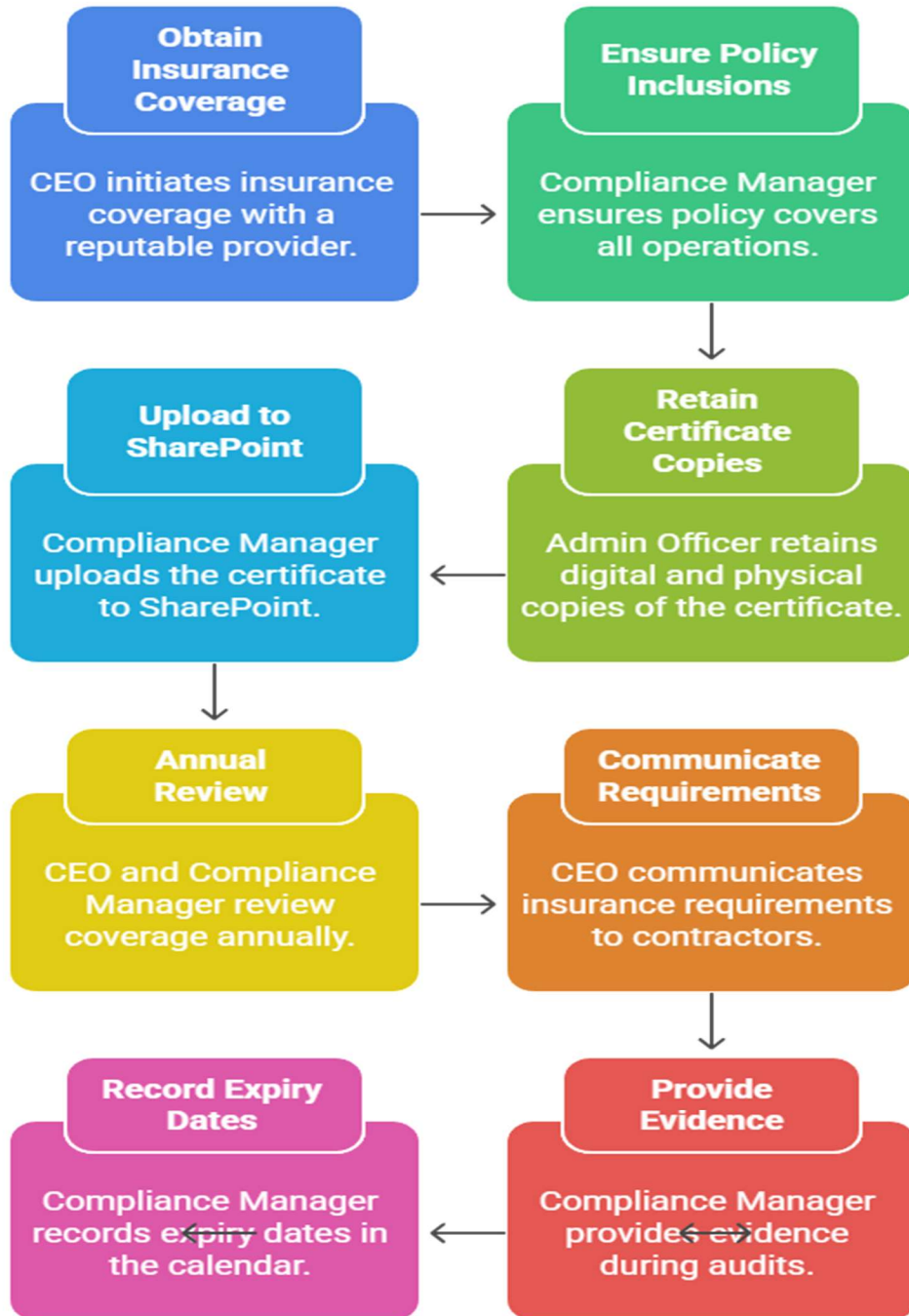
The Compliance Manager will monitor the expiry and renewal schedule. The CEO is ultimately responsible for ensuring the RTO never operates without valid public liability insurance, as required by Clause 19.

7. Related Documents

-  Certificate of Currency (Insurance)
-  PP26 - Risk Management and Mitigation Policy
-  Third-Party Agreement Template
-  Compliance Calendar

8. Flow chart

Public Liability Insurance Process



PP38 – Legislative and Regulatory Compliance

1. Purpose

This policy ensures that the RTO meets all its legal and regulatory responsibilities, as required by Clause 20 of the Compliance Standards and other legislative instruments. It provides a structured and proactive framework to support lawful operations, informed decision-making, and continuous compliance across the organisation.

2. Scope

This policy applies to:

- ✚ All staff (including administrative and academic)
- ✚ Senior management and governing persons
- ✚ Contractors, consultants, and third-party providers
- ✚ Volunteers and other stakeholders involved in RTO operations

3. Definitions

Term	Definition
RTO	A Registered Training Organisation authorised to deliver nationally recognised training in Australia.
Compliance Standards	A part of the Standards for RTOs 2025 under the National Vocational Education and Training Regulator Act 2011, which sets out legal obligations for RTOs.
Governing Persons	Individuals responsible for the overall operation of the RTO, such as Directors, CEO, and Board Members.
Legislation Register	An internal tool documenting all legislative and regulatory requirements applicable to the RTO.
Legislation	Laws passed by Parliament (Commonwealth, State, or Territory) that apply to VET and RTO operations.
Regulator	Refers to the Australian Skills Quality Authority (ASQA) – the national regulator for RTOs.
Material Change	Any change that significantly impacts the RTO's ability to deliver services, including scope changes, ownership, location, third-party arrangements, etc.
Compliance Manager	The staff member designated to monitor, report on, and update all compliance-related activities and risks within the RTO.

Term	Definition
Induction	The formal process of onboarding staff with essential knowledge of their compliance obligations.

4. Legislative and Regulatory Instruments

RSC complies with all applicable legislation and frameworks, including but not limited to:

- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Standards for RTOs 2025 (including Clause 20 and all Outcome Standards)
- ✚ Data Provision Requirements
- ✚ Fit and Proper Person Requirements
- ✚ Work Health and Safety Act 2011 (Cth)
- ✚ Privacy Act 1988 (Cth)
- ✚ Equal Opportunity and Anti-Discrimination Laws
- ✚ National Principles for Child Safe Organisations
- ✚ Unique Student Identifier Act 2014
- ✚ Fair Work Act 2009
- ✚ Relevant State Funding Contracts

5. Policy Statement

RSC is committed to:

- ✚ Understanding and meeting all compliance obligations under legislation and regulatory frameworks;
- ✚ Keeping staff informed and supported through training and communication;
- ✚ Proactively identifying and managing risks of non-compliance;
- ✚ Maintaining accurate documentation, registers, and reporting mechanisms; and
- ✚ Ensuring ASQA and other authorities are notified promptly of any material changes.

6. Step-by-Step Procedure

Step	Action	Responsible Person
1	Maintain a Legislation Register to list all relevant laws, regulations, and their requirements.	Compliance Manager
2	Subscribe to ASQA updates, newsletters, and state training alerts to monitor regulatory changes.	Compliance Manager

Step	Action	Responsible Person
3	Conduct a gap analysis when a change is announced, and update internal policies and procedures.	Compliance Manager / CEO
4	Inform staff through emails, staff meetings, and induction refreshers about changes in law.	Compliance Manager
5	Conduct annual compliance training for all staff and governing persons.	Compliance Manager
6	Maintain all reporting obligations to ASQA and regulators (e.g. Total VET Activity).	Compliance Manager / Admin Officer
7	Notify ASQA of any material changes within required timeframes.	CEO
8	Keep evidence of compliance activities, training, communications, and submissions.	Compliance Manager
9	Conduct internal audits at least once per year and act on findings immediately.	Compliance Manager / CEO

7. Monitoring and Review

- ✚ A Compliance Calendar will be used to track deadlines and obligations.
- ✚ The Compliance Register is reviewed and updated quarterly.
- ✚ The CEO is responsible for ensuring this policy is reviewed annually or when significant legislative changes occur.

8. Related Documents

- ✚ Legislation Register
- ✚ Staff Induction Presentation
- ✚ Legislative & Regulatory Change Log
- ✚ ASQA Notification Guidelines
- ✚ Continuous Improvement Register
- ✚ Internal Audit Template
- ✚ Staff Training Records
- ✚ Compliance Calendar
- ✚ Compliance Register

9. Flow chart

Legislative and Regulatory Process



PP39 – Version Control and Document Management Policy

1. Purpose

This policy ensures the integrity, consistency, and traceability of all documents used within the RTO. It outlines the approach to document creation, approval, version control, distribution, archiving, and disposal to support systematic monitoring, evaluation, and continuous improvement under Outcome Standard 4.4.

2. Scope

This policy applies to all documents that relate to compliance, training and assessment, student support, governance, and operations across the organisation, including:

- ✚ Policies and procedures
- ✚ Training and Assessment Strategies (TAS)
- ✚ Forms and templates
- ✚ Marketing materials
- ✚ Student and staff handbooks
- ✚ Reports, registers, and plans

3. Definitions

Term	Definition
Version Control	A system for tracking changes, updates, and edits to documents over time.
Controlled Document	A document that is managed under this policy and included in the Version Control Register.
Document Owner	The person responsible for maintaining the accuracy, currency, and compliance of a document.
Version Control Register	A central register that logs the current version and history of each controlled document.
Archive	A designated folder or system location where superseded versions are securely stored.

4. Legislative Reference

- ✚ Standards for RTOs 2025 – Outcome Standard 4.4

- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Applicable internal audit, recordkeeping, and data integrity frameworks

5. Policy Statement

RSC maintains a document management system that ensures:

- ✚ All documents are current, consistent, and approved prior to use
- ✚ Each version of a document is tracked and recorded
- ✚ Superseded documents are archived securely
- ✚ Only authorised personnel may modify and release controlled documents
- ✚ Staff and stakeholders have access to the most up-to-date versions

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Create a new document or revise an existing one using a standard template.	RTO Staff
2	Assign a version number (e.g., v1.0, v1.1, v2.0) and insert it in the footer of the document.	RTO Staff
3	Submit the draft for review and approval by the Compliance Manager or CEO.	RTO Staff
4	Upon approval, update the Version Control Register with the new version and archive the previous version.	Compliance Manager
5	Distribute the updated document to relevant staff through SharePoint or LMS with version update notification.	Admin Officer
6	Schedule annual or triggered reviews of all documents to maintain accuracy and compliance.	Compliance Manager
7	Restrict editing permissions to authorised staff only to protect document integrity.	IT Officer
8	Ensure all superseded documents are clearly marked “Archived” and stored securely for audit traceability.	Admin Officer
9	Conduct regular internal audits of the document control system to ensure compliance.	Compliance Manager

7. Version Numbering Guide

- ✚ **v1.0** – First release

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
 Doc Control Number: rev 01
 Date – 01-07-2025

- ✚ **v1.1, v1.2** – Minor updates (spelling, grammar, formatting)
- ✚ **v2.0** – Major changes (new procedures, policy revisions)

8. Access and Review

- ✚ All staff must access documents through the controlled platform (SharePoint or LMS).
- ✚ Any staff may suggest changes or updates by submitting a change request to the Compliance Manager.

9. Related Documents

- ✚ Version Control Register
- ✚ Internal Audit Schedule
- ✚ Policy and Procedure Template
- ✚ Document destruction log

10. Flow chart

Version Control and Document Management Process



PP40 – Annual Declaration on Compliance Policy

1. Purpose

This policy ensures that the RTO complies with Clause 15 of the Standards for RTOs 2025, which mandates the submission of an Annual Declaration on Compliance (ADC). The policy outlines the procedures for preparation, internal review, and submission of the declaration to the National VET Regulator (ASQA), supported by a formal internal audit.

2. Scope

This policy applies to the Chief Executive Officer (CEO) and the Compliance Manager, and governs the RTO's annual compliance reporting.

3. Legislative and Regulatory Reference

- Standards for RTOs 2025 – Clause 15
- National Vocational Education and Training Regulator Act 2011
- ASQA Communications and ADC Guidelines
- Training.gov.au – ADC Reporting Advice

4. Definitions

Term	Definition
ADC	Annual Declaration on Compliance – a formal declaration to ASQA confirming the RTO's compliance status.
Internal Audit	Self-assessment of RTO practices and compliance prior to the ADC.
CEO	Chief Executive Officer – authorised signatory and responsible person for ADC submission.
Annual Reporting Period	12-month reporting period specified by ASQA for the submission.

5. Policy Statement

RSC is committed to regulatory transparency and must annually declare compliance with the Standards and VET legislation via the Annual Declaration on Compliance (ADC). The CEO is accountable for completing and submitting the declaration using the approved form issued by ASQA via email.

A thorough internal audit is undertaken prior to submission, identifying any non-compliance and implementing corrective actions before declaring full compliance.

6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Monitor ASQA Notification: Await official ADC email notification from ASQA sent to the CEO during the annual reporting period.	Compliance Manager / CEO
2	Schedule Internal Audit: Conduct a full compliance audit covering all clauses and legislative requirements.	Compliance Manager
3	Gather Supporting Evidence: Collect records related to student files, training and assessment, staff credentials, complaints, validation, etc.	Compliance Manager
4	Identify and Rectify Gaps: Document findings. Resolve any issues and record actions in the Continuous Improvement Register.	Compliance Manager
5	Complete ADC Form: Use the form received via email from ASQA. CEO ensures all responses are accurate and based on verified evidence.	CEO
6	Sign-Off and Submission: CEO signs the form and submits it via the ASQA portal or as directed in the email.	CEO
7	Retain Documentation: Save the signed declaration, internal audit records, and submission confirmation in the Compliance folder.	Compliance Manager

7. Recordkeeping Requirements

- ✚ Internal Audit Report
- ✚ Completed ADC form and submission evidence
- ✚ Corrective Action Report (if applicable)
- ✚ Meeting minutes from compliance discussions
- ✚ Updated Continuous Improvement Register

All records are kept securely for five years.

8. Related Documents

- ✚ Internal Audit Template
- ✚ Continuous Improvement Register
- ✚ ADC Submission Confirmation Email
- ✚ Compliance Action Tracker
- ✚ Staff Compliance Briefing Notes

Annual Declaration on Compliance process



PP41 – Fit and Proper Person Policy

1. Purpose

This policy outlines the process the RTO follows to meet its obligations under Schedule 1 – Fit and Proper Person Requirements of the Standards for RTOs 2025. It ensures that the RTO collects and submits required declarations to ASQA for individuals in key management and governance roles. ASQA is the authority that determines whether an individual is considered fit and proper.

2. Scope

This policy applies to individuals identified by ASQA as governing persons, including:

- ✚ Chief Executive Officer (CEO)
- ✚ Principal Executive Officer (PEO)
- ✚ Directors or Owners
- ✚ Any person with control or significant influence over the RTO's operations or decisions

3. Legislative Reference

- ✚ Standards for RTOs 2025 – Schedule 1
- ✚ National Vocational Education and Training Regulator Act 2011 – Section 186
- ✚ ASQA Fit and Proper Person Requirements (guidance)

4. Definitions

Term	Description
Fit and Proper Person Requirements	A declaration required by ASQA to assess if a person is suitable to be involved in the management of an RTO.
Governing Person	Anyone who makes decisions about the operation, delivery, or finances of the RTO, such as CEO, PEO, directors.
ASQA	The National VET Regulator responsible for determining if a person is fit and proper.

5. Policy Statement




RSC is committed to identifying and declaring all governing persons in line with Schedule 1. These individuals are required to complete and submit the Fit and Proper Person Declaration to ASQA.

RSC does not make the assessment of whether a person is fit and proper. ASQA reviews the declarations and makes this decision.

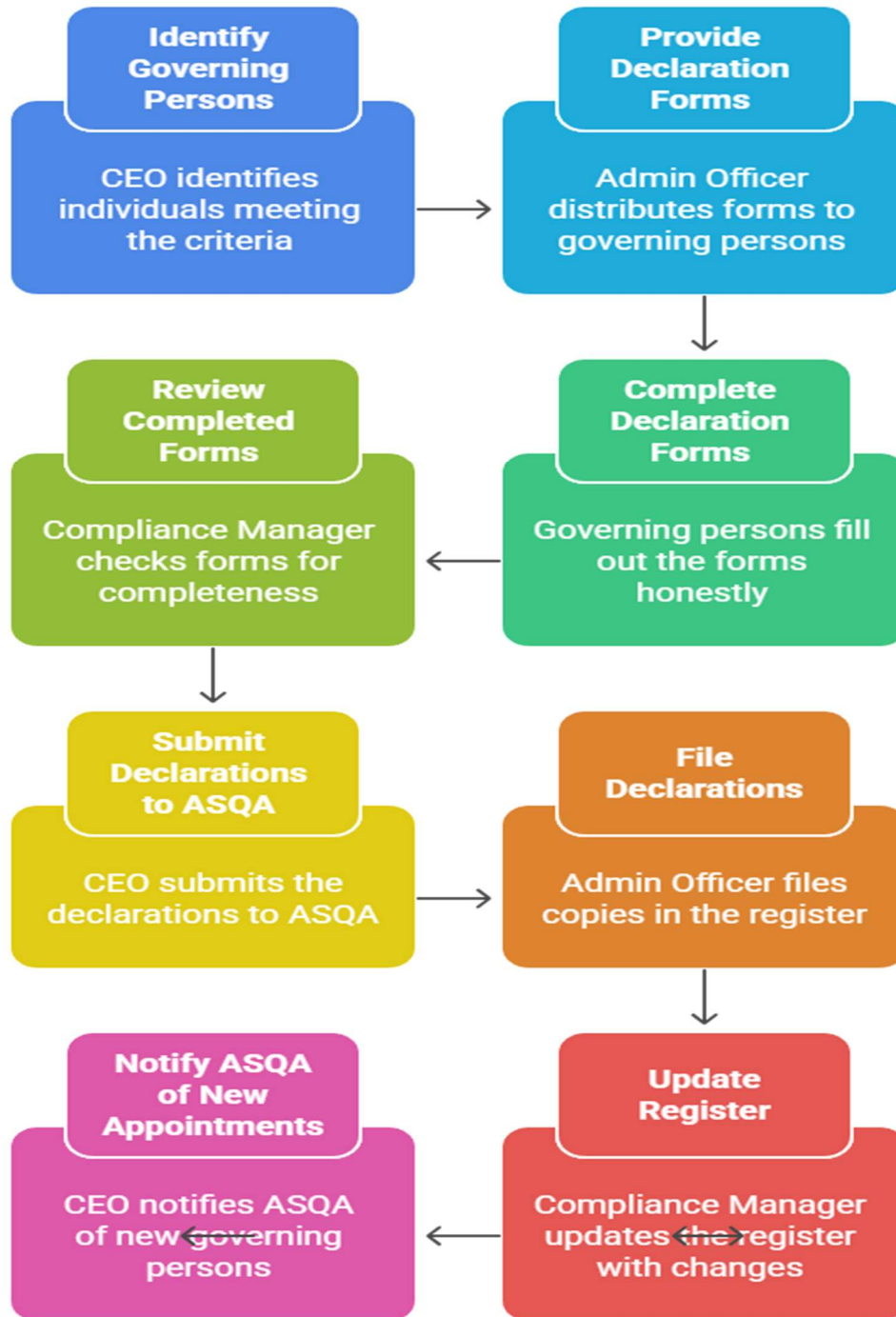
6. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Identify all individuals who fall under the definition of governing persons.	CEO
2	Provide each governing person with the current Fit and Proper Person Declaration Form (from ASQA).	Admin Officer
3	Ensure each individual completes the declaration honestly and fully.	Governing Person
4	Collect and review all completed forms for completeness (not content).	Compliance Manager
5	Submit the declarations to ASQA via asqanet or as required.	CEO
6	File copies of submitted declarations in the Fit and Proper Person Register.	Admin Officer
7	Update the register if any changes occur (e.g., new CEO, director).	Compliance Manager
8	Notify ASQA immediately if a new governing person is appointed.	CEO

7. Related Documents

-  ASQA Fit and Proper Person Declaration Form
-  Staff Induction Checklist (include declaration step)
-  Change of Personnel Notification Template to ASQA

Fit and Proper Person Process



PP42 – Academic Integrity and Plagiarism Policy

1. Purpose

The purpose of this policy is to uphold academic integrity within the RTO by ensuring all assessments submitted by students are their own work and are free from plagiarism, unauthorised AI use, or collusion. This policy outlines how the RTO monitors, detects, and responds to breaches of academic integrity.

