Version 7

March 2024

## **Quality audit report**

Report prepared by

(Lead auditor’s name):

Audit organisation:

Group training organisation:

Trading as (if relevant):

Site address:

Postal address:

Group training organisation contact officer:

Title:

Telephone:

**Audit team members**

List the audit team members and their roles during the audit.

**Group training organisation representatives involved in the audit**

List the full names and roles of all group training organisation representatives who participated in the audit

**Audi dates**

|  |  |  |
| --- | --- | --- |
| **Type of audit activity** | **Commencement date** | **Completion date** |
| Desk audit |  |  |
| Site visit |  |  |
| Rectification |  |  |
| Other [enter type] |  |  |

**Audit observations**

Summarise the most important observations, positive as well as negative and the strengths and weaknesses of the group training organisation that were identified in the audit.

**Non-compliances**

List all non-compliances and verify rectification of all non-compliances.

**Areas for system improvement**

Attach group training organisation systems improvement form to this report (if applicable).

**Declaration**

The lead auditor declares the audit team has maintained sufficient and appropriate records to support the findings of the quality audit undertaken. A copy of the detailed Quality audit workbook and/or audit records are on request.

**Recommendation: Compliant Not compliant**

Lead auditor signoff:

Date: / /

Reviewed by group training organisation’s chief executive officer.

Chief executive officer signoff:

Date: / /

Group training comments, if any:

Send the completed report to:

Senior Program Officer

Stakeholder and Industry Relations Unit

Department of Employment, Small Business and Training

PO Box 15483

CITY EAST QLD 4002

Email: [SIRT@desbt.qld.gov.au](mailto:SIRT@desbt.qld.gov.au)