GOVERNANCE POLICY

1. Purpose

1.1 This document applies to the Innovative Institute of Australia, its courses, its clients (students), and its controlled entities (collectively, "IIA", "Institute", "the Institute", "we", "us", "our").

1.2 The purpose of this policy is to ensure that:

i. The Institute's strong commitment to compliance with ASQA's governance and promoting good educational practices aims to build confidence and trust among staff and management.

ii. Recognising that persons governing or exercising control over the Institute are fit and proper reinforces their important role in maintaining organisational integrity and Trust.

iii. Implementing governance practices that promote diligent oversight and evidence-based decision-making helps staff and management feel confident in the organisation's accountability.

iv. Persons who govern or exercise a degree of control over the management or direction of The Institute promote, through their actions and decision-making processes, such as oversight committees and ethical review panels, a culture of integrity, fairness, and transparency across all service delivery activities.

1.3 This policy applies to all The Institute staff, contractors, relevant third parties, and students. It covers every part of the Institute's training operations that affects compliance with the Outcome Standard 4.1, the Schedule 1 of the Compliance Standards for RTOs, and the Fit and Proper Person requirements.

1.4 This policy is implemented in compliance with the requirements of the Education Services for Overseas Students Act 2000 (the ESOS Act), the Standards for Registered Training Organisations (2025), and the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (the National Code 2018).

1.5 In this file, words that import gender include all other genders; the singular 'they' is gender-neutral and used to avoid specifying a person's gender; words in the singular number include the plural and vice versa.

1.6 This policy does not affect students' rights under the Australian Consumer Law.

1.7 The Institute reserves the right to amend these terms and conditions at any time.

1.8 This policy does not affect students' rights under the *Australian Consumer Law*.

2. Definitions

2.1 Designated person means any person (including employees or contractors) who is governing or exercising a degree of control over the management or direction of the Institute. The CEO may designate a person.

2.2 Designated position means any position that enables a person to exercise some control over the management or direction of the Institute. The CEO may designate a position. A person who holds a designated position is automatically designated.

2.3 An education agent refers to an entity (in or outside Australia) that

i. Engages in any of the following activities in relation to a provider:

A. The recruitment of overseas students, or intending overseas students;

B. providing information, advice or assistance to overseas students, or intending overseas students, in relation to enrolment;

C. otherwise dealing with overseas students, or intending overseas students; and

ii. is not a permanent full-time or part-time officer or employee of the Institute.

2.4 Agent Agreement refers to the agreement between the Institute and the agent, including the schedules.

2.5 CRICOS refers to the Commonwealth Register of Institutions and Courses for Overseas Students.

2.6 ESOS Act refers to the *Education Services for Overseas Students Act 2000 of the*

Commonwealth of Australia.

2.7 National Code refers to the *National Code of Practice for Providers of Education and Training to Overseas Students 2018*.

2.8 Prospective student/applicant/client refers to a person who intends to become, or who has taken any steps towards becoming, an 'overseas student' or 'intending overseas student' as defined by the *ESOS Act*.

2.9 DHA refers to the Department of Home Affairs.

2.10 OSHC refers to the Overseas Student Health Cover.

2.11 eCoE refers to the electronic Confirmation of Enrolment.

2.12 2025 Standards for RTOs refers to the *National Vocational Education and Training Regulator (Outcome Standards for NVR Registered Training Organisations) Instrument 2025*.

3. Policy

3.1 Application: This policy applies to all owners, Directors, office holders, leaders, managers, and staff of the Institute.

3.2 Fit and Proper Person Compliance

i. The Institute is committed to ensuring that all personnel who govern or exercise a degree of control over the management or direction of the Institute are fit and proper persons in accordance with the Fit and Proper Person Requirements. To achieve this, the following requirements must be complied with:

ii. All designated persons must accurately complete a Fit and Proper Person Declaration before commencing duties in a designated position and on an annual basis at the beginning of each calendar year, and not later than the 31st January.

iii. A designated person who meets the Fit and Proper Person Requirements must be nominated to the National VET Regulator as a Higher Managerial Agent of the Institute. This notification of a material change to the Institute's operation must

be provided as soon as practicable, but no later than 10 business days after the designated person has commenced their duties in a designated position.

iv. If a person fails to provide the completed Fit and Proper Person Declaration within the required time, the person is to be managed for underperformance, including the issuance of a Formal Warning with a designated time to submit the required declaration. If a person fails to submit the declaration for the second time following a Formal Warning or outright refuses to submit the declaration, the person is to be managed for Serious Misconduct, and their employment may be terminated.