2. Scope

This policy applies to all VET students, trainers and assessors, academic staff, and administrative personnel involved in training and assessment.

3. Definitions

Term	Description
Academic Integrity	Honest and responsible scholarship.
Plagiarism	Presenting someone else's work or ideas as your own without proper attribution.
Collusion	Unauthorised collaboration with another person in preparing work.
AI Misuse	Use of artificial intelligence tools (e.g., ChatGPT, Jasper, etc.) to generate content without disclosure or validation.
Academic Misconduct	Any behaviour that undermines the integrity of academic assessment.

4. Policy Statement

- ✚ RSC is committed to ensuring that all assessment work submitted by students is authentic and meets the requirements of the training package.
- ✚ Trainers and assessors are required to apply reasonable methods to confirm the authenticity of a student's work, including verbal questioning and validation techniques.
- ✚ Any suspected or confirmed academic misconduct will be managed fairly, consistently, and in line with natural justice principles.

5. Methods of Detection and Verification

- ✚ **Hard Copy Assessments:** Trainers may select random paragraphs and use online search engines or plagiarism and AI detection tools (e.g., Copyleaks, GPTZero) to check authenticity.
- ✚ **LMS Submissions:** Submissions via the LMS are checked using integrated detection software such as Turnitin or Grammarly.

✚ **Verbal Validation:** During practical assessments or where doubts arise, the trainer must ask verbal questions to confirm understanding.

✚ **Collusion Check:** Where multiple students submit very similar work, collusion is investigated.

6. First and Repeat Offences

✚ **First Offence:** Student will be informed, provided support and education, and must re-submit or re-do the assessment.

✚ **Repeat Offence:** The student may be required to repeat the entire unit and will receive a formal written warning. Repeated misconduct may result in suspension or cancellation of enrolment.

7. Student and Staff Responsibilities

✚ **Students must:**

- Submit original work.
- Avoid using generative AI unless permitted and declared.
- Acknowledge all sources.

✚ **Assessors must:**

- Validate authenticity using available tools and questioning.
- Keep records of detection activities and outcomes.

8. Recording and Reporting

✚ All misconduct cases are documented using the Academic Misconduct Record Form.

✚ Records are filed in the student's academic record.






✚ Serious or repeat misconduct is recorded in the Academic Misconduct Register.

9. Step-by-Step Procedure

Step	Action	Responsible Person
1	Educate students on academic misconduct and AI misuse at time of orientation.	Trainer / Support Officer
2	Train staff during induction on using plagiarism/AI tools.	Compliance Manager
3	Review assessment submissions (hard copy or E-copy or LMS).	Trainer
4	Conduct plagiarism or AI checks using tools.	Trainer
5	If doubt exists, ask verbal questions during role play or practical.	Trainer
6	Complete Academic Misconduct Form if misconduct suspected.	Trainer

Step	Action	Responsible Person
7	Hold meeting with student for first offence and allow reassessment.	Trainer / Support Officer
8	Require unit repeat for repeat offences.	Compliance Manager / CEO
9	Record in register and notify student in writing.	Admin Officer
10	Add pattern findings to CI Register for future improvements.	Compliance Manager

10. Related Documents

-  Academic Misconduct Record Form
-  Academic Misconduct Register
-  Student Handbook
-  Trainer/Assessor Induction Checklist
-  Continuous Improvement Register

11. Flow chart

Academic Integrity and Plagiarism (Including AI) Procedure



PP43 – Critical Incident Management Policy

1. Purpose

This policy outlines the procedures and responsibilities for managing critical incidents that may affect students—particularly overseas students—impacting their safety, wellbeing, and ability to continue their course. It ensures the RTO implements effective, supportive, and compliant responses to all critical events.

2. Scope

This policy applies to:

- ✚ All domestic and overseas VET students
- ✚ All staff, contractors, and stakeholders across all delivery sites and online learning modes
- ✚ Both on-site and off-site events, including incidents occurring during work placements or excursions

3. Definitions

Term	Definition
Critical Incident	A traumatic event (or the threat of such) that causes, or is likely to cause, extreme stress, fear, harm, or trauma to a student or staff member.
Remedial Action	Any steps taken by the RTO to resolve or manage a critical incident, including follow-up, referral, and recovery support.
Wellbeing Needs	A student's physical, mental, emotional or safety-related support requirements.
Emergency Services	Includes police, fire brigade, ambulance, and crisis response hotlines.

4. Legislative References

- ✚ Standards for RTOs 2025 – Outcome Standard 2.6
- ✚ National Code 2018 – **Standard 6.8 and 6.9**
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Work Health and Safety Act 2011
- ✚ Privacy Act 1988

5. Policy Statement

RSC is committed to providing a safe and secure environment for all students, especially overseas students. To this end:

- ✚ The RSC will identify, assess and manage any critical incidents that may affect student welfare.
- ✚ Critical incidents will be recorded and remedial actions taken will be documented and kept for at least two years after the student ceases to be enrolled.
- ✚ **The RTO will:**
 - Take all reasonable steps to provide a safe study environment.
 - Advise overseas students and staff on personal safety and security practices.
 - Provide information on how to seek help or report any incident that impacts their wellbeing.
 - Refer students to external safety and life-in-Australia resources such as those provided by Study Australia, Fair Work, and Safe Work Australia.
- ✚ **Overseas students will receive critical incident reporting information via:**
 - Student Handbook
 - Orientation sessions
 - RSC website (<https://risenstarcollege.edu.au>) or LMS updates
- ✚ RSC ensures designated personnel (e.g. Student Support Officer, Compliance Manager) are trained and ready to respond to critical incidents in accordance with legislative and regulatory requirements.

6. Examples of Critical Incidents

- ✚ Death or serious injury of a student or staff member
- ✚ Severe mental health crisis (e.g. suicide attempt)
- ✚ Sexual or physical assault
- ✚ Threats of harm or violence
- ✚ Drug overdose or alcohol-related emergencies
- ✚ Missing persons cases
- ✚ Serious natural disasters
- ✚ Fire, explosions, or other on-campus hazards

7. Responsibilities

Role	Responsibility
CEO	Final decision-making and escalation to regulators if required

Role	Responsibility
Compliance Manager	Incident record-keeping, compliance and report submission
Student Support Officer (SSO)	Immediate student support, counselling referrals, and liaison
All Staff	Must report incidents and support implementation of first response

8. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Identify and Report: Report incident to Compliance Manager or SSO. Complete preliminary details.	All Staff
2	Ensure Safety: Secure the environment. Administer first aid or call emergency services (000).	First Responder / SSO
3	Notify Key Staff: CEO, Compliance Manager, and SSO are informed.	Reporting Staff
4	Record the Incident: Complete and submit a Critical Incident Report Form.	Compliance Manager
5	Impact Assessment: Evaluate the impact and plan response (risk level, ongoing risk, support required).	CEO / Compliance Manager
6	Inform Stakeholders: Contact family/emergency contacts, if appropriate. Provide regular updates.	SSO / CEO
7	Referral and Support: Refer students to mental health, legal, or medical services as needed.	SSO
8	Ongoing Monitoring: Maintain regular follow-up with the student. Review any required academic adjustments.	Trainer / SSO
9	Recordkeeping: All documentation stored securely. Maintain written record for minimum 2 years post-enrolment.	Compliance Manager
10	Reporting: Notify ASQA or relevant authorities if required.	Compliance Manager
11	Review and Improvement: Evaluate incident response and log any system improvements in the CI Register.	CEO / Compliance Manager

9. Related Documents

 Critical Incident Report Form

 Critical Incident Register

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business

Doc Control Number: rev 01

Date – 01-07-2025

- 📄 Student Handbook
- 📄 Emergency Contact List
- 📄 Support Referral Form
- 📄 Continuous Improvement Register
- 📄 PP26 - Risk Management and Mitigation Policy
- 📄 PP44 - Workplace Health and Safety Policy
- 📄 PP12 - Student Support Services Policy

10. Flow chart

Critical Incident Management Procedure



PP44 – Workplace Health and Safety Policy

1. Purpose

This policy ensures the RTO maintains a safe, healthy, and compliant learning and working environment for VET students, staff, visitors, and third parties, meeting obligations under relevant workplace health and safety legislation and the Standards for RTOs 2025.

2. Scope

This policy applies to all RSC's staff, students (including those on work placement), contractors, visitors, and third-party providers involved in RSC's operations.

3. Definitions

Term	Description
WHS	Work Health and Safety.
Hazard	A source or situation with potential to cause harm.
Risk	The likelihood and consequence of injury or illness.
Incident	Any unplanned event resulting in or with the potential for injury or damage.

4. Policy Statement

The RTO is committed to ensuring that:

- ✚ Hazards are identified and managed through risk assessments and controls.
- ✚ All staff and students are informed of WHS obligations and safe practices.
- ✚ Emergency procedures are in place, communicated, and regularly tested.
- ✚ Incident and injury reporting systems are maintained and reviewed.
- ✚ WHS responsibilities are clearly assigned and monitored.
- ✚ Compliance is maintained with relevant Work Health and Safety Acts across Australian jurisdictions.
- ✚ Students under 18 and vulnerable individuals are given additional consideration under safety protocols.

5. Legislative and Regulatory References

- ✚ Work Health and Safety Act 2011 (Commonwealth and relevant state/territory legislation)
- ✚ Standards for RTOs 2025 – Outcome Standard 4.3

🚩 National Principles for Child Safe Organisations

🚩 ASQA Guidelines on Risk

6. Responsibilities

Role	Responsibilities
CEO	Ensures WHS policies and procedures are implemented and compliant.
Compliance Manager	Conducts risk assessments, incident reviews, and WHS training audits.
Trainers/Assessors	Communicate safe practices, report hazards, ensure safe environments.
Student Support/Admin	Assist with inductions, maintain registers, support emergency responses.
All Staff and Students	Follow WHS procedures, report hazards and incidents, use PPE.

7. WHS Procedure – Step-by-Step

Step	Action	Responsible Person
1	Conduct regular WHS risk assessments for classrooms, admin areas, and work placements.	Compliance Manager
2	Provide WHS induction to all new staff and students, including emergency protocols.	Admin Officer / Trainer
3	Post emergency contact info and evacuation diagrams in all areas.	Admin Officer
4	Record incidents/injuries in the Incident Report Form and log into the WHS Register.	Staff / Compliance Manager
5	Investigate and address hazards or incidents promptly with corrective actions.	Compliance Manager / CEO
6	Conduct and document regular WHS drills (e.g., fire, lockdown).	Admin Officer
7	Review WHS policies and risk management strategies annually or after major incidents.	Admin Officer
8	Ensure safe access, lighting, ventilation, and emergency equipment are operational.	Admin Officer
9	Provide specific safety instructions during work placements or high-risk activities.	Trainer / Host Employer

Step	Action	Responsible Person
10	Apply National Principles for Child Safety when engaging under-18 students.	Compliance Manager/CEO

8. Related Documents

- 📄 WHS Risk Assessment Template
- 📄 Incident Report Form
- 📄 WHS Register
- 📄 Staff and Student Induction Checklist
- 📄 Emergency Evacuation Plan

9. Flow chart

Workplace Health and Safety Procedure



PP45 – IT Systems and Security Policy

Section: VET Workforce and Governance

Standard: Outcome Standard 4.3

1. Purpose

This policy outlines the measures taken by the RTO to manage and safeguard its information technology (IT) systems and data. It ensures that digital infrastructure supports the secure delivery of training and assessment, protects sensitive information, and complies with the regulatory obligations under Outcome Standard 4.3.

2. Scope

Applies to all RSC's staff, students, third parties, and contractors who access or manage the RTO's IT systems, including Student Management Systems (SMS), Learning Management Systems (LMS), SharePoint, email services, and assessment storage platforms.

3. Definitions

Term	Definition
IT Systems	Infrastructure used to store and process data (e.g., SMS, LMS, email, cloud platforms).
Cybersecurity	Measures taken to protect IT systems from unauthorised access or attacks.
LMS	Learning Management System used for delivering and tracking training activities.
SMS	Student Management System used for storing student enrolment, assessment, and certification records.

4. Legislative and Regulatory Reference

- ✚ Standards for RTOs 2025 – Outcome Standard 4.3
- ✚ Privacy Act 1988 (Cth)
- ✚ Australian Cyber Security Centre (ACSC) Guidelines
- ✚ National VET Data Policy
- ✚ Notifiable Data Breaches Scheme

5. Policy Statement

RSC is committed to:

- ✚ Ensuring the availability, integrity, and confidentiality of its IT systems and student data.

- ✚ Implementing preventative measures to protect data from unauthorised access, breaches, and loss.
- ✚ Providing staff with training and guidelines on secure IT use.
- ✚ Ensuring secure backup and retention of electronic records.

6. Responsibilities

Role	Responsibility
Compliance Manager	Oversees IT system policies and audits.
IT Support / Contractor	Implements technical security controls and performs regular maintenance.
Admin and Trainers	Ensure secure handling of student data within SMS and LMS.
All Staff	Adhere to security protocols and report breaches.

7. IT Security Practices

- ✚ All systems require secure logins with role-based access control.
- ✚ Passwords must be changed every 90 days and stored securely.
- ✚ Staff must not share login credentials.
- ✚ Two-factor authentication is enabled for systems holding sensitive data.
- ✚ Antivirus and firewall protections are installed and regularly updated.

8. Backup and Recovery

- ✚ Weekly data backups of SMS, LMS, and SharePoint.
- ✚ Backup copies stored in encrypted cloud storage and secure local drives.
- ✚ Monthly backup integrity tests.
- ✚ Disaster Recovery Plan tested annually.

9. Incident Response

If a breach or cyber incident occurs:

1. Incident must be reported to the Compliance Manager/CEO within 24 hours.
2. Investigation conducted with IT personnel.
3. Report logged in the IT Incident Register.
4. Notify affected stakeholders where required under the Notifiable Data Breaches Scheme.
5. Preventative measures documented in the Continuous Improvement Register.

10. Acceptable Use Guidelines

- ✚ Staff and students must only use RSC's IT systems for authorised educational and administrative purposes.
- ✚ Prohibited uses include unauthorised software installation, data tampering, and use of systems for personal business or inappropriate content.
- ✚ Breaches of acceptable use may result in disciplinary action.

11. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Provide system access based on user role and function.	Compliance Manager / CEO
2	Train staff on IT use, data security, and privacy.	Compliance Manager/CEO
3	Perform weekly data backups and secure storage.	IT Officer
4	Conduct quarterly audits of SMS, LMS, and file access.	Compliance Manager
5	Respond to data breaches using incident protocol.	Compliance Manager / IT Officer
6	Log all IT incidents and improvements in registers.	Compliance Manager
7	Review IT systems annually for risks and improvement.	CEO / Compliance Manager

12. Related Documents

- ✚ PP34 - Data Privacy and Record Keeping Policy
- ✚ PP44 - Workplace Health and Safety Policy (includes workstation safety)
- ✚ PP43 - Critical Incident Management Policy
- ✚ IT Incident Register
- ✚ Staff Induction Manual
- ✚ Acceptable Use Agreement

13. Flow chart

IT Systems and Security Process



PP46 – Communication with VET Regulator Policy

1. Purpose

This policy ensures the RTO complies with its legal obligations under the Standards for RTOs 2025, specifically Clauses 16 and 17, by maintaining timely, accurate, and transparent communication with the National VET Regulator (ASQA).

2. Scope

Applies to all governing persons, CEO, Compliance Manager, and staff involved in third-party agreements, data provision, or material change management.

3. Legislative References

- Standards for RTOs 2025 – Clauses 16 & 17
- National Vocational Education and Training Regulator Act 2011
- Data Provision Requirements
- ASQA General Directions
- Third Party Services Guidance

4. Definitions

Term	Definition
Material Change	Any change that significantly affects the RTO's ability to comply (e.g., change of ownership, key personnel, location, scope).
Governing Person	Any person involved in the governance of the RTO, such as CEO, Directors.
Third Party	Any external entity delivering services on behalf of the RTO.
ASQA net	The online platform used to notify ASQA of material changes.

5. Policy Statement




RSC is committed to maintaining transparency and regulatory compliance through proactive communication with ASQA by:

- Notifying material changes within 10 business days as required under Clause 16;
- Reporting changes in ownership or governing persons as soon as practicable or within the prescribed timeframe;

- ✚ Submitting written/electronic notifications and responding to ASQA requests promptly;
- ✚ Ensuring all third-party agreements meet the minimum requirements in Clause 17, including notifying ASQA within 30 calendar days of their commencement and termination.







6. Detailed Procedure – Step-by-Step

Step	Action	Responsible Person
1	Monitor operations for material changes, including: ownership, CEO location, delivery, scope, or financial position.	CEO / Compliance Manager
2	Identify whether the change qualifies under Clause 16.	Compliance Manager
3	Notify ASQA via ASQA net within 10 business days of the event.	CEO
4	For changes in ownership or governing persons: <ul style="list-style-type: none"> ✚ If prospective and known: notify before the change. ✚ If only known after: notify within 10 business days. 	CEO
5	Respond promptly to any further ASQA requests regarding the change.	Compliance Manager
6	For any third-party arrangement: Draft agreement ensuring it includes all required details: <ul style="list-style-type: none"> ✚ Business/trading names ✚ Dates ✚ Responsibilities ✚ Monitoring rights ✚ Prohibited use of logos/branding ✚ Mandatory ASQA cooperation clause 	Compliance Manager
7	Enter the agreement before delivery begins and submit notification to ASQA within 30 calendar days.	CEO
8	When the third-party agreement ends, notify ASQA within 30 calendar days of termination.	Compliance Manager
9	Maintain a Communication with Regulator Register, including: <ul style="list-style-type: none"> ✚ Date of notification ✚ Type of change 	Admin Officer





Step	Action	Responsible Person
	<ul style="list-style-type: none">  Documents submitted  Actioned by  ASQA response (if any) 	
10	Conduct annual review to ensure no missed obligations.	CEO / Compliance Manager

7. Third-Party Agreement Compliance (Clause 17)

All third-party agreements must:

-  Be written and signed before services commence;
-  Include monitoring rights and responsibilities;
-  Prohibit use of NRT logo or RTO branding;
-  Prohibit issuing certification;
-  Require full cooperation with ASQA;
-  Be notified to ASQA upon signing and termination.

