Version 10

March 2024

**Audit evaluation form**

Name of organisation:

Your name:

Job title:

Telephone: Facsimile:

Email:

Signature:

Date:

Auditor(s):

Technical advisor(s)

And/or observer(s):

Audit dates: Commenced / /

Commenced / /

1. Was the audit undertaken with an appropriate timeframe? [ ] Yes [ ] No

2. How would you rate the audit process?

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

National standards for group training organisations - Audits

3. How would you describe the audit process? (Choose at least ONE but tick all that apply):

[ ] Helpful [ ] Supportive

[ ] Professional [ ] Informative

[ ] Thorough [ ] Objective

[ ] Constructive [ ] Friendly

[ ] Clear [ ] Other:

4. How would you rate the auditor’s conduct?

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

5. How would you describe the auditor’s conduct? (Choose at least ONE but tick all that apply):

[ ] Helpful [ ] Supportive

[ ] Professional [ ] Informative

[ ] Thorough [ ] Objective

[ ] Constructive [ ] Friendly