v. The CEO is responsible for maintaining a register of current Fit and Proper Person Declarations using the Fit and Proper Person Declaration Register and keeping completed Fit and Proper Person Declarations safe and secure. Fit and Proper Person Declarations, including those completed by former employees or contractors, are to be retained securely for at least 5 years.

vi. The CEO is responsible for the annual collection and review of all Fit and Proper Person Declarations, and staff are encouraged to report concerns or violations confidentially to promote transparency and uphold governance standards.

vii. Where a designated person becomes aware of any matter which may affect their status of meeting the Fit and Proper Person Requirements, the designated person is to inform the CEO immediately. Where a person no longer meets the Fit and Proper Person Requirements, the person will not be permitted to hold a designated position. The person may be offered an alternative position with less authority to exercise control over the management or direction of The Institute. This will depend on the nature of the relevant matter. The person may also choose to resign, or their position at The Institute may be terminated if they no longer meet the requirements of the designated position. Where the matter is immaterial and has no perceived impact on the performance of duties, the CEO may decide to allow the person to continue in their role with increased supervision or modified responsibilities.

viii. If a person no longer meets the Fit and Proper Person Requirements and has

previously been notified to the National VET Regulator as a Higher Managerial Agent, the CEO will also have an obligation to notify the National VET Regulator to remove the person as a Higher Managerial Agent. This notification of a material change to the Institute's operation must be provided as soon as practicable, but no later than 10 business days after becoming aware of the relevant matter.

3.3 Self-assurance systems

i. Self-assurance simply means to be confident. It means having confidence in our systems to ensure compliance with regulatory requirements, and in our service delivery and resilience. Being self-assured means that we can have confidence in our operation with quality service delivery as the primary objective and compliance achieved as a consequence of our systems working together. Our self-assurance approach comprises multiple systems that work both in parallel and in unison. These systems are briefly explained in this policy and are supported by other policies that implement these systems through their procedures. The following explains how these systems work together to support our self-assurance: Questions or complaints dealt with in this way do not become part of the formal complaint process and will not be documented, recorded or reported on unless the Institute staff involved determines that the issue, question or complaint was relevant to the wider operation of the Institute.

ii. **Management meetings.** Effective governance within the Institute requires the CEO and managers to act diligently and make informed decisions to uphold compliance with established standards. To facilitate this, it is important to establish clear channels for information flow and decision-making. The Institute will coordinate information flow through our regular management meeting, which will provide a structured forum for jointly reviewing information and making decisions about how to maintain and improve the services we deliver according to a set agenda. These meetings also offer an opportunity to assess student and industry partner feedback, evaluate outcomes from self-assurance activities, and stay abreast of legislative and regulatory updates. By systematically analysing this information, the management team can identify areas requiring improvement and implement strategies to improve service

delivery and compliance.

iii. **Continuous Improvement**. A central component of the regular management meetings is our continuous improvement process, which is essential for reviewing opportunities for improvement that arise from our operations. This process involves systematically reviewing current improvement actions underway, using our continuous improvement register to record the progress for each action, and identifying any additional direction or support needed to complete them. We also systematically review all new continuous improvement opportunities reported since the last management meeting and work through each to determine the required action. In some cases, no action may be taken; however, each opportunity for improvement is reviewed jointly through collaborative discussion and input. The CEO has primary responsibility for implementing and managing our continuous improvement process.

iv. **Governance Calendar.** The Governance Calendar is explained within the Continuous Improvement policy and procedure. This is a month-by-month calendar of scheduled events to be completed throughout the year, ensuring that The Institute complies with its obligations and completes activities that monitor and strengthen our compliance. These activities include management meetings, professional development, assessment validation, internal reviews, compliance risk reviews, operational planning, and mandatory reporting. The Governance Calendar is essentially how we stay on track. The maintenance and implementation of the Governance Calendar are the primary responsibilities of the CEO, who will schedule these events and invite relevant participants to ensure they are integrated into the planned year's activities.

v. The use of a structured calendar to schedule key compliance-related events throughout the year is an essential tool in maintaining our regulatory obligations. By setting clear timelines for internal review, reporting deadlines, staff training, and policy review, the Institute can ensure that all compliance activities are managed proactively. A well-maintained Governance Calendar helps prevent oversights, reduce the risk of non-compliance, and enable timely interventions where necessary. It also promotes accountability by providing a transparent

schedule that keeps all team members informed and prepared for upcoming events. The outcomes of the events conducted throughout the year will be recorded in the Continuous Improvement Report and addressed in our regular management meeting.