8. Compliance Tools

-  Communication with Regulator Register
-  Third Party Agreement Template
-  Material Change Notification Checklist
-  Annual Compliance Review Checklist

9. Additional Compliance Requirements and Events

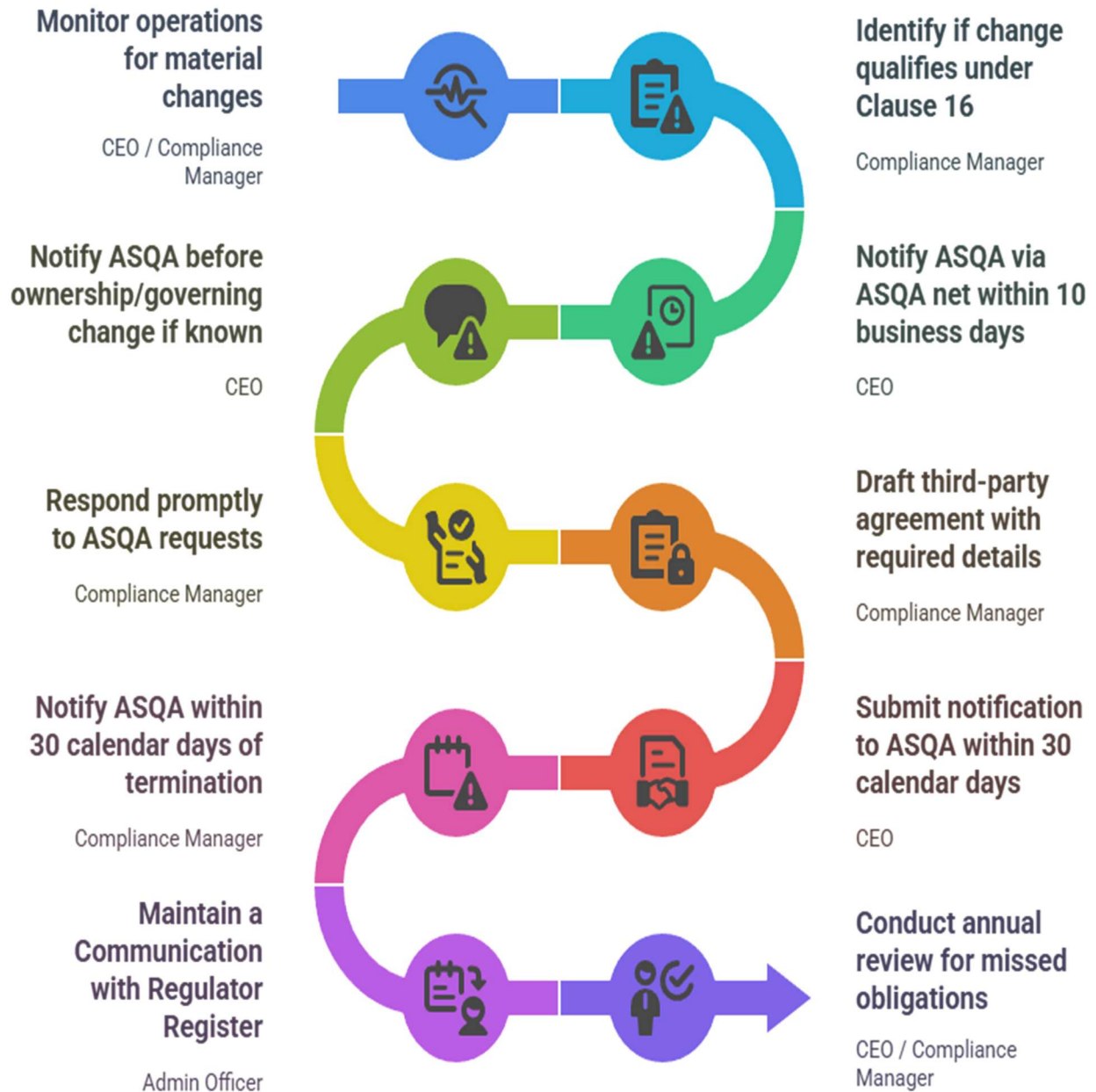
-  In line with Clauses 16 and 17 of the Standards for RTOs 2025 and the National VET Regulator Act 2011, the RTO must also ensure compliance with the following reporting and regulatory obligations:

Event	Compliance Requirement	Deadline	Responsible Person
QI Data Submission	Submit Quality Indicator (QI) data to ASQA via the required reporting tool	By 30 June each year	Compliance Manager

Event	Compliance Requirement	Deadline	Responsible Person
Re-registration Application	Submit a full re-registration application including supporting evidence and declarations	Minimum 90 days before expiry	CEO / Compliance Manager
Update to Contact Details	Notify ASQA of changes to email, phone, address or contact personnel via ASQAnet	Within 10 business days	Compliance Manager
Change in Campus/Delivery Location	Notify ASQA of any new, relocated, or ceased delivery site	Within 10 business days	CEO / Compliance Manager
Change in Scope of Registration	Apply for addition or removal of units/qualifications on scope through ASQAnet	Prior to delivery or cessation	CEO / Compliance Manager

10. Flow chart

Communication with VET Regulator Procedure



PP47 – Privacy Policy

1. Purpose

This policy outlines how the RTO collects, uses, discloses, stores, and protects personal information in accordance with the Privacy Act 1988, including the Australian Privacy Principles (APPs). The policy ensures RTO staff and students understand their privacy rights and the organisation's responsibilities in managing personal and sensitive data.

2. Scope

This policy applies to all RTO personnel, students, and third parties who handle or access personal or sensitive information relating to VET operations, including during enrolment, training, assessment, and support services.

3. Definitions

Term	Definition
Personal Information	Information that identifies or can reasonably identify an individual (e.g., name, address, phone number, email, USI).
Sensitive Information	Information such as health status, racial/ethnic origin, disabilities, and other data requiring a higher level of protection.
APPs	Australian Privacy Principles outlined under the Privacy Act 1988.
Data Breach	When personal information is accessed, disclosed, or lost in an unauthorised or accidental manner.

4. Legislative References

- Standards for RTOs 2025 – Clause 20
- Privacy Act 1988 (Cth)
- Australian Privacy Principles (APPs)
- National VET Data Policy
- Student Identifiers Act 2014

5. Policy Statement

RSC is committed to protecting the privacy and confidentiality of all individuals' personal and sensitive information. The RTO will:

- Collect only necessary information relevant to enrolment, training, support, and compliance;

- ✚ Inform individuals about the purpose of collection and how their data will be used;
- ✚ Obtain written consent before sharing data with third parties unless required by law;
- ✚ Ensure records are stored securely and retained in accordance with regulatory obligations;
- ✚ Respond to privacy complaints or requests to access personal data within 10 business days.

6. Collection and Use of Information

- ✚ Information is collected during the pre-enrolment and enrolment process, including via the Enrolment Form and Pre-Training Review.

- ✚ **Data collected may include:**

- Identity details (e.g., name, date of birth)
- Contact details
- USI
- Emergency contact details
- Health or disability disclosures (with consent)
- Citizenship/visa status

- ✚ **This data is used to:**

- Provide training and assessment
- Manage student records
- Comply with AVETMISS and other government reporting
- Issue AQF certification

7. Storage and Security

All personal data is stored securely using:

- ✚ Student Management System (SMS) for enrolment and academic records
- ✚ SharePoint or encrypted cloud storage for administrative files
- ✚ Access control protocols to restrict data to authorised staff
- ✚ Backups and IT security measures to protect electronic files

8. Disclosure

RSC may disclose personal information to:

- ✚ Commonwealth and State Government departments
- ✚ NCVER and other regulatory bodies
- ✚ Third-party service providers only with prior written consent

No data will be sold or disclosed for marketing without permission.

9. Access and Correction

- ✚ Individuals may request access to their records by contacting the Admin Officer.
- ✚ Any incorrect or outdated personal information will be updated upon verification.
- ✚ Responses will be provided within 10 business days.

10. Breach Management

In the event of a suspected or confirmed privacy breach:

1. The Compliance Manager will conduct an immediate assessment.
2. Individuals affected will be notified if required.
3. The breach will be reported to the Office of the Australian Information Commissioner (OAIC), where applicable.

11. Procedure – Step-by-Step

Step	Action	Responsible Person
1	Collect personal and sensitive information at enrolment with consent.	Admin Officer
2	Store records in secure systems (SMS, SharePoint, finance tools).	Admin Officer / IT Officer
3	Restrict data access to authorised personnel.	Compliance Manager
4	Share data with government or third parties only with consent or as required by law.	Compliance Manager
5	Provide access to records upon student request.	Admin Officer
6	Handle correction requests within 10 business days.	Admin Officer
7	Investigate and report data breaches promptly.	Compliance Manager
8	Train staff on privacy principles annually.	Compliance Manager
9	Review policy every 12 months or after legislative change.	CEO

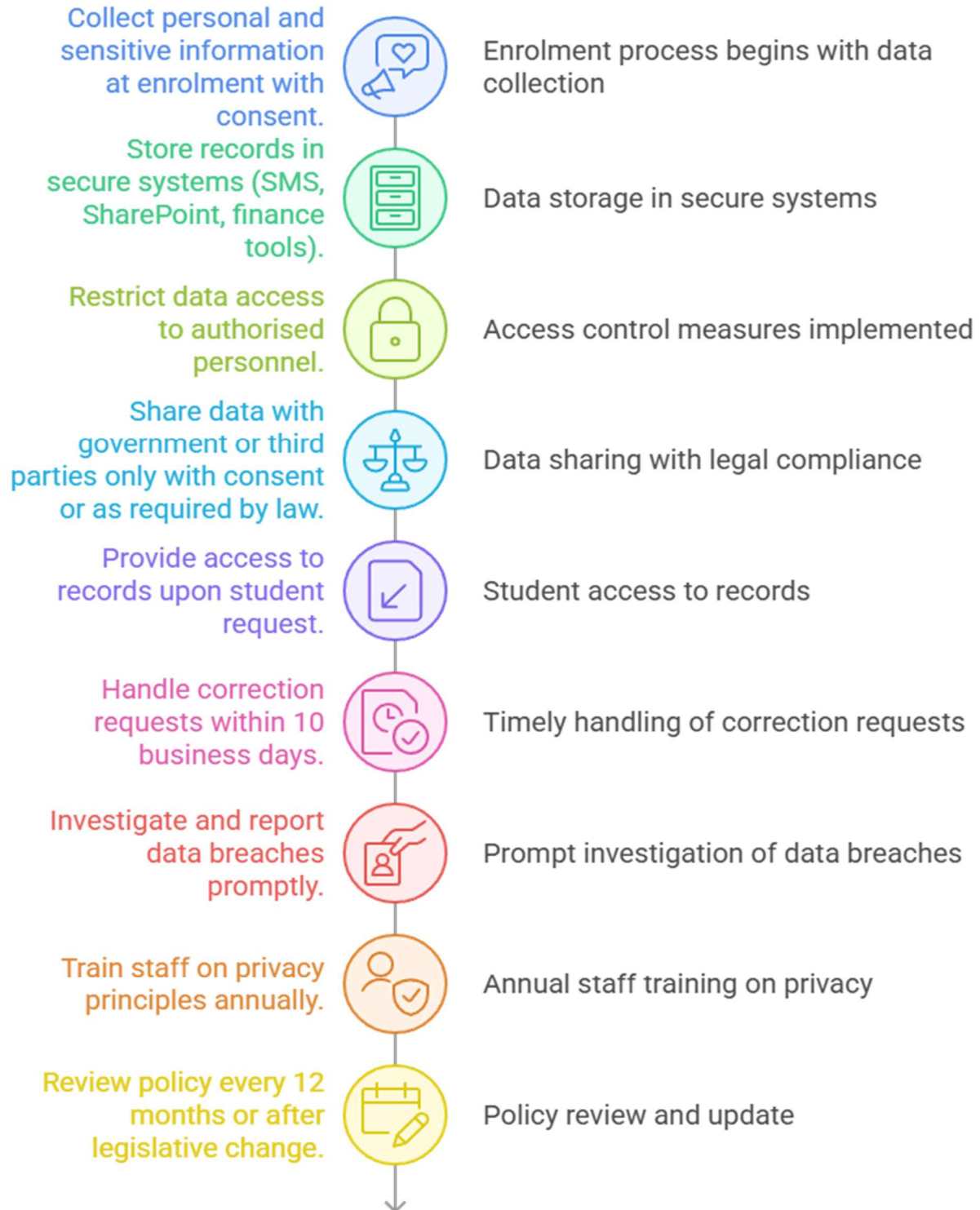
12. Related Documents

- ✚ Enrolment Form
- ✚ Student Handbook
- ✚ Privacy Consent Form
- ✚ Data Breach Response Plan
- ✚ PP34 - Data Privacy and Record Keeping Policy

 Academic File Security Procedure

13. Flow chart

Privacy Policy



PP48 – Orientation Program Policy

1. Purpose

This policy ensures that all new students—domestic and international—receive an effective orientation that supports their successful integration into study, ensures their rights and obligations are understood, and complies with the Standards for RTOs 2025 and National Code 2018 (Standards 6.8, 7.1, and 7.2).

2. Scope

This policy applies to:

- ✚ All newly enrolled students in nationally recognised training programs
- ✚ All CRICOS-registered courses
- ✚ Trainers, student support staff, and administrative personnel involved in the orientation process

3. Objectives

- ✚ Equip students with essential academic, administrative, and welfare information
- ✚ Promote student safety, wellbeing, and awareness of support services
- ✚ Outline training expectations and student responsibilities
- ✚ Ensure compliance with legislative and quality standards

4. Legislative References









- ✚ Standards for RTOs 2025 – Outcome Standards 2.1, 2.2, 2.6
- ✚ ESOS Act 2000
- ✚ National Code 2018 – Standards 6, 7
- ✚ Privacy Act 1988
- ✚ Work Health and Safety Act 2011

5. Policy Statement

RSC is committed to delivering a structured and engaging orientation to every student. The orientation:

- ✚ Occurs before the official start of training
- ✚ May be delivered face-to-face or virtually
- ✚ Is tailored to both domestic and international student needs
- ✚ Is supported by trained staff and interpreters (where needed)

6. Orientation Content

Topic Area	Details Covered
Welcome & Introduction	Meet key staff, RTO tour, community welcome (for international students)
Course Overview	Training schedule, unit structure, attendance, assessments
Student Rights & Responsibilities	Code of conduct, academic honesty, student feedback and appeal processes
Support Services	<ul style="list-style-type: none">  LLND Support: Access to assistance for language, literacy, numeracy and digital skills  Disability Support: Adjustment plans, accessibility support and inclusive learning practices  First Nations Support: Cultural safety, dedicated liaison or mentor (if available)  Mental Health & Counselling: Internal or referral-based counselling access.  Academic Support: Trainer consultations, study skills sessions, extensions or alternate formats  Career & Pathways: Resume help, career guidance, transitioning support for further study or work  Referral Pathways: Referrals to community services (housing, food banks, legal support etc.)  Contacting Support: How to access help – email, portal, face-to-face, or scheduled appointments
Complaints & Appeals	Overview of internal procedures and external options
Visa Obligations (CRICOS)	Attendance, course progression, contact details update, work restrictions
Safety & Wellbeing	Emergency contacts, WHS protocols, personal safety tips
USI & Enrolment Finalisation	Verifying USI, ID, and any enrolment document follow-up

7. Procedure – Step-by-Step

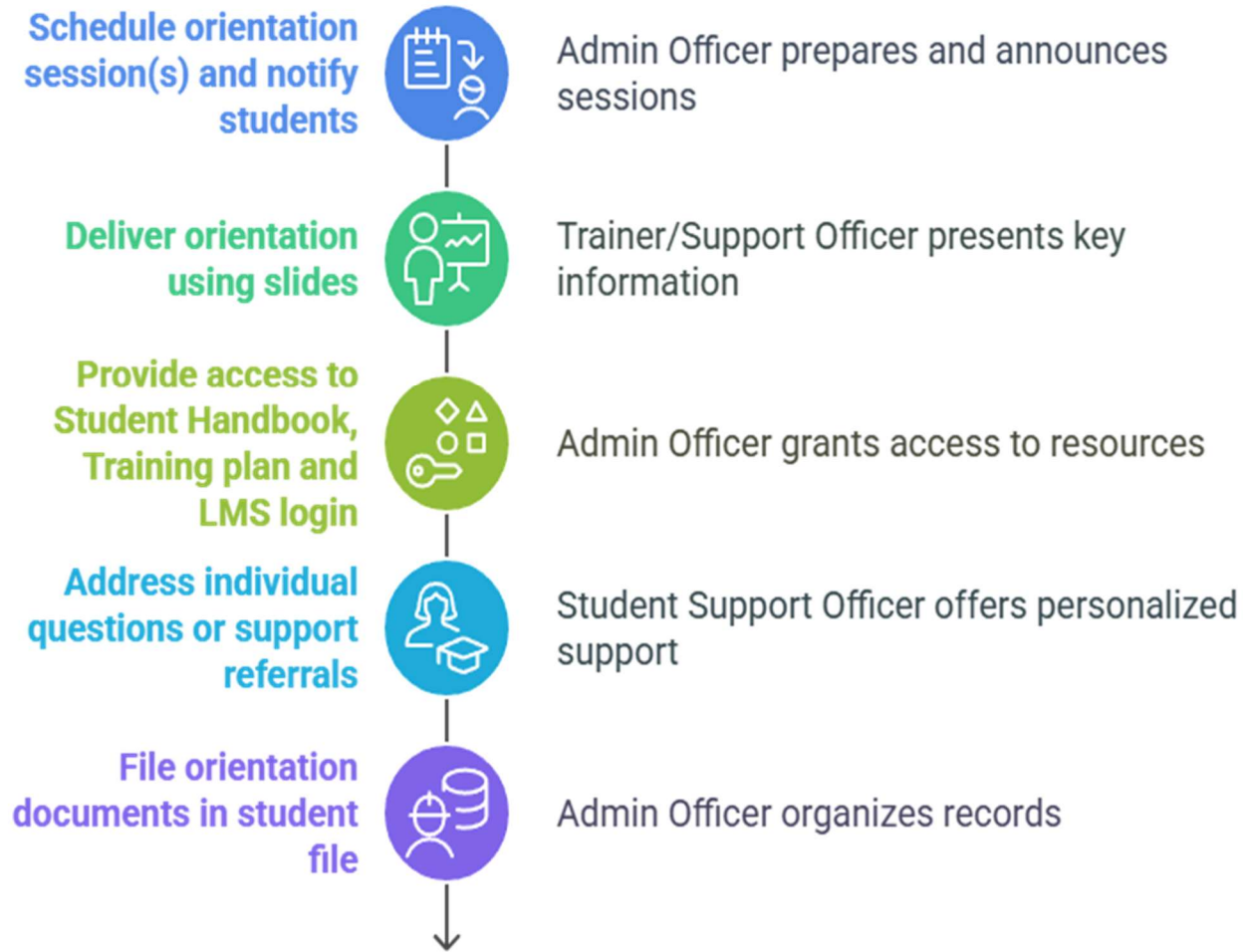
Step	Action	Responsible
1	Schedule orientation session(s) and notify students	Admin Officer

Step	Action	Responsible
2	Deliver orientation using slides	Trainer / Support Officer
3	Provide access to Student Handbook, Training plan and LMS login	Admin Officer
4	Address individual questions or support referrals	Student Support Officer
5	File orientation documents in student file	Admin Officer

8. Documentation Required

- 📄 Student Handbook
- 📄 Orientation slides
- 📄 LMS / Portal Access Credentials
- 📄 Training plan (timetable)
- 📄 Individual Support Referrals (if applicable)

Orientation Program Process



PP49 – Course Progress Policy

1. Purpose

To ensure Vocational RTO systematically monitors the academic progress of all international students and proactively intervenes to support those at risk of not meeting course progress requirements, in full compliance with Standard 8 of the National Code 2018.

2. Scope

This policy applies to:

- All international students studying on a student visa
- Trainers, Assessors, Student Support Officers, Academic and Compliance Teams

3. Definitions

Term	Definition
Course Progress	A student's advancement within a course toward the completion of qualification outcomes.
Study Period	Defined as academic term typically within 10-12 weeks
Satisfactory Progress	Student is assessed as competent by achieving satisfactory result in all units undertaken in a study period.
At Risk	Student has been assessed as Not Yet Competent (NYC) if satisfactory results have not been achieved in a study period.
PRISMS	Provider Registration and International Student Management System used for visa compliance reporting.

4. Legislative References

- National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standard 8
- Education Services for Overseas Students (ESOS) Act 2000
- Migration Act 1958
- Migration Regulations 1994
- Revised Standards for RTOs 2025

5. Policy Statement

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

Risen Star College, RSC is committed to ensuring that all international students have the opportunity and support to achieve satisfactory course progress and complete their qualification within the expected duration, as recorded on their Confirmation of Enrolment (CoE). This policy has been developed in accordance with Standard 8 of the National Code 2018, which outlines the requirements for monitoring course progress and managing student performance.

In compliance with Standard 8, Vocational RTO will:

Monitor Academic Progress (Clauses 8.1 – 8.2, 8.4, 8.14)

- ✚ Risen Star College actively monitors and assesses the course progress of each student in their current enrolment. This assessment is conducted at the end of each compulsory study period, which is typically a Term lasting 10-12 weeks. The purpose is to ensure that students are on track to complete the course within the expected duration stated on their Confirmation of Enrolment (CoE).
- ✚ Satisfactory course progress is defined as a student successfully achieving competency in all required assessments up to that point in time. On the other hand, unsatisfactory course progress is when a student fails to complete all required assessments. In such cases, immediate action is taken to engage with the student and discuss timelines for completing the outstanding assessments.
- ✚ To monitor course progress, Risen Star College reviews the competency records of each student in the student management system. A competency achieved report is generated at the end of the Term comparing the units of competency completed by each student with the course progress requirements outlined in the training and assessment strategy. If a student is found to be falling behind in satisfactory course progress, the course progress intervention strategy is implemented.
- ✚ RSC maintains documented processes to identify, notify, and support students who are at risk of not meeting academic requirements.

Define and Apply Satisfactory Course Progress (Clause 8.3, 8.15–8.16)

- ✚ Satisfactory course progress is defined as a student successfully achieving competency in all required assessments up to that point in time. On the other hand, unsatisfactory course progress is when a student fails to complete all required assessments
- ✚ A student will be considered "at risk" if assessed as Not Yet Competent (NYC) in a study period

Implement Intervention Strategies (Clauses 8.4–8.5, 8.17–8.19)

To initiate the Intervention Strategies, the following steps are to be included. Please also refer to the Intervention Strategy Procedure in page PP236-237

- ✚ Contact the student: The student is to be contacted via phone or email and requested to attend Risen Star College for a meeting with the Senior Trainer to discuss their course progress.
- ✚ Gather relevant details: The Senior Trainer will gather all relevant information about the student's progress, including assessment results, course progression records, and notes from trainers.
- ✚ Meet with the student: The Senior Trainer will meet with the student to discuss their course progress. During this meeting, they will explain the reporting process and the obligations of the RTO (Registered Training Organisation) in terms of reporting to the Secretary of the Department of Education through PRISMS.

- ✚ Consider support services: The Senior Trainer may assess the need for referrals to support services, such as the Welfare Counsellor, if there are personal issues affecting the student's study. These referrals should be documented as part of the intervention strategy.
- ✚ Determine intervention strategies: The Senior Trainer may consider various intervention strategies to support the student's course progress. These strategies can include English language support, LLND, assistance with academic skills, student counselling, attending study groups or makeup sessions, practical workshops, referrals to external support agencies, course review and possible transfer, unit repetition, teacher reporting, and regular meetings to monitor progress. The specific strategies will be determined on a case-by-case basis, considering the student's current and previous results, attendance records, and any previously implemented interventions or counselling.
- ✚ Document the intervention strategy: The Senior Trainer, in collaboration with the student, will identify and document the planned intervention strategy. The strategy should clearly outline the strategies to be applied, start and end dates, agreed milestones the student must achieve, and how the progress will be monitored. It should also communicate the available opportunities and services to the student, as well as the risk of not making satisfactory course progress.
- ✚ Assess student work and record outcomes: The trainer will assess the student's work and provide a summary of the outcomes to the Senior Trainer. The outcome for each unit will be entered into the student management system, which provides a cumulative student record. A progress report will be generated at the end of each Term, identifying any student who is failing to meet unit requirements as specified in the course timetable. The Senior Trainer will then speak with the trainer and the student to assess if the student is at risk of not achieving satisfactory progress.
- ✚ Maintain records: The Senior Trainer is responsible for keeping records of the advice and assistance provided to students who have received support under the intervention strategy. These records should be appropriately documented and kept.
- ✚ Monitor the intervention and progress: The Senior Trainer will implement and monitor the intervention and the student's progress. They will attend further meetings as needed to evaluate the effectiveness of the intervention.
- ✚ Document and store records: A summary of the support/intervention actions implemented will be recorded on the Student Support Intervention record and placed in the student's file. Any meeting notes will also be noted in the student management system and kept on the student's file.

Report Unsatisfactory Progress (Clauses 8.5, 8.20–8.21)

- ✚ Issue a Notice of Intention to Report (NOIR) to students who fail to meet course progress over two consecutive study periods.
- ✚ Include in the notice:
 - The reasons for the intention to report;
 - The student's right to access the Complaints and Appeals process within 20 working days.
- ✚ Only report students in PRISMS if:
 - The student does not appeal within the allowed time;
 - The appeal process is completed and supports RSC's decision;

- The student withdraws from the process.

Limitations on Online or Distance Study (Clause 8.9)

- ✚ Ensure that no more than one-third of the total course is studied by distance or online delivery.
- ✚ Require that, in each compulsory study period, students are enrolled in at least one unit that is not online or distance-based, unless the student is completing their final unit.

Extensions and Course Duration (Clause 8.16)









- ✚ Allow extensions to a student’s course duration only in the following circumstances:
 - Compassionate or compelling reasons (with documentary evidence);
 - A documented intervention strategy is in place;
 - An approved suspension or deferment has been granted.
- ✚ Report any course duration variation in PRISMS and retain supporting evidence on the student’s file.

Visa Compliance and Student Advice (Clause 8.22)

- ✚ Where a student's enrolment is extended, advise them to contact the Department of Home Affairs to determine whether a new visa is required.
- ✚ Maintain open communication and written advice to students on visa implications, reporting responsibilities, and appeal rights.

6. Procedure – Step-by-Step

Step	Action	Responsibility	Details / Notes
1	Record Unit Outcomes	Trainer / Assessor	Trainers assess and enter results into the Student Management System (SMS) after each unit.
2	Monthly progress review	Trainer / SSO	The trainer must notify Student Support if a student is not submitting assessments or has received an NYC (Not Yet Competent) outcome for any unit. Student Support will then send a follow-up email to the student to ensure early intervention.
3	End of Term Review	Trainer / Assessor/SSO	At the end of each term, student progress is reviewed to identify students who have achieved competence.
4	Identify At-Risk Students	Trainer / Assessor/SSO	Students who have not achieve competence of attempted units are flagged as “At Risk.”
5	Issue First Warning Letter	Trainer / Assessor/SSO	Written notification sent, advising of academic concern and requesting the student attend an intervention meeting.

6	Schedule Intervention Meeting	Trainer / Assessor/SSO	Meeting scheduled within 7 days of First Warning. Written record to be kept.
7	Conduct Intervention Meeting	Trainer / Assessor/SSO	Identify reasons for poor progress, develop and document Individual Intervention Plan (IIP) with the student. May include: <ul style="list-style-type: none">  Extra classes or tutoring  LLND or English support  Modified timetable  Counselling referral
8	Monitor Progress Under Intervention	Trainer / Assessor/SSO	Student's performance reviewed fortnightly or monthly. Records updated in SMS. Adjust support as needed.
9	Issue Second Warning (if no engagement)	Trainer / Assessor/SSO	If the student fails to attend the intervention meeting or refuses to engage, a Second Warning Letter is issued within 7 days.
10	Schedule Intervention Meeting	Trainer / Assessor/SSO	Meeting scheduled within 7 days of Second Warning. Written record to be kept.
11	Conduct Intervention Meeting	Trainer / Assessor/SSO	Identify reasons for poor progress, develop and document Individual Intervention Plan (IIP) with the student. May include: <ul style="list-style-type: none">  Extra classes or tutoring  LLND or English support  Modified timetable  Counselling referral
12	Monitor Progress Under Intervention	Trainer / Assessor/SSO	Student's performance reviewed fortnightly or monthly. Records updated in SMS. Adjust support as needed.
13	Review End-of-Second Term Results	Trainer / Assessor/SSO	If, at the end of Second Term, student is still NYC (Not Yet Competence) for two consecutive study periods, move to reporting stage.
14	Issue Notice of Intention to Report (NOIR)	Trainer / Assessor/SSO	Written notice outlines intention to report, reason for report, and the student's right to appeal within 20 working days.
15	Complaints and Appeals Process	Student / Complaints Officer	If student appeals, pause reporting process and await outcome. Maintain full records.

16	Finalise Reporting in PRISMS	SSO	If no appeal or appeal is unsuccessful, student is reported in PRISMS for unsatisfactory course progress.
17	Advise Student on Visa Impacts	SSO	Student is advised in writing to contact Department of Home Affairs for visa implications.
18	Retain All Records	Admin	Keep records of warnings, meetings, intervention plans, and correspondence for 2 years after student ceases enrolment.

Intervention Strategy Procedure

Once a student is identified as at risk, the following intervention strategy will be implemented:

Step 1 – Notification to the Student

- ✚ The student will be contacted in writing and/or in person to attend a formal meeting with the Academic Coordinator or Student Support Officer.
- ✚ A written notification will outline the concern regarding course progress and inform the student of their obligation to engage in the intervention process.

Step 2 – Initial Academic Review Meeting

- ✚ The student will attend a course progress review meeting to discuss academic performance, possible barriers to progress, and support options.
- ✚ An Individual Intervention Plan will be developed in consultation with the student. This may include one or more of the following strategies:
 - Attending additional tutorial or study support sessions
 - Participating in English language or LLN support classes
 - Receiving one-on-one mentoring or academic counselling
 - Being placed on a revised study timetable or reduced load
 - Resitting assessments or undertaking reassessment tasks
 - Referral to personal counselling or external support services

Step 3 – Monitoring and Follow-up

- ✚ The student's progress will be monitored on a fortnightly or monthly basis, depending on the severity of the academic concern.
- ✚ Additional review meetings will be conducted as required.
- ✚ All intervention actions and progress will be documented and retained on the student's file.

Step 4 – Non-Compliance with Intervention

- ✦ If the student fails to comply with the intervention strategy or does not demonstrate improvement, Risen Star College may issue an Intent to Report for unsatisfactory course progress via PRISMS.
- ✦ The student will be informed in writing and provided with 20 working days to access the Complaints and Appeals process before any report is made to the Department of Home Affairs.

4. Recordkeeping

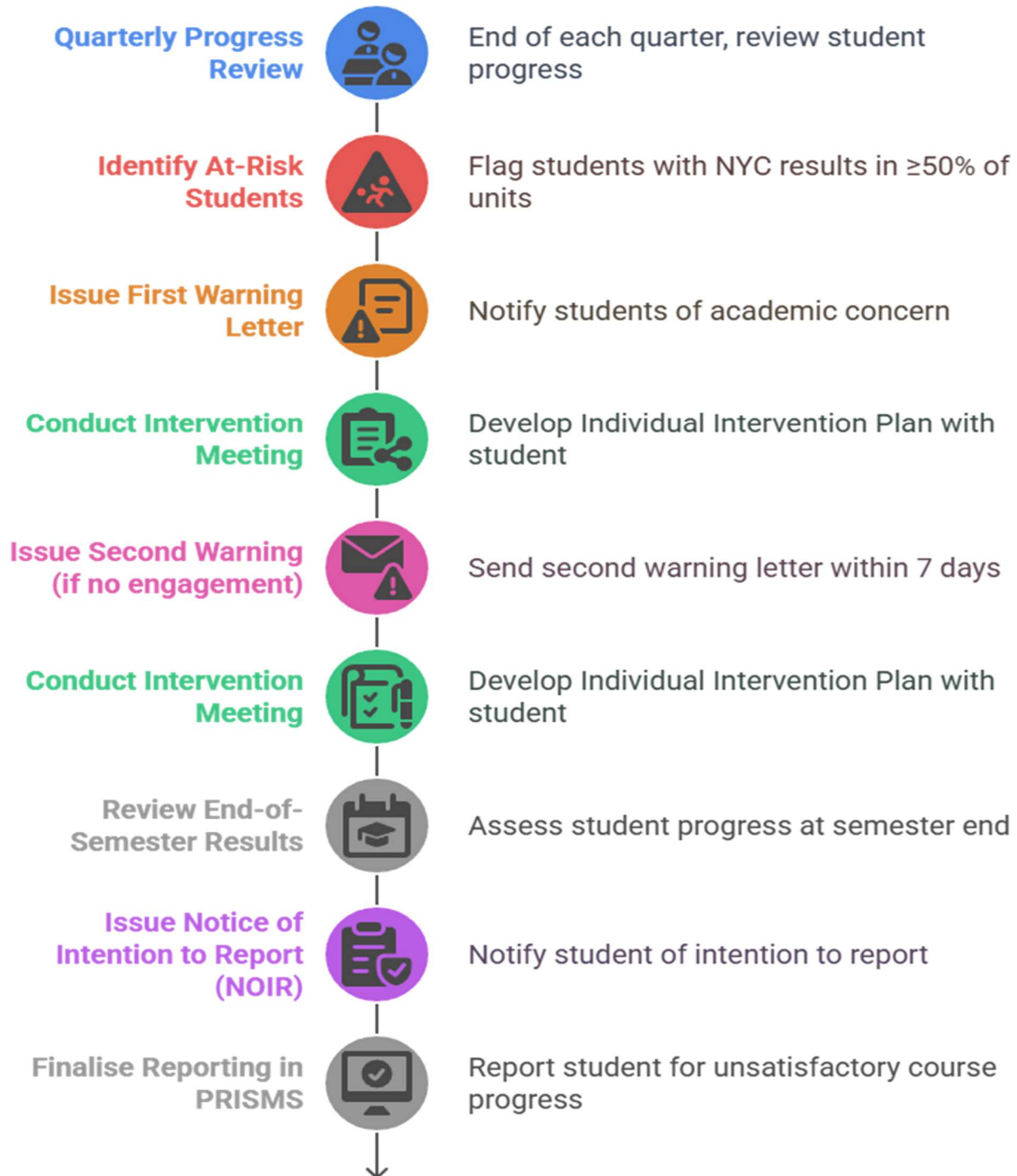
All documentation related to the intervention strategy, including the initial identification, communication with the student, meeting minutes, support plans, follow-ups, and outcomes will be recorded in the Student Management System and retained on the student's file for a minimum of two years from the date the student ceases to be an accepted student.

7. Relevant Documents

- ✦ Student Intervention Strategy Form
- ✦ First Warning Letter Template – Unsatisfactory Course Progress
- ✦ Second Warning Letter Template – Non-Engagement
- ✦ Notice of Intention to Report (NOIR) Template
- ✦ PP16-Feedback, Complaint and Appeal Policy
- ✦ Deferral, Suspension and Cancellation Policy
- ✦ Student Handbook
- ✦ PRISMS Reporting Guidelines

8. Flow chart

Course Progress Policy



PP50 Monitoring Student Attendance Policy

1. Purpose

To ensure Vocational RTO monitors and manages international student attendance effectively and complies with visa conditions, as required under Standard 8 of the National Code of Practice 2018. This policy outlines the requirements and processes to identify, support, and report students at risk of breaching attendance obligations.

2. Scope

This policy applies to:

- All international students studying on a student visa at Vocational RTO.
- Trainers, Assessors, Student Support Officers, and Compliance Officers responsible for monitoring and reporting attendance.

3. Definitions

Term	Definition
Satisfactory Attendance	Minimum 80% attendance over the scheduled course contact hours per study period.
Unsatisfactory Attendance	Attendance falls below 80%, unless compassionate or compelling reasons exist.
Study Period	6-month academic term (with internal reviews monthly or quarterly).
PRISMS	Provider Registration and International Student Management System.
Warning Letter	Formal written notice issued when attendance concerns arise.
NOIR	Notice of Intention to Report a student to Immigration for breaching visa conditions.

4. Legislative References (List Format)

- National Code of Practice 2018 – Clauses 8.10 to 8.13, and 8.14 to 8.22
- Education Services for Overseas Students (ESOS) Act 2000
- Migration Act 1958 and Migration Regulations 1994
- Revised Standards for RTOs 2025

5. Policy Statement

RSC is committed to proactively monitoring international student attendance to ensure compliance with visa conditions and to support academic success and wellbeing.

All international students are required to maintain a minimum of 80% attendance throughout each study period. To enforce this, RSC conducts monthly attendance reviews using its Student Management System (SMS), supported by a structured early intervention and reporting process.

This policy ensures:

- ✚ Early identification of students at risk of unsatisfactory attendance;
- ✚ Transparent communication through progressive warnings and interventions;
- ✚ Opportunities for students to address attendance issues before a report is made to the Department of Home Affairs;
- ✚ Full compliance with Standard 8 of the National Code 2018, particularly clauses 8.10–8.22.

Where a student's attendance falls below 80%, but not below 70%, and they demonstrate satisfactory academic progress and compassionate or compelling reasons, RSC may exercise discretion and choose not to report.

Where attendance falls below 70%, and no valid reasons are presented, the student will be issued a Notice of Intention to Report (NOIR) and may be reported in PRISMS following due process.

6. Step-by-Step Attendance Monitoring Procedure

Step	Action	Responsibility	Details
1	Daily Attendance Recording	Trainers	Marked daily and recorded in SMS.
2	Monthly Attendance Review	SSO	At the end of each month, student attendance is analysed.
3	Early Detection (Below 85%)	SSO	Students close to or below 80% receive an early alert email/reminder with offer of support.
4	First Warning Letter (Below 80%)	SSO	Sent via email; student is asked to attend an intervention meeting.
5	Conduct Intervention Meeting	SSO	Discuss causes and create a formal Intervention Plan (e.g. timetable adjustments, counselling, referrals).
6	Second Warning Letter (No Show or No Improvement)	SSO	Issued if student does not respond or fails to attend meeting within 7 days.
7	Conduct Intervention Meeting	SSO	Discuss causes and create a formal Intervention Plan (e.g. timetable adjustments, counselling, referrals).

Step	Action	Responsibility	Details
7	Notice of Intention to Cancel CoE	SSO	If no change or response after second warning, issue NOIR; advise student of 20 working days to appeal.
8	Complaints and Appeals Process	Student / Compliance Officer	Student may lodge appeal; RTO pauses reporting process during appeal resolution.
9	PRISMS Reporting (if appeal not upheld or no response)	SSO	Student is reported for breach of visa condition under Standard 8.
10	Document Retention	Admin	All warnings, plans, attendance logs and emails are saved in SMS and retained for 2 years.
11	Advise student to contact Immigration	Student Support Officer	If enrolment is extended, inform the student in writing to seek advice from Department of Home Affairs regarding possible visa changes.

7. Compassionate or Compelling Circumstances (Standard 8.15 & 8.22)

Examples include:

- ✚ Serious illness or injury (with medical certificate)
- ✚ Bereavement of close family member
- ✚ Natural disasters
- ✚ Legal obligations (e.g. court appearance)
- ✚ Major trauma or personal crisis

All claims must be supported by evidence.

8. Appeals and Reporting

If a student is issued a Notice of Intention to Report, they have:

- ✚ 20 working days to access the RTO's Complaints and Appeals process.
- ✚ PRISMS report is paused during this period.

If the appeal is:

- ✚ Upheld → Student continues studies with conditions.
- ✚ Rejected or no response → Student reported in PRISMS.

9. Relevant Documents (List Format)

- 📄 Attendance Monitoring Policy (PP57)
- 📄 Daily Attendance Roll (paper/electronic)
- 📄 Intervention Plan
- 📄 First and Second Warning Letters
- 📄 Notice of Intention to Report (Attendance Breach)
- 📄 Feedback, Complaint and Appeal Policy
- 📄 Student Handbook
- 📄 PRISMS User Guide
- 📄 National Code 2018 – Standard 8

10. Flow chart

Monitoring Student Attendance Process



PP51 Deferral, Suspension and Cancellation of Enrolment

1. Purpose

To outline when and how a student's enrolment may be deferred, suspended, or cancelled, whether initiated by the student or by the RTO, in full compliance with Standard 9 of the National Code 2018.

2. Scope

Applies to:

- All international students on student visas;
- All staff responsible for enrolment management;
- Both student- and provider-initiated enrolment changes.

3. Definitions

Term	Definition
Deferral	Delay in starting the course, before the official commencement.
Suspension	A temporary pause in course enrolment after commencement.
Cancellation	Termination of the student's enrolment.
Compassionate or Compelling Circumstances	Circumstances beyond the student's control impacting studies (e.g. illness, bereavement).
PRISMS	System for reporting enrolment changes to the Department of Home Affairs.

4. Policy Statement

RSC is committed to managing the deferral, suspension, and cancellation of student enrolments in a manner that is fair, transparent, and compliant with the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018.

This policy ensures that students are provided with clear guidance on how changes to their enrolment status are assessed and processed, including their right to appeal and how such changes may impact their visa conditions.

1. Documented Process (Clause 9.1)

RSC has and implements this documented procedure for assessing, approving and recording student-initiated deferrals and suspensions. This includes:

- Submission of a formal request using the Deferral, Suspension or Cancellation Form;

- ✚ Provision of supporting documentation;
- ✚ Timely assessment by the appropriate staff member;
- ✚ Written notification of the outcome to the student;
- ✚ Accurate recording of all decisions in the Student Management System;
- ✚ Retention of all records for a minimum of two years after the student ceases to be enrolled.

2. Compassionate or Compelling Circumstances (Clause 9.2)

RSC may approve a deferral or suspension where compassionate or compelling circumstances exist. These circumstances may include, but are not limited to:

- ✚ Serious illness or injury supported by a medical certificate;
- ✚ Bereavement of close family members;
- ✚ Major personal trauma;
- ✚ Natural disaster or political unrest in the student's home country;
- ✚ Delay in the issuance of a student visa.

All cases are considered individually and assessed based on the evidence provided.

3. Provider-Initiated Suspension or Cancellation (Clause 9.3)

RSC may initiate suspension or cancellation of a student's enrolment for reasons that include, but are not limited to:

- ✚ Misbehaviour by the student (Clause 9.3.1);
- ✚ Non-payment of required fees as outlined in the written agreement (Clause 9.3.2);
- ✚ Breach of course progress or attendance requirements as outlined under Standard 8 (Clause 9.3.3).

All such actions are subject to procedural fairness and will not be finalised until the student has been offered the opportunity to appeal.

4. Notification and Appeals (Clause 9.4)

If RSC intends to suspend or cancel a student's enrolment, the following will occur before action is taken:

- ✚ The student will be informed in writing of the proposed action and the reasons for it (Clause 9.4.1);
- ✚ The student will be advised of their right to appeal through RSC's internal complaints and appeals process within 20 working days (Clause 9.4.2).

The enrolment will not be altered in PRISMS until the 20 working day appeal period has lapsed or the appeal process is concluded, unless exceptional circumstances apply (see Clause 9.6).

5. Visa Implications and Reporting (Clause 9.5)

If a student's enrolment is deferred, suspended, or cancelled:

- RSC will inform the student that they must seek advice from the Department of Home Affairs regarding the impact on their visa and whether a new visa is required (Clause 9.5.1);
- RSC will report the change to the student's enrolment status via PRISMS in accordance with Section 19 of the ESOS Act (Clause 9.5.2).

6. Appeals and Immediate Risk (Clause 9.6)

The suspension or cancellation of a student's enrolment cannot take effect until the internal appeals process is completed, except where the student's health or wellbeing, or the wellbeing of others, is at risk.

In such cases, RSC may take immediate action and continue to provide the student with the opportunity to access the appeals process simultaneously.

5. Grounds for Action

Student-Initiated (Deferral, Suspension, Cancellation)

- Medical issues (certified)
- Bereavement of immediate family
- Visa delay
- Natural disasters or political unrest
- Transfer to another provider (must follow transfer policy)

RSC-Initiated

- Academic misconduct or general misbehaviour
- Non-payment of tuition or fees
- Course progress or attendance breaches (in line with Standard 8)

6. Procedure – Step-by-Step

A. Student-Initiated Deferral or Suspension

Step	Action	Responsibility	Notes
1	Complete and submit the Deferral, Suspension or Cancellation Form with supporting documents (e.g. medical certificate, death certificate, visa delay letter)	Student	Request must be submitted 7 days prior to proposed leave start date unless due to emergency
2	Acknowledge receipt and check completeness of documentation	Admin Officer	Return incomplete applications to the student for revision
3	Assess application against compassionate or compelling criteria	Compliance Manager or CEO	Case-by-case evaluation; reasons must align with Standard 9.2

Step	Action	Responsibility	Notes
4	Make a decision and communicate the outcome in writing within 10 working days	Admin Officer	Include reasons for approval/refusal and right to appeal if declined
5	If approved, update PRISMS and record decision in Student Management System	Admin Officer	Ensure correct deferral/suspension dates are reflected on CoE. With in two weeks.
6	Advise student to contact Immigration regarding visa implications	Admin Officer	Include written notice and Home Affairs contact details

B. Student-Initiated Cancellation of Enrolment

Step	Action	Responsibility	Notes
1	Submit cancellation request form with reason and supporting evidence (if applicable)	Student	Must give formal notice of withdrawal
2	Acknowledge request and check documentation	Admin Officer	Ensure fees and financial matters are reconciled
3	Confirm exit process, finalise academic and financial record	Compliance Manager	Follow refund policy if applicable
4	Report cancellation in PRISMS and record in SMS	Admin Officer	Notify Home Affairs as per ESOS Section 19. With in 10 days.
5	Advise student in writing to contact Immigration regarding visa status	Admin Officer	Required under Standard 9.5.1

C. RSC-Initiated Suspension or Cancellation



Step	Action	Responsibility	Notes
1	Identify a breach or reason for action (e.g. misconduct, fee non-payment, poor attendance or progress)	Trainer/Assessor or Admin Officer	Must align with reasons in Clause 9.3
2	Notify student in writing of the proposed action, reasons, and supporting evidence	Compliance Manager	Letter must include reason and opportunity to respond

Step	Action	Responsibility	Notes
3	Advise student of their right to appeal within 20 working days under the Complaints and Appeals Policy	Admin Officer	No action taken in PRISMS during this time
4	If student does not appeal or appeal is unsuccessful, finalise decision and notify student	Compliance Manager	Include outcome letter and final deadline
5	Record all communications, evidence and decisions in SMS	Admin Officer	Retain for minimum of two years
6	Update PRISMS with enrolment change	Admin Officer	Update reason codes accurately
7	Advise student to contact Immigration	Admin Officer	Satisfies Clause 9.5.1
8	If student appeals, defer reporting until appeal is resolved unless there's a health or safety risk	Compliance Manager	Immediate action may be taken under Clause 9.6 only if justified

D. Risk-Based Immediate Suspension (Clause 9.6)

Step	Action	Responsibility	Notes
1	Identify serious safety, health or wellbeing risk	Compliance Manager / PEO	Must be clearly documented with evidence
2	Temporarily suspend enrolment immediately and inform student in writing	Admin Officer	Include support access and right to appeal
3	Begin internal appeal process simultaneously	Admin Officer	Still grant full appeal rights
4	Document and report in PRISMS only after risk has been managed and process completed	Admin Officer	Complies with Clause 9.6

E. Recordkeeping and Compliance

-  All documentation (forms, letters, evidence, decisions, PRISMS notifications) must be retained in the Student Management System for at least two years after the student ceases to be enrolled.
-  Use standardised templates for all communications and forms.

- ✚ Periodic internal audits must verify that these procedures are followed consistently and that PRISMS reporting aligns with decisions made.

7. Appeals and Complaints

Students may lodge a complaint or appeal any decision within 20 working days under RSC's Complaints and Appeals Policy. PRISMS notification is deferred until the process is complete, unless risk to health/safety exists.

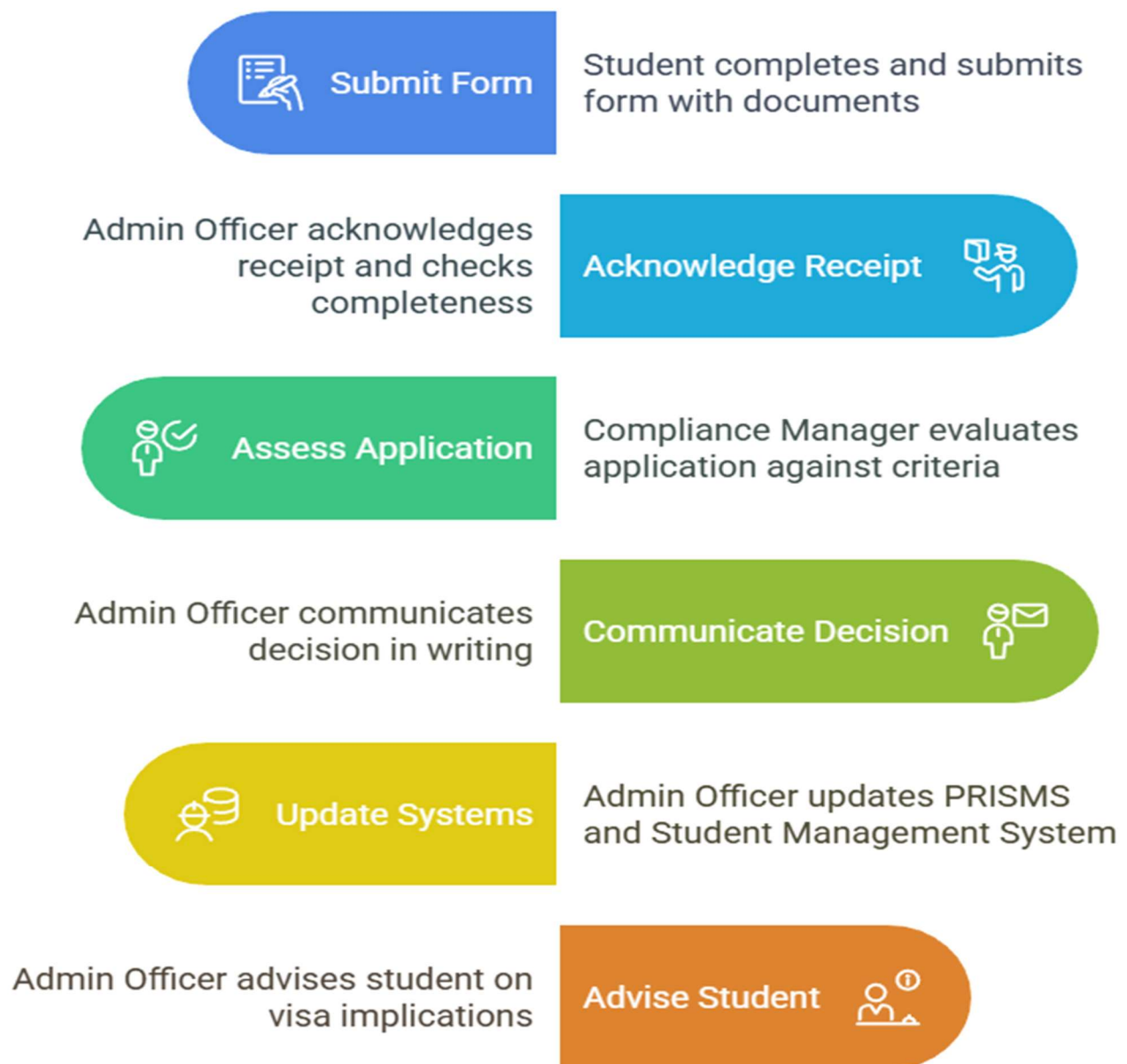
8. Relevant Documents

- ✚ Feedback, Complaint and Appeal Policy
- ✚ Transfer Between Providers Policy
- ✚ Fee Management and Refund Policy
- ✚ Deferral, Suspension or Cancellation Form
- ✚ Student Code of Conduct
- ✚ PP49 – Course Progress Policy
- ✚ PP50- Monitoring Student Attendance Policy
- ✚ PRISMS User Manual
- ✚ Department of Home Affairs website

9. Flow Chart

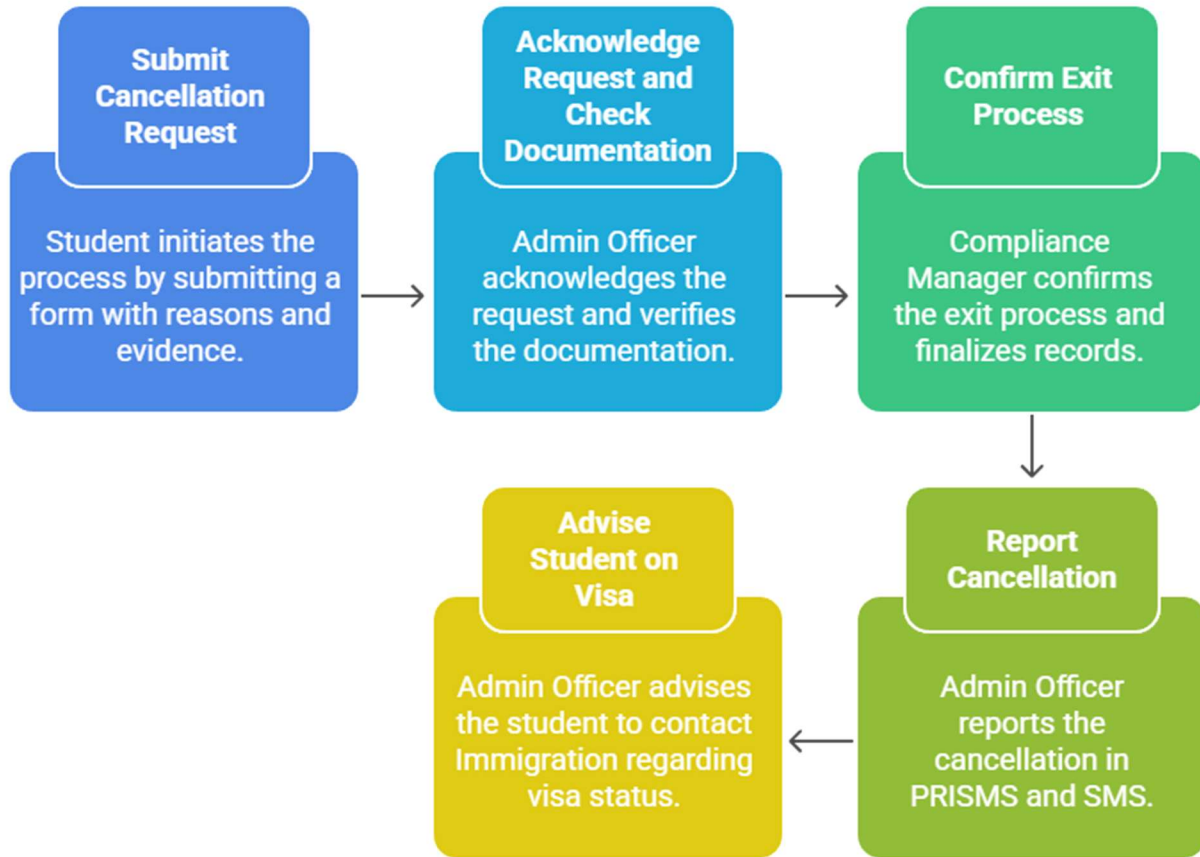
A.

Student-Initiated Deferral or Suspension



B.

Student-Initiated Cancellation of Enrolment



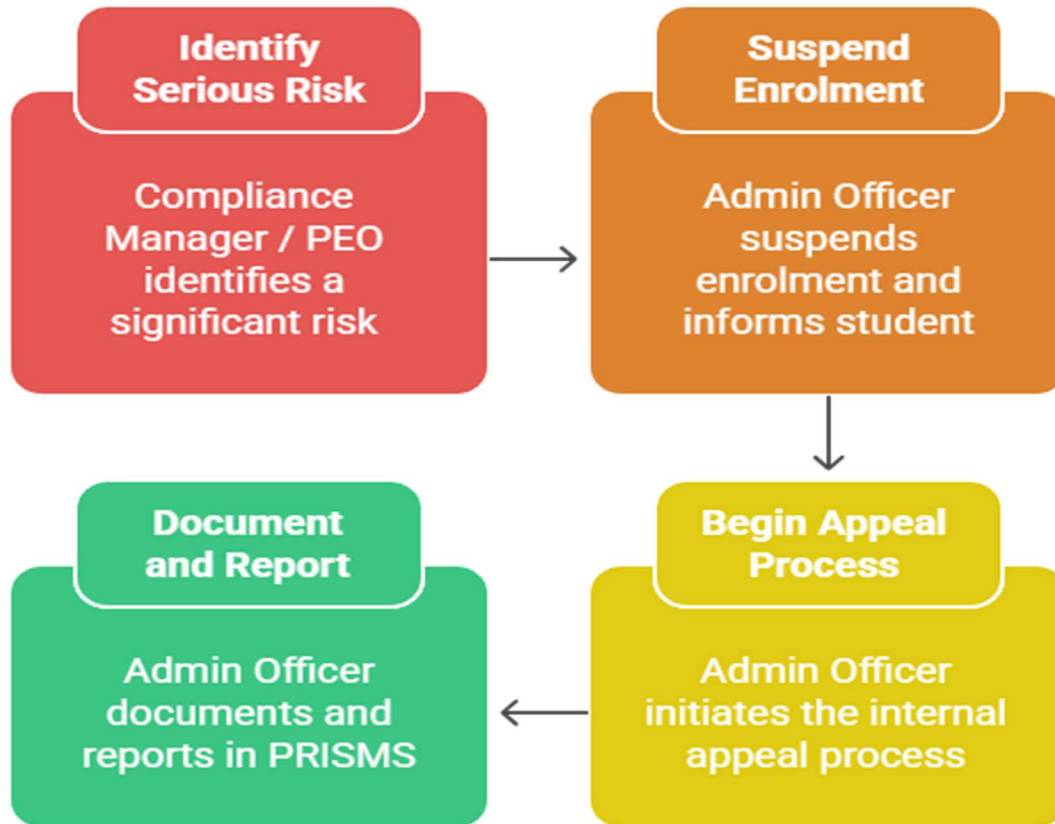
C.

RTO-Initiated Suspension or Cancellation



D.

Risk-Based Immediate Suspension (Clause 9.6)



PP52 – Student Transfer Policy

1. Purpose

This policy establishes the requirements and procedures for assessing and managing student transfer requests. It ensures Vocational RTO complies with the Education Services for Overseas Students Act 2000 and the National Code 2018 – Standard 7, while supporting students' educational interests and welfare.

2. Scope

This policy applies to:

- All international students enrolled at RSC on a student visa, and
- All staff involved in the management of student enrolments and transfers.

It specifically relates to transfers prior to the completion of six (6) months of a student's principal course.

3. Definitions

Term	Definition
Principal Course	The final course in a packaged offer.
CoE	Confirmation of Enrolment issued via PRISMS.
PRISMS	Provider Registration and International Student Management System.
Compassionate or Compelling Circumstances	Circumstances beyond the student's control that impact their ability to continue the course.

4. Legislative References

This policy is guided by the following:

- ESOS Act 2000
- National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standard 7
- Standards for RTOs 2025
- National Vocational Education and Training Regulator Act 2011

5. Policy Statement

RSC is committed to supporting the rights of international students to transfer between education providers in a manner that is transparent, student-focused, and fully compliant with legislative requirements under the Education Services for Overseas Students (ESOS) Act 2000 and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standard 7.