vi. **Risk management**. An important component of our overall compliance management is the use of risk management to measure the effectiveness of our operating arrangements and self-assurance. Risk management is a critical strategy within The Institute's self-assurance system, ensuring we have a clear understanding of the controls in place to support our compliance with obligations. By systematically analysing potential compliance risks, assessing their likelihood and consequences, and implementing appropriate controls, The Institute can use this understanding to review these controls as the risk environment changes periodically. The risk management process begins with identifying potential risks that could impact our compliance. This includes recognising factors that may lead to non-compliance with legislative, regulatory, and operational requirements. Risks can arise from internal processes, resource constraints, staff capabilities, technological changes, or external factors such as evolving regulatory standards. Once risks have been identified, they must be assessed in terms of their likelihood and potential consequences. Likelihood refers to the probability of the risk occurring, while consequence measures the severity of its impact on compliance, service delivery and the student. By applying a structured risk rating system, The Institute can adjust its controls based on the assessed or residual risk level. This assessment allows decision-makers to focus on areas requiring the most immediate or substantial intervention.

vii. Following the risk assessment, appropriate compliance controls can be established to mitigate or control identified risks. These controls may include policy or procedure updates, staff training, improved quality control or review. The effectiveness of these controls is determined by their ability to reduce the likelihood or impact of the identified risks. Implementing robust compliance controls minimises the risk of breaches and keeps the organisation aligned with its governance obligations.

viii. Risk management as part of our self-assurance system fosters a culture of accountability and continuous improvement within The Institute. Compliance risk review will be undertaken annually and when required in response to a compliance failure. An annual compliance risk review ensures that compliance is not viewed as a static obligation but as a dynamic process that evolves with the organisation's needs and external influences.

ix. **Quality control and review**. Embedded throughout our operating arrangements are components within tasks and procedures, which are quality controls and quality reviews. These are activities that we take for granted but are conducted to monitor if our arrangements are working and if we are complying with our obligations. It is important to differentiate between quality control actions and quality review actions because these two actions are very different:

A. **Quality control.** Quality control is a review of a process or outcome before implementation to ensure it complies with our obligations and expectations. Quality control ensures that if something is not right, it is identified before we rely on it and rectified before it is put into operation. An example of quality control is the systematic review of marketing materials for compliance before publication. Think of this as a "Stop Check" that will ensure the arrangements we are relying on, when implemented, support our compliance and do not put it at risk.

B. **Quality review.** A quality review is a review of a process or outcome after implementation to ensure it meets our obligations and expectations. A quality review seeks to identify when something we rely on in our current service delivery or operations is not meeting our obligations. An example of a quality review is post-assessment validation. This includes a systematic review of an assessment, including completed student assessment records, to determine if the current assessment being relied upon is compliant and being administered according to our expectations.

C. These quality controls and reviews are integrated into our policy arrangements. Where this identifies outcomes or practices that are not consistent with our obligations and policies and procedures, these should

be reported through the Continuous Improvement Report and addressed in our regular management meetings.

1.2 Organisational culture

i. The Institute is committed to fostering a positive organisational culture built upon the core values of honesty, integrity, transparency, accountability, and fairness. We do this in the following ways:

A. We maintain an environment where openness is encouraged, and clear communication occurs through our regular management meetings, attended by both senior management and team members. Management demonstrates these values by actively participating in meetings, leading by example, and encouraging others to participate and share ideas in management meetings.

B. Throughout the year, we proactively incorporate the themes of integrity, transparency, and accountability into individual and collective professional development activities, ensuring all staff are actively engaged in maintaining our high standards.

C. Through our continuous improvement arrangements, we invite reports on opportunities for improvement, which are documented in our procedures. These opportunities for improvement will be reviewed and discussed at the regular management meeting, allowing all attendees to contribute to the decision-making process.

D. Our ongoing self-assurance arrangements, which utilise quality controls and internal review, reinforce accountability at all levels and demonstrate our commitment to integrity, transparency, and organisational effectiveness.

E. Our performance management arrangements support our core values by setting clear expectations and providing targeted performance feedback as needed. Through a transparent performance management process, staff are encouraged to act professionally in the performance of their duties. Performance management holds individuals accountable for their

contributions, ensures alignment with organisational values, and reinforces a workplace environment where integrity and fairness thrive, and where transparency guides decision-making and staff interactions.

VERSION HISTORY

Version Number	Date	Summary of changes
1.0	September 2021	New policy
2.0	July 2025	Revised and updated to include the changes according to the Standards for Registered Training Organisations (2025).
3.0	December 2025	Revised and updated to include the changes according to the ESOS 2000 Act.