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

This policy outlines the principles, conditions, and procedures under which international students may request to transfer:

- ✚ To another registered provider, either before or after completing six months of their principal course of study
- ✚ From another registered provider, subject to eligibility and documented evidence, including where a release is granted or exemptions apply
- ✚ Within the RTO, to another course or program, where the transfer is educationally justified and does not breach student visa conditions.

In alignment with Standard 7, Vocational RTO will:

- ✚ **Not knowingly enrol a student from another provider who has not completed six months of their principal course unless:**
 - The releasing provider or course is no longer registered
 - A government sponsor supports the transfer
 - A sanction affects the student's ability to continue
 - A release has been granted and recorded in PRISMS
- ✚ **Implement and make available a documented policy and process for assessing transfer requests prior to the six-month restriction period, clearly outlining:**
 - Student responsibilities, including written requests and submission of a valid Letter of Offer
 - **Situations in which transfers will be approved in the student's best interests, such as:**
 - Documented compassionate or compelling circumstances
 - Misleading conduct by an agent or provider
 - Failure of course delivery
 - Poor academic progress despite intervention
 - Mismatch between course and student expectations
 - Favourable outcome of an appeal
 - **Circumstances under which a transfer may be refused, such as:**
 - Unresolved support issues
 - Financial arrears
 - Lack of genuine academic or personal justification
- ✚ Ensure decisions are made within 10 working days, communicated in writing, and include reasons and advice on accessing RSC's Feedback, Complaint and Appeal Policy
- ✚ **For students under 18, ensure a transfer is only processed when:**
 - Written consent is provided by a parent or legal guardian; and

- The receiving provider confirms it will assume welfare responsibilities under Standard 5;
- 📌 Not charge a fee for issuing a release and advise the student to contact the Department of Home Affairs to determine if a new visa is required
- 📌 **Not finalise any refusal in PRISMS until:**
 - The student has chosen not to appeal within 20 working days
 - The appeal process is complete and the outcome supports refusal
 - The student withdraws from the appeal process
- 📌 Maintain complete records of all transfer requests, decisions, and supporting documentation for a minimum of two (2) years after the student ceases to be an accepted student at the RTO.

6. Step-by-Step Procedure Tables for Transfer Requests

A. Transfer Request to Another Institution – *Before* Completing Six Months of Principal Course

Step	Action	Responsibility	Guidance/Details
1	Obtain a Letter of Offer from new provider	Student	Letter must be from a CRICOS-registered provider.
2	Collect and complete Transfer Request Form	Student	Available at Reception or International Office.
3	Attach required documents	Student	Includes: Letter of Offer, academic transcript, medical or support documentation (if applicable).
4	Submit transfer request	Student	Submit form + documents to International Office.
5	Acknowledge receipt	Administration Officer	Acknowledge in writing within 2 working days.
6	Assess application	Compliance Manager	Assess reasons and documents: academic, health, personal, or compassionate circumstances.
7	Make decision	Compliance Manager/CEO	Must decide within 10 working days.
8	Inform student of outcome	Administration Officer	If approved: update PRISMS. If refused: give written notice with appeal info.
9	Appeals (if needed)	Student	Lodge appeal under Grievance Policy within 20 working days.
10	Update records	Administration Officer	Retain all records for minimum 2 years.

B. Transfer Request to Another Institution – *After Completing Six Months of Principal Course*

Step	Action	Responsibility	Guidance/Details
1	Obtain Letter of Offer from receiving institution	Student	Required for all external transfer requests.
2	Complete Transfer Request Form	Student	Form available at Reception or International Office.
3	Attach supporting documents	Student	Include offer letter, transcripts, any personal or medical documentation.
4	Submit request	Student	Submit full application to International Office.
5	Assess application	Compliance Manager	Evaluate based on attendance, academic progress, and valid reasons.
6	Decide on outcome	Compliance Manager	Must decide within 10 working days.
7	Notify student	Administration Officer	Inform student in writing.
8	PRISMS update	Admin/Compliance Officer	If approved, update PRISMS for release.
9	Appeals	Student	Follow RTO Complaints and Appeals Policy.
10	Finalise and record	Administration Officer	Keep all documentation and update student record.

C. Transfer Request from Another Provider to RTO

Step	Action	Responsibility	Guidance/Details
1	Apply to RTO	Student	Submit application form + all required documents.
2	Provide CoE	Student	If <6 months at current provider, a PRISMS Update is mandatory.
3	Attach supporting documents	Student	Includes transcripts, reason for transfer, ID, etc.
4	Assess application	Administration Officer	Confirm eligibility, evaluate academic history and documents.

Step	Action	Responsibility	Guidance/Details
5	Make decision	Admin/Compliance Officer	If approved, proceed with next steps.
6	Issue CoE	Admissions Team	If accepted, issue CoE to finalise transfer and enable visa update.
7	Notify student	Administration Officer	Provide outcome via email and/or letter.
8	Appeals (if needed)	Student	Lodge as per Feedback, Complaint and Appeal Policy.
9	Recordkeeping	Administration Officer	Retain full documentation securely.

D. Internal Course Transfer – *Within RTO*

Step	Action	Responsibility	Guidance/Details
1	Complete Course Transfer Form	Student	Form available at Reception.
2	Provide supporting documents	Student	Academic transcript, attendance report, reasons for transfer.
3	Get Academic Department sign-off	Student / Faculty	Approval from new course coordinator.
4	Submit full application	Student	Submit to International Office.
5	Assess application	Administration Officer	Check course suitability, space availability, and visa implications.
6	Make decision	Compliance Manager	Must finalise outcome within 10 working days.
7	Update enrolment	Administration Officer	Issue new CoE if required.
8	Inform student	Administration Officer	Send written notice of decision.
9	Appeals	Student	Use internal grievance process.
10	Record update	Admin Officer	Document changes in SMS and retain evidence.

E. Concurrent Enrolment – Additional Course (Optional Study)

Step	Action	Responsibility	Guidance/Details
1	Submit written request	Student	Must explain why they seek concurrent study.
2	Provide Statutory Declaration	Student	Must confirm commitment to attendance and progression in principal course.
3	Assess application	Compliance Manager	Ensure new course doesn't conflict with visa or principal course requirements.
4	Approve concurrent study	Compliance Manager	If compliant, issue CoE for additional course.
5	Recordkeeping	Administration Officer	Document and monitor student's primary course progression.

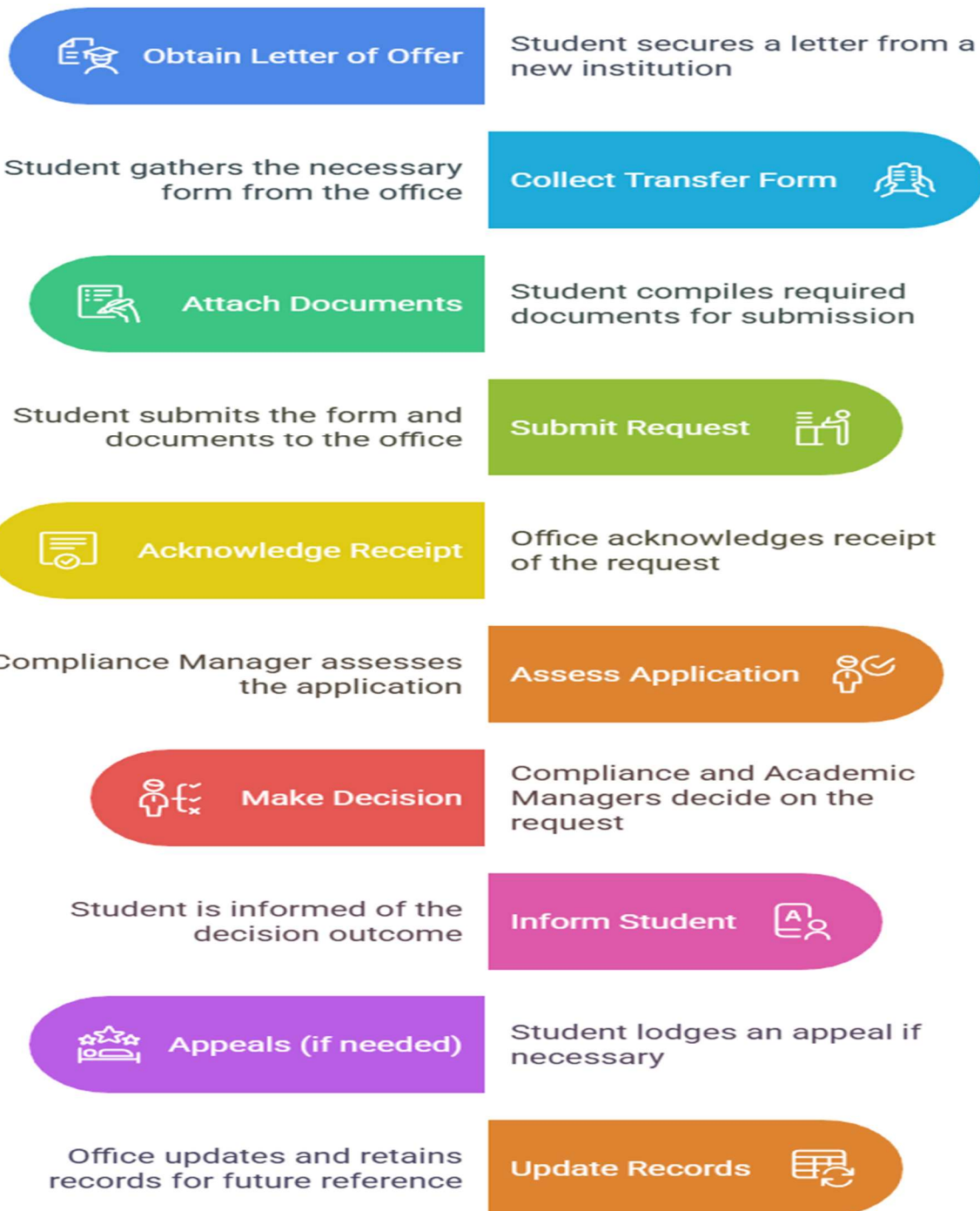
7. Related Documents

- 📄 Course Transfer Request Form
- 📄 PP16-Feedback, Complaint and Appeal Policy
- 📄 International Student Handbook
- 📄 PP12-Student Support Services Policy
- 📄 PP34-Data Privacy and Record Keeping Policy
- 📄 PP49 – Course Progress Policy
- 📄 National Code of Practice for Providers of Education and Training to Overseas Students 2018 – Standard 7
- 📄 Education Services for Overseas Students (ESOS) Act 2000
- 📄 National Vocational Education and Training Regulator Act 2011
- 📄 PRISMS Provider User Guide
- 📄 Department of Education Concurrent Enrolment Guidance

8. Flow Chart

A.

Transfer Request to Another Institution – Before Completing Six Months of Principal Course



B.

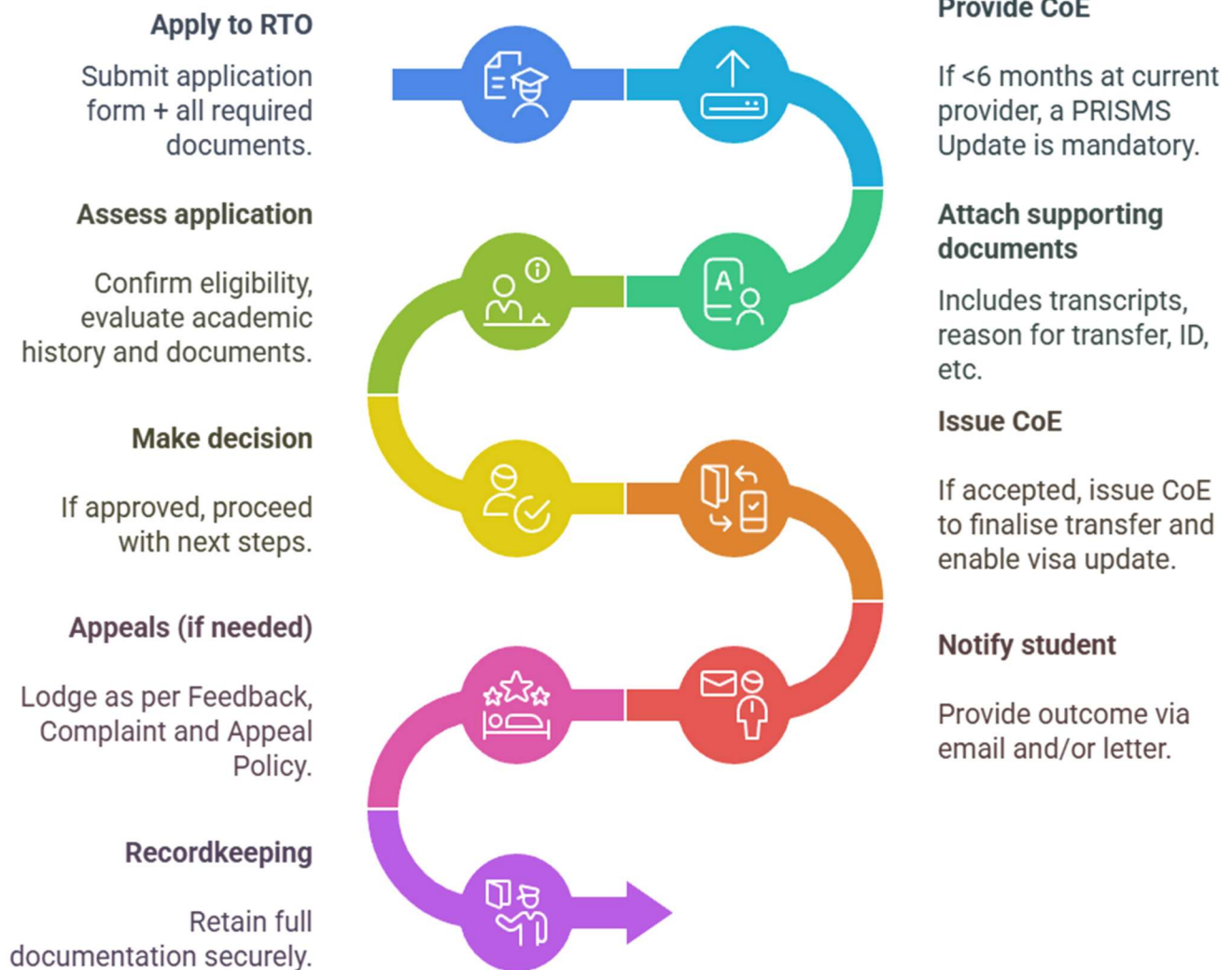
Transfer Request to Another Institution – Before Completing Six Months of Principal Course



C.

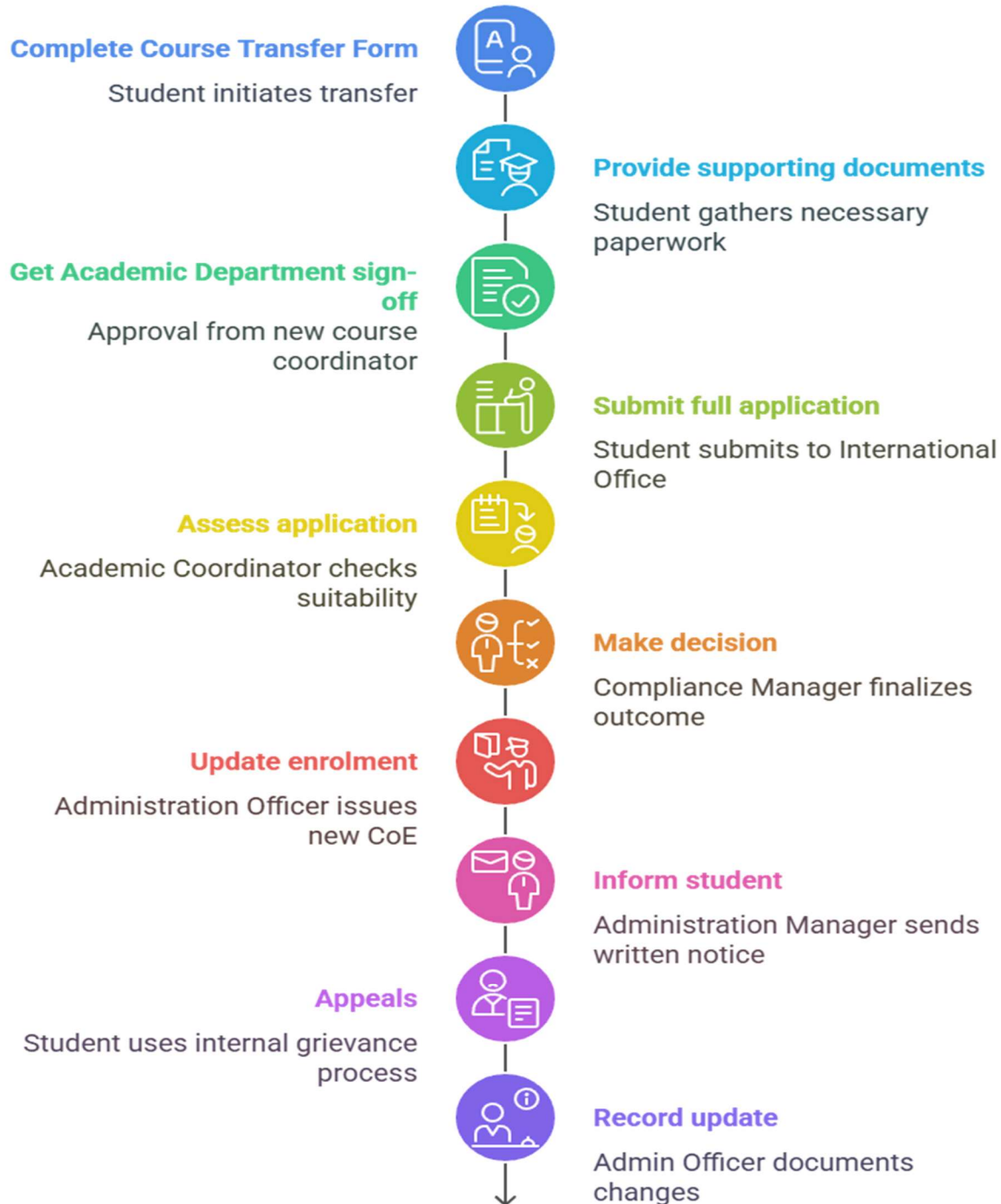
RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
 Doc Control Number: rev 01
 Date – 01-07-2025

Transfer Request from Another Provider to RTO



D.

Internal Course Transfer – Within RTO

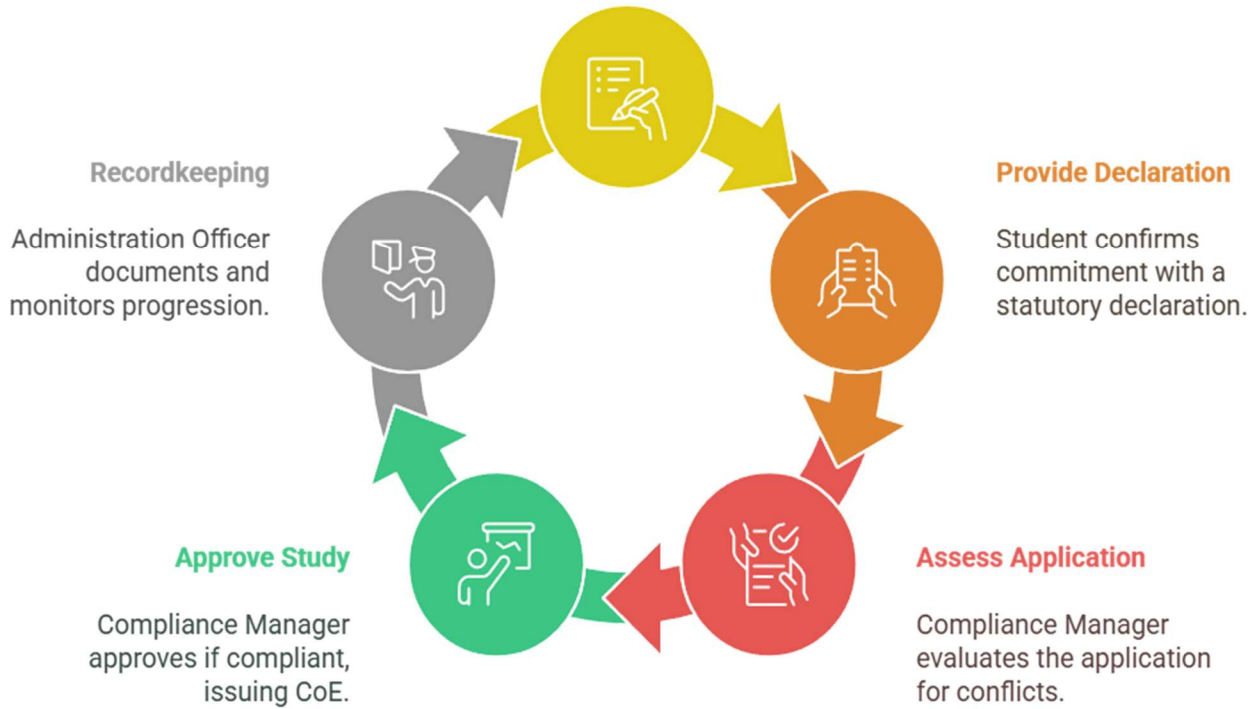


E.

Concurrent Enrolment – Additional Course (Optional Study)

Submit Request

Student initiates the process with a written request.



PP53 PRISMS Policy and Procedure

1. Purpose

This policy ensures accurate, timely, and compliant reporting of international student enrolment activity through PRISMS (Provider Registration and International Student Management System), as required by the ESOS Act 2000, National Code 2018, and CRICOS regulations. It provides a structured procedure for managing enrolments, course variations, cancellations, and other updates in accordance with Section 19 of the ESOS Act and the PRISMS Provider User Guide.

2. Scope

This policy applies to:

- ✚ All CRICOS-enrolled international students
- ✚ All staff responsible for student enrolment, administration, and compliance, including:
 - Student Support Officers (SSOs)
 - Compliance Manager
 - CEO

3. Definitions

Term	Definition
PRISMS	Provider Registration and International Student Management System, used to manage CRICOS enrolments.
CoE	Confirmation of Enrolment, required for student visa applications.
ESOS Act	Education Services for Overseas Students Act 2000 – governs education services to overseas students.
SCV	Student Course Variation – PRISMS function to update enrolment changes (e.g. suspension, deferral, cancellation).
CRICOS	Commonwealth Register of Institutions and Courses for Overseas Students.
DHA	Department of Home Affairs – oversees student visa matters.

4. Legislative References

- ✚ Education Services for Overseas Students (ESOS) Act 2000 – Section 19
- ✚ National Code 2018 – Standards 8, 9

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
Doc Control Number: rev 01
Date – 01-07-2025

- ✚ PRISMS Provider User Guide v1.0 (2022)
- ✚ National Vocational Education and Training Regulator Act 2011
- ✚ Australian Privacy Principles (Privacy Act 1988)

5. Policy Statement

RSC is committed to the responsible and lawful management of international student data through PRISMS. This includes:

- ✚ Ensuring student enrolment details are updated accurately and within mandatory timeframes.
- ✚ Complying with all obligations under the ESOS Act and National Code.
- ✚ Maintaining full documentation for all updates including course commencements, variations, deferrals, transfers, and cancellations.
- ✚ Providing regular staff training and conducting internal audits to ensure data integrity and regulatory compliance.
- ✚ Refer to the Course Progress Policy and the Fees Management and Refund Policy when updating PRISMS for course progress and non-payment of fees.

6. Procedure – Step-by-Step

Each PRISMS-related task is divided into logical actions and responsibilities, with clear compliance deadlines.

A. Create and Manage Confirmation of Enrolment (CoE)

Step	Action	Responsibility
1	Verify student's offer letter, passport, visa status, and course details.	Student Support Officer (SSO)
2	Input accurate start/end dates based on CRICOS course duration and delivery mode (including placements).	SSO
3	Create CoE in PRISMS, ensuring fields match Student Management System (SMS) data.	SSO
4	Email CoE and enrolment information to student and save to student file.	SSO
5	If visa is delayed, amend start date in PRISMS and document reason in the PRISMS comments field and student file.	SSO

B. Reporting Commencement or Non-Commencement

Step	Action	Responsibility
1	Confirm that the student has attended orientation and begun classes.	SSO / Trainer
2	Update PRISMS as 'Commenced' within 14 days of the course start date.	SSO
3	If the student fails to commence, report 'Non-Commencement' in PRISMS. Within 28 Days.	SSO
4	Document reason for non-commencement and notify the student in writing.	SSO

C. Course Variation – Deferral, Suspension, Cancellation

Step	Action	Responsibility
1	Receive Deferral/Suspension/Cancellation request form or initiate via intervention outcome.	SSO / Compliance Manager
2	Assess request and supporting documentation (e.g., medical certificates, compassionate grounds).	Compliance Manager
3	Inform the student of the outcome in writing and of their right to appeal (20 working days).	Compliance Manager
4	If no appeal or appeal concluded, update PRISMS with an SCV (Student Course Variation). Within 28 days.	SSO
5	Retain evidence of decision, student notification, and PRISMS update in the student file.	SSO

D. Course Transfer (From or To RTO)

Step	Action	Responsibility
1	Assess transfer request in accordance with the Student Transfer Policy (PP56).	Compliance Manager
2	If approved, record release in PRISMS with the reason and date of effect.	SSO
3	If receiving a student, issue CoE and record in PRISMS upon enrolment.	SSO
4	Notify the student in writing and file supporting documentation.	SSO

E. Course Duration Extension

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business
 Doc Control Number: rev 01
 Date – 01-07-2025

Step	Action	Responsibility
1	Identify students needing more time due to reassessment, placement, or compelling circumstances.	Trainer / SSO
2	Review evidence and determine if an extension is justified under National Code Standard 8.2.	Compliance Manager
3	Create a new CoE in PRISMS reflecting updated end date.	SSO
4	Inform student to contact DHA about visa implications.	SSO
5	Retain records of approval and updated CoE.	SSO

F. PRISMS Data Integrity, Training & Auditing

Step	Action	Responsibility
1	All relevant staff complete PRISMS training on enrolment creation, SCVs, and compliance timelines.	Compliance Manager
2	Conduct refresher training bi-annually or after PRISMS updates.	Compliance Manager
3	SSO conducts monthly PRISMS data review to ensure consistency with SMS.	SSO
4	CEO/Compliance Manager conduct quarterly internal audits of PRISMS activity.	CEO / Compliance Manager
5	Report discrepancies and record corrective actions in the Continuous Improvement Register.	Compliance Manager

G. Recordkeeping and Retention

Step	Action	Responsibility
1	Store all PRISMS reports, communications, and decisions in the student's electronic file.	SSO
2	Retain PRISMS-related documents for a minimum of 7 years.	SSO / Admin

Process: Monitoring Prepaid International Student Tuition Fees

Step	Action	Responsible	Frequency
1	Log into PRISMS and generate the Prepaid Balance Report for all active international students.	CEO	Monthly
2	Review the total prepaid tuition amount required to be held in the separate designated account.	CEO	Monthly
3	Cross-check the separate account balance against the required prepaid balance from the PRISMS report.	CEO	Monthly
4	Ensure the protected bank account holds a sufficient amount to cover unused pre-paid tuition fees.	CEO	Monthly
5	If a shortfall is identified, top up the account immediately to meet the financial protection obligations.	CEO	As required
6	Retain records of each monthly review in the financial compliance folder for audit readiness.	CEO	Ongoing

7. Related Documents

- PRISMS Provider User Guide v1.0 (2022)
- CRICOS Administrator Guide
- Confirmation of Enrolment (CoE) Templates
- Deferral, Suspension or Cancellation of Student, Policy and Procedure (PP51)
- Feedback, Complaint and Appeal Policy (PP16)
- Course Progress (PP49) and Monitoring Student Attendance Policy (PP50)
- Student Management System (SMS) Procedures
- Continuous Improvement Register

8. Flow Chart

A.

Create and Manage Confirmation of Enrolment (CoE)



Verify Student Documents

SSO checks offer letter, passport, visa, and course details.

SSO enters accurate dates based on CRICOS and delivery mode.

Input Start/End Dates



Create CoE in PRISMS

SSO creates CoE in PRISMS, matching SMS data.

SSO emails CoE and enrolment info to student.

Email CoE to Student

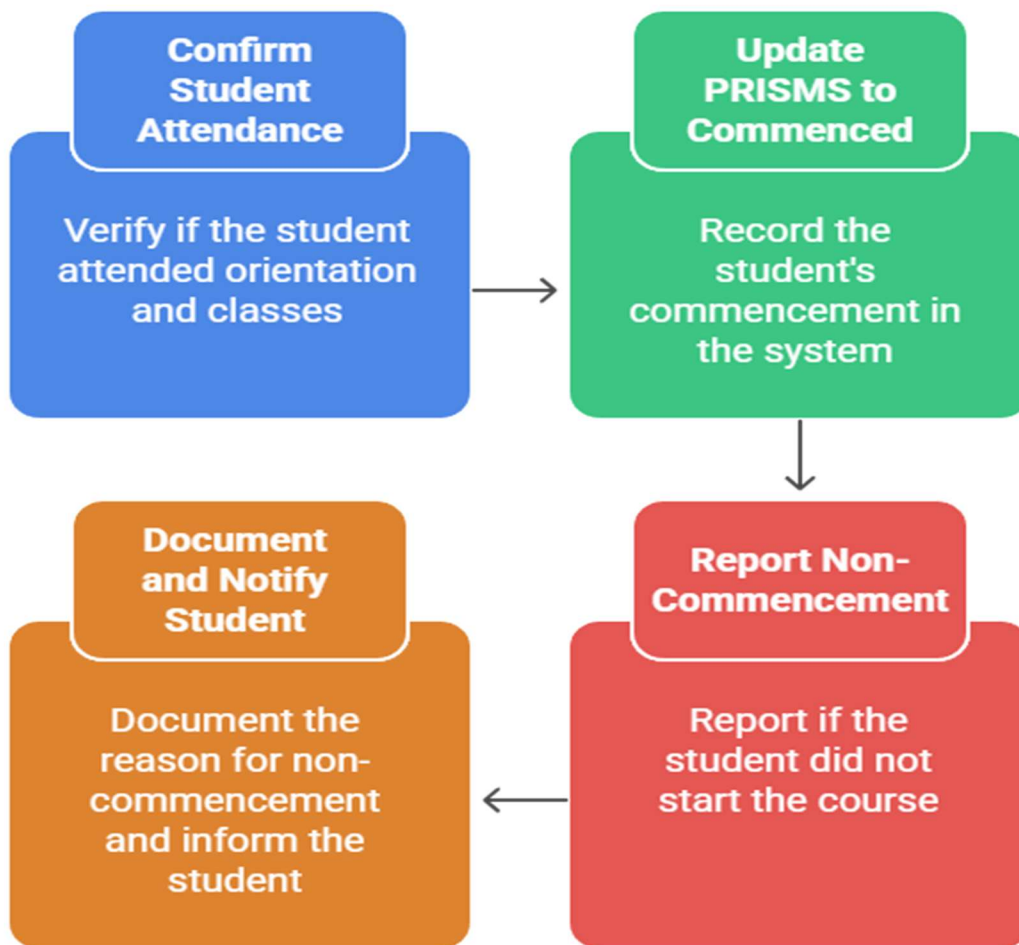


Amend Start Date if Needed

SSO amends start date in PRISMS if visa is delayed.

B.

Reporting Commencement or Non-Commencement



C.

Course Variation – Deferral, Suspension, Cancellation



Receive Request

The process begins with receiving a request form or initiating through intervention.

The Compliance Manager evaluates the request and supporting documents.

Assess Request



Inform Student

The student is notified of the outcome and their appeal rights.

If no appeal or appeal concluded, PRISMS is updated with the course variation.

Update PRISMS

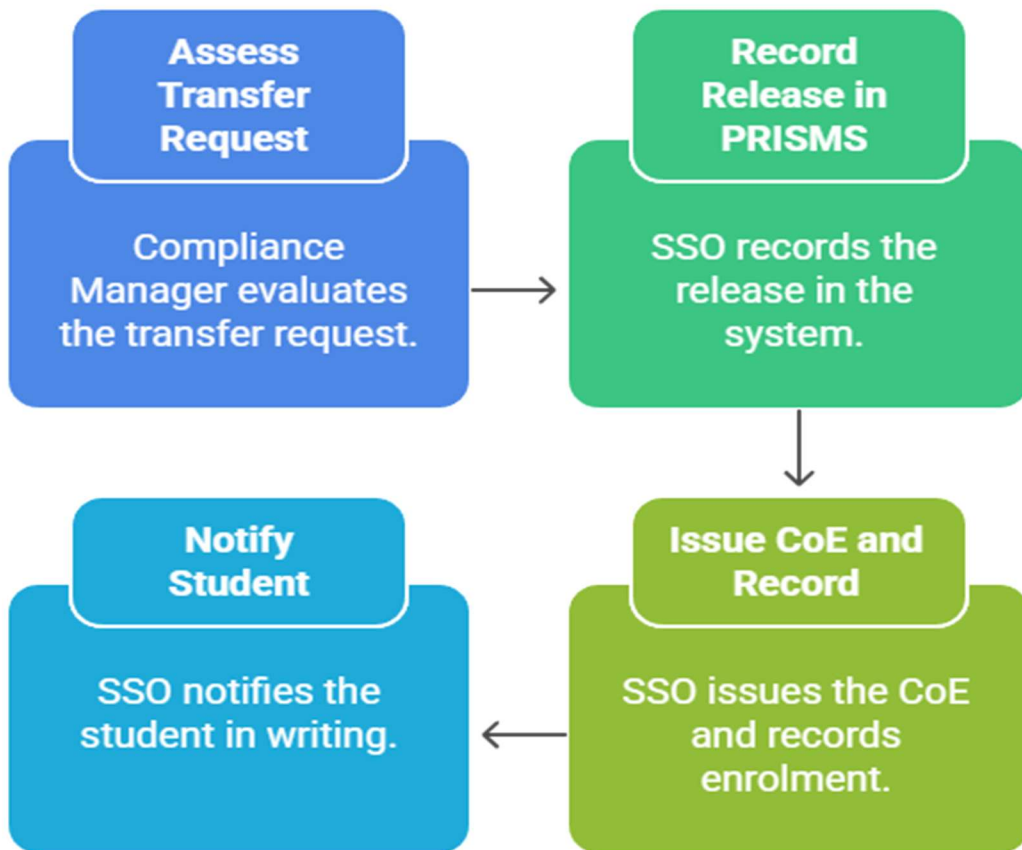


Retain Evidence

All decision-related documents are retained in the student's file.

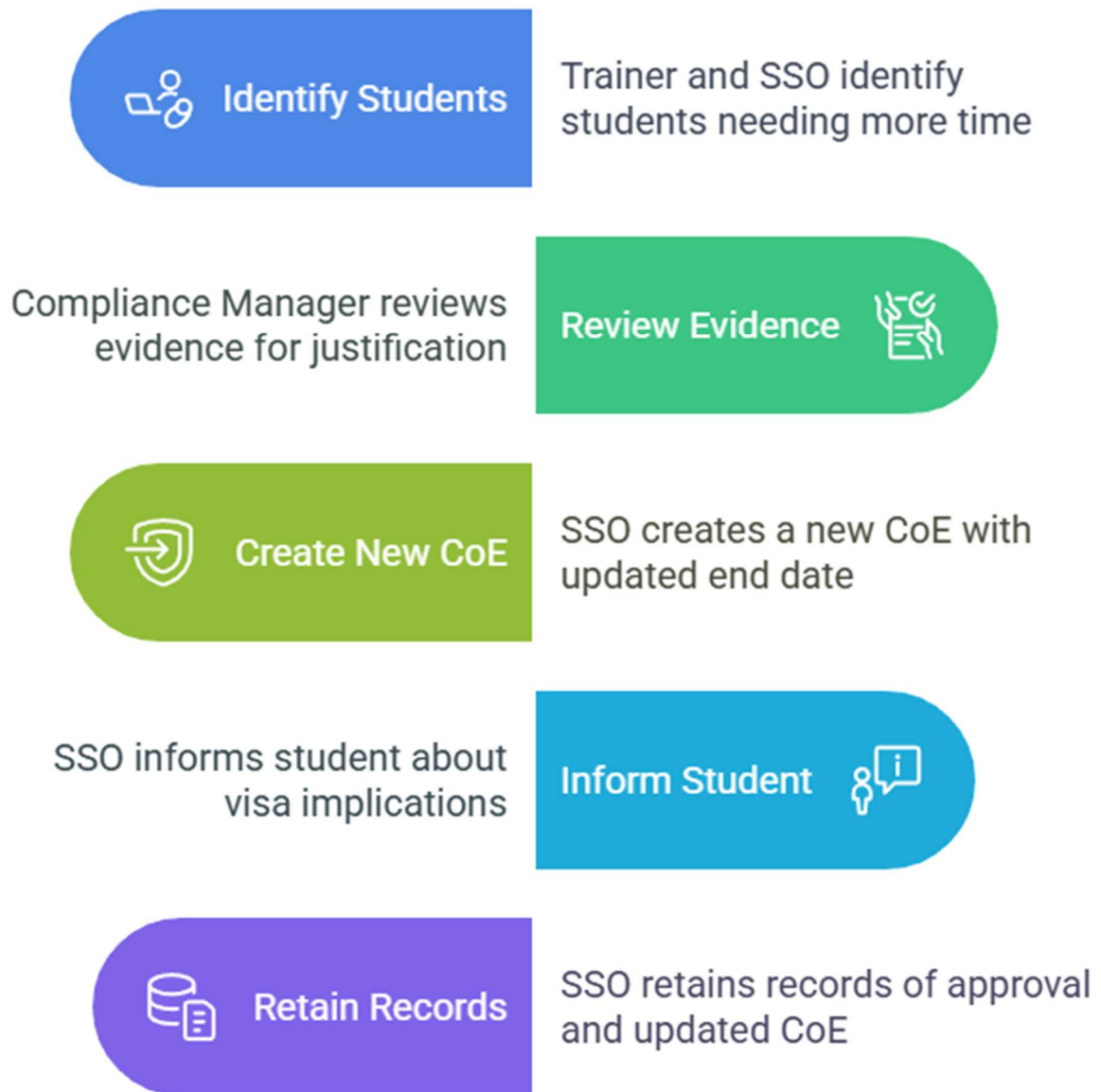
D.

Course Transfer (From or to RTO)



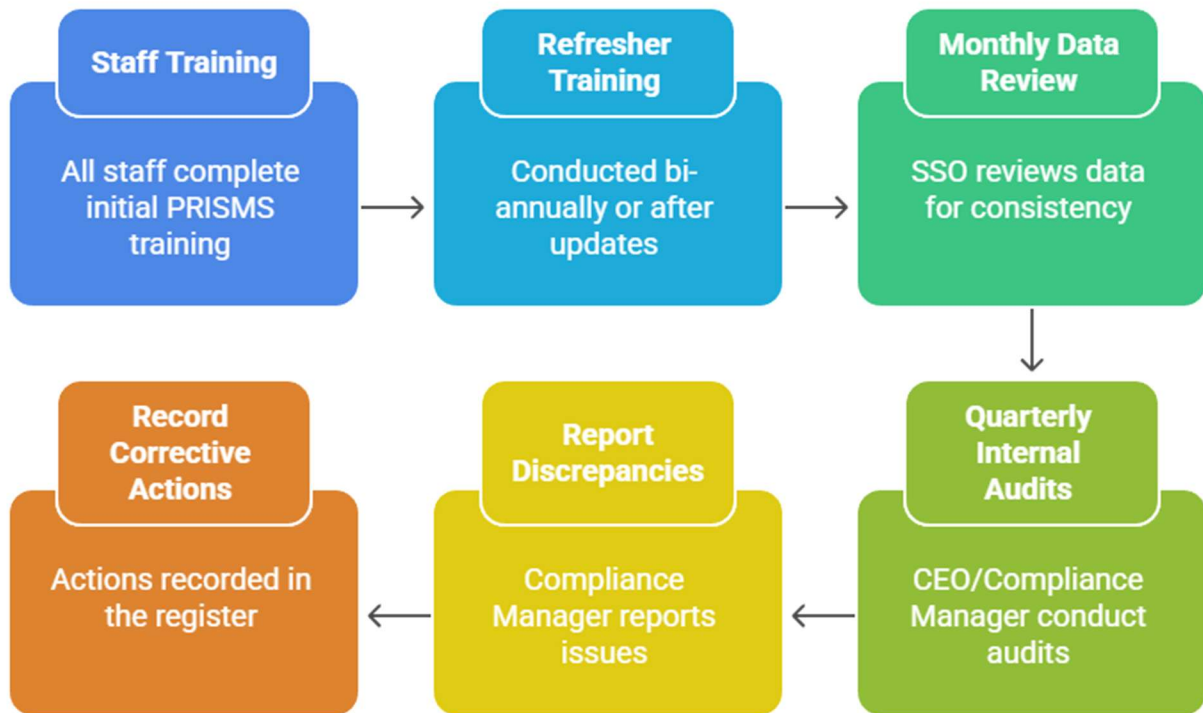
E.

Course Duration Extension



F.

PRISMS Data Integrity, Training & Auditing



G.

Recordkeeping and Retention

Store Documents

Store all PRISMS reports and communications in the student's electronic file.



Retain Documents

Retain PRISMS-related documents for a minimum of 7 years.

H.

Monitoring Prepaid International Student Tuition Fees



PP54 – Education Agent Management Policy

1. Purpose

This policy ensures that RSC only partners with ethical, compliant and informed education agents who uphold the standards of the ESOS Act and the National Code 2018. It governs the **appointment, training, monitoring, corrective action, and termination** of education agents, ensuring transparency and protection of overseas student interests.

2. Scope

This policy applies to:

- ✚ All education agents and sub-agents representing RSC
- ✚ All staff involved in agent recruitment, training, monitoring and compliance
- ✚ Domestic and international operations, including PRISMS records

3. Definitions

Term	Definition
Education Agent	A person or organisation formally appointed to recruit students on behalf of RSC
Agent Agreement	A formal contract outlining the expectations, responsibilities, and legal obligations between RSC and the agent
PRISMS	Provider Registration and International Student Management System – a database managed by the Australian Government for recording enrolments and agent details
PEO	Principal Executive Officer responsible for signing agreements and taking compliance action
National Code Standard 4	Legislative standard covering the requirements for managing education agents who represent CRICOS-registered providers

4. Legislative & Regulatory References

- ✚ National Code of Practice 2018 – Standard 4
- ✚ ESOS Act 2000
- ✚ Migration Act 1958
- ✚ Standards for RTOs 2025 – Clause 4.1 & 7.3
- ✚ ASQA Agent Monitoring Guidelines

5. Policy Statement

RSC enters into a written agreement (Education Agent Agreement) with each education agent it formally engages to represent the organisation in the recruitment of overseas students. RSC also enters and maintains each education agent's details accurately in PRISMS, as required under the ESOS Act 2000 and the National Code 2018 – Standard 4.

Responsibilities of Education Agents

In being appointed as an education agent, the agent must:

- 🚩 Promote RSC and its approved training products in accordance with all applicable RSC's policies and procedures
- 🚩 Recruit only Genuine Temporary Entrants (GTEs) and Genuine Students, maintaining the integrity of the Australian student visa program
- 🚩 Provide accurate and complete information to prospective students regarding training products, support services, facilities, and enrolment processes

Comply with all applicable laws and frameworks, including:

- 🚩 The ESOS Act 2000,
- 🚩 The National Code of Practice 2018, and
- 🚩 The Standards for RTOs 2025.

Education Agent Agreement Provisions

The Education Agent Agreement includes clear terms regarding:

- 🚩 The responsibilities of the RTO, including its ongoing obligation to comply with the ESOS Act and the National Code
- 🚩 The expectations and obligations of the agent, aligned with Standard 4.3
- 🚩 RSC's monitoring process to ensure agents provide accurate, up-to-date information and act ethically
- 🚩 Corrective actions for any breach of responsibilities, including as per Standard 4.4
- 🚩 Conditions under which the agreement may be terminated, including misconduct under Standard 4.5
- 🚩 Circumstances where RSC may disclose information about the agent to Commonwealth, state or territory agencies.

Ethical Conduct Requirements

RSC requires its education agents to:

- 🚩 Provide a written declaration of conflict of interest, and take all reasonable steps to avoid such conflicts
- 🚩 Act with transparency, confidentiality, honesty, and in the best interests of students
- 🚩 Maintain up-to-date knowledge of the Australian international education system

- ✚ Comply with the Australian International Education and Training Agent Code of Ethics
- ✚ Avoid any conduct that may mislead students about employment, visa, migration, or study outcomes.

Monitoring, Corrective Action and Termination

RSC conducts ongoing monitoring and reviews of its education agents to ensure continuous compliance.

Where RSC becomes aware, or has reason to believe, that the education agent or their staff have:

- ✚ Breached their responsibilities
- ✚ Engaged in false or misleading recruitment
- ✚ Provided unauthorised migration advice
- ✚ Attempted to recruit students who are not likely to meet visa conditions
- ✚ Recruited students in violation of Standard 7 (Overseas Student Transfers)
- ✚ RSC will take immediate corrective action or terminate the agreement, as required under Standard 4.4 and 4.5.

RSC reserves the right to veto or suspend any agent activity deemed non-compliant with:

- ✚ The Education Agent Agreement,
- ✚ Any relevant Australian legislation, or
- ✚ RSC's policies and intent of this policy.

Agent Agreement Duration and Publishing

- ✚ Agent agreements are valid for three years and subject to performance reviews before renewal or termination.

✚ **A public list of current agents is published on the RSC's website, including:**

- Agency name,
- Principal contact,
- Legal entity, and
- Street address.

Commission and Financial Arrangements

The RTO negotiates and confirms commission in writing, ensuring that:

- ✚ Payment is based on actual student enrolments;

✚ **The student has:**

- Been recruited by the agent,
- Enrolled in a course,
- Paid the fees,

- Commenced training,
- Not received a full refund
- ✚ The agent’s name is on the enrolment application and eCoE
- ✚ **No commission is paid:**
 - Where a student was directly enrolled,
 - Where the agent was in breach of the agreement,
 - Without a valid invoice in approved format
- ✚ Advertising and promotional costs are the agent’s responsibility unless otherwise agreed.








Access and Restrictions

- ✚ Agents do not receive PRISMS access.
- ✚ Agents must not issue eCoEs on behalf of the RTO.
- ✚ **The RTO ensures that up-to-date marketing material is available to agents, in line with:**
 - Standard 1 of the National Code 2018, and
 - The RTO’s Marketing and Advertising Policy.
- ✚ Maintain a public list of active agents and keep signed agreements and monitoring records for at least two years

6. Step-by-Step Procedure

A. Process new education agent application

Step	Procedure	Responsibility
1	<p>Provide information to potential education agents upon making contact with the Institute.</p> <ul style="list-style-type: none"> ✚ Email or post potential education agents with the <i>Education Agent Application Form</i> for completion. ✚ Advise in a covering email or letter that the application process will take 4 – 6 weeks from receipt of the completed forms. 	CEO
2	<p>Assess application from education agent</p> <ul style="list-style-type: none"> ✚ Acknowledge receipt of application. ✚ Review application for completeness. ✚ Where the application is incomplete, inform the education agent of the additional information required and the requirement to provide this within 28 days or that otherwise the application will no longer be valid. 	CEO












Step	Procedure	Responsibility
	<ul style="list-style-type: none">  Consider information in application and contact referees as required.  Advise referees to complete the Education Agent Reference Check Form or complete the form if referees are contacted by phone.  Assess application based on the responses from referees, the location that the education agent will recruit from, the demonstrated understanding of Australian laws in regard to student recruitment and agent experience in the recruitment of international students.  Approve or refuse application and forward the application to CEO.  If approved, compile and forward the draft Education Agent Agreement for endorsement. 	
3	<p>Endorse application from education agent</p> <ul style="list-style-type: none">  Endorse or refuse application and forward the decision to Marketing.  If endorsed, approve the draft <i>Education Agent Agreement</i>. 	CEO
4	Notify agents in writing of the decision to approve or not approve the application and including reasons where the application is declined. If approved commence the confirm agreement stage.	CEO

B. Confirm agreement

Step	Procedure	Responsibility
1	Send copies of the Education Agent Agreement to the agent for signing with one to be returned. The agreement will be valid for two years for new applications.	CEO
2	Following receipt of signed agreement, send certificate as evidence of registration with the Institute to be displayed in agents' offices to indicate to prospective students that they have a written agreement with the Institute.	CEO
3	Add approved agent to Education Agent Agreements Register and publish on website.	CEO
4	Enter details of education agent into PRISMS as soon as practical within in 30 days. Ensure details are maintained at all times in the event of changes.	CEO
5	Update the agent information to ASQA through ASQAnet within 30 days of the agreement date.	CEO
6	For existing Education Agents and subject to effective performance, provide copies of renewed agreements for signing. Existing agreements will generally be renewed for a further three years.	CEO

Step	Procedure	Responsibility
7	Any updates to agent contact information should be processed using Education Agent Information Update Form	CEO
8	Update Education Agent Agreements Register.	CEO

C. Implement agent agreement

Step	Procedure	Responsibility
1	<p>Induct new agents</p> <ul style="list-style-type: none">  Provide an induction regarding the Institute’s training products.  Provide an overview of Institute’s current marketing.  Discuss student enrolment and selection process.  Provide approved marketing materials and discuss process for updating any revised marketing materials.  Discuss and clarify National Code 2018 requirements  Confirm dates for review of Agreement and targets to be achieved. 	CEO
2	<p>Provide up to date information to agents</p> <ul style="list-style-type: none">  Provide up to date information to agents through: <ul style="list-style-type: none"> ○ Email important information to agents if any legislative and organisational changes related to agent or as per need basis. Ensure each email includes most current documents/links, so that the agents are able to easily check they are using the most current up to date material available. ○ Emails, phone calls, text messages or other informal communications regarding specific student issues. ○ Publishing content on Institute’s website and social media profiles 	CEO
3	<p>Provide up to date marketing information to agents</p> <ul style="list-style-type: none">  Provide up to date marketing information to agents each time marketing information is updated.  Send updated marketing information via email or post.  Education agent information sessions held at the Institute (for onshore agents).  Delivering seminars and marketing events with education agents when the Institute representatives are available in the education agent’s region. 	CEO

	<ul style="list-style-type: none"> Where the website is updated, email agents with a link to the updated website and provide a summary of changes. 	
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D. Monitoring Education Agents

Step	Procedure	Responsibility
1	<p>Implement monitoring procedures as per written agreement</p> <ul style="list-style-type: none"> Documented face to face meetings and/or teleconferences with agents at least every six months. Analysis of quality and quantity of applications on behalf of prospective students. Analysis of conversion rates from lodging applications to studying at the Institute. Requirement for education agent to complete Education Agent Annual Self-Assessment Form documenting the agent’s performance over the past year and Education Agent Performance Review Form completed by Marketing and Admissions Manager. Collect feedback from students relating to their education agent using Student Satisfaction Survey on Education Agent Documenting on the agent’s file instances where students claim to have been misinformed about their studies at the Institute. Documenting on the agent’s file instances where the agent has shown a lack of knowledge of student visa requirements or other matter relating to the student’s stay in Australia. Surveying current and prospective learners about the information provided to them by the education agent and the level of assistance given to the student to assist them in travelling to Australia. Evaluation of number of students reported and cancelled to the Department of Home Affairs (DHA) for non-compliance. Evaluation of the education agent’s advertising activities by reviewing the education agent’s website and social media profiles. The Institute may request the Agent to provide advertising material that the Agent has used over the past year and review them for any false or misleading advertising or unscrupulous conduct. If at any time, monitoring procedures show that the agent is not meeting the terms as specified in the written agreement, investigate the issue as shown below. 	CEO

	<ul style="list-style-type: none"> Where an agent is meeting the terms as shown in the written agreement, provide written feedback to agent indicating such. 	
2	<p>Investigate agents who are not meeting the terms of their agreement</p> <ul style="list-style-type: none"> If at any time the Institute believes that the education agent is not meeting the obligations of the <i>Education Agent Agreement</i> or the National Code 2018, is being negligent, careless or incompetent, or is engaged in false, misleading or unethical advertising and recruitment practices, the Marketing and Admissions Manager will follow the review process stated below: <ul style="list-style-type: none"> Identify and gather information about the issue. Contact the education agent to seek response on the issue. Discuss the issue and the response from the education agent with CEO. 	CEO
3	<p>CEO decide on action as follows:</p> <p>i) No Breach: In this case the education agent is acknowledged in writing for the education agent’s input and no further action is taken.</p> <p>ii) Minor Breach: In this case the education agent is given a written warning advising the education agent that any further breach will result in the termination of their <i>Education Agent Agreement</i>. If necessary, the education agent will be provided with advice and/or training to ensure that the breach is not repeated. The Institute may decide to vary the <i>Education Agent Agreement</i> with additional conditions if required.</p> <p>iii) Major Breach: In this case the education agent will be advised in writing that their Education Agent Agreement has been immediately terminated and that the Institute may advise authoritative bodies such as Department of Home Affairs, Migration Agents Registration Authority, PIER Online and/or the local Australian Embassy of the breach.</p>	CEO
4	<p>Implement corrective or preventative action</p> <ul style="list-style-type: none"> Where an agent is required to implement corrective or preventative action, monitor agent to ensure that actions are implemented according to agreed timelines. If actions are not implemented, terminate the agreement as above. CEO is responsible of implementing the decision and keeping all documentation on education agent file. 	CEO

7. Related Documents







- Education Agent Agreement

- Education Agent Annual Self Assessment Form

RTO & CRICOS Policy & Procedure -Risen Star College of Technology & Business

Doc Control Number: rev 01

Date – 01-07-2025

-  Education Agent File Checklist
-  Education Agent Information Kit
-  Education Agent Information Update Form
-  Education Agent Performance Review Form
-  Education Agent Reference Check Form
-  Education Agent Agreements Register

8. Flow Chart

A.

Process new education agent application



B.

Confirm agreement



C.

Implement agent agreement

Induct New Agents

Introduce agents to training products, marketing, and enrollment processes.

Update Marketing Info

Regularly update agents with the latest marketing materials and events.



Provide Up-to-Date Info

Keep agents informed through emails, calls, and website updates.

D.

Monitoring Education Agents



PP55- Data Retention Policy

1. Purpose

This policy ensures the RTO retains, protects, and disposes of student and operational data in accordance with regulatory requirements. It supports transparency, audit readiness, and the long-term availability of critical records such as training outcomes, qualifications, and compliance documentation.

2. Scope

This policy applies to:

- ✚ All student records (domestic and international)
- ✚ Training and assessment evidence
- ✚ Administrative and financial documents
- ✚ All Staff handling RTO data
- ✚ Data collected via Learning Management Systems, CRMs, and student management systems

3. Legislative References

- ✚ Standards for RTOs 2025 – Governance Standard & Outcome Standard
- ✚ National Vocational Education and Training Regulator Act 2011 – Sections 11 & 21
- ✚ National Code 2018 – Standard 6.8
- ✚ Privacy Act 1988 (incl. APPs)
- ✚ ESOS Act 2000 – Records requirements for CRICOS
- ✚ ASQA Guidelines on Record Retention
- ✚ Corporations Act 2001 – Financial record obligations

4. Key Record Retention Periods

Record Type	Retention Period	Requirement Source
Student Training Records (transcripts, results) Qualifications Issued (certificates, SOAs)	30 years	<i>Compliance Standards – Part 2 – Clause 10</i>
Assessment Evidence	2 years after the student has completed the training product	<i>Compliance Standards - Part 2 – Compliance Requirements</i>

Record Type	Retention Period	Requirement Source
Enrolment & LLND Records including written agreement/ Letter of offer	Minimum 2 years after student ceases to be an accepted student	<i>National Code 2018 -Standard 3</i>
Complaints & Appeals	Minimum 5 years	<i>National Code 2018 -Standard 10</i>
Critical incident	2 years	<i>National Code 2018 -Standard 6</i>
RPL or course credit	2 years	<i>National Code 2018 -Standard 2</i>
Third Party Agreements	Duration + 7 years	<i>Contract Law & Audit Trail</i>
Financial Records (fees, transactions)	7 Years	ATO / ASIC Requirements
Staff Employment	7 Years	HR / Fair Work Requirements

5. Step by step proceed

Step	Task	Responsible Person	Details / Notes
1	Identify Records	Compliance Manager	Identify all student, training, administrative, and financial records subject to retention.
2	Check Retention Schedule	Compliance Manager	Refer to retention periods defined in policy (see Section 4 of the Data Retention Policy).
3	Securely Store Records	Admin Officer / Compliance	Ensure all records are securely stored (digital: cloud/encrypted; physical: locked archive).
4	Annual Record Review	Compliance Manager	Conduct a review each year to identify records reaching end of retention.
5	Verify Record Eligibility for Disposal	Compliance Manager	Check each record's retention expiry. Confirm no compliance, audit, or legal issues remain.
6	Authorise Disposal	Compliance Manager	Approve digital archiving or physical shredding based on data type.
7	Archive Digital Records	Admin Officer	Move digital files to a secure archive folder labelled with disposal date.
8	Prepare for Shredding	Admin Officer	Gather physical records in secure bins; ensure no sensitive data is left unattended.

Step	Task	Responsible Person	Details / Notes
9	Arrange Secure Destruction	Compliance Manager	Use certified shredding service or in-house cross-shredder for disposal.
10	Complete Disposal Record Form	Compliance Manager	Fill out and sign the Data Retention & Disposal Form (retain copy for audit).
11	Audit Ready Storage	Compliance Manager	Store completed disposal forms in Compliance Folder (digital or hard copy).

6. Data Storage Methods

- ✚ **Digital Storage:** Secured cloud servers.
- ✚ **Physical Storage:** Locked filing systems in restricted access areas.
- ✚ **Student Management System (SMS):** Primary system for academic and enrolment data.
- ✚ **Version Control:** All key policies and documents are version-controlled.

7. Access and Privacy

- ✚ Students have the right to access their records upon request.
- ✚ All personal information is managed under the Australian Privacy Principles (APPs).
- ✚ Staff are trained in data privacy protocols during induction.

8. Archiving and Disposal

- ✚ Records beyond their retention period are reviewed and securely disposed of (shredding or secure digital deletion).
- ✚ Disposal logs are maintained by the Compliance Manager.

9. Policy Review and Monitoring

- ✚ This policy is reviewed annually or when legislation changes.
- ✚ Feedback is collected through internal audits and continuous improvement registers

10. Flowchart

Data Retention Process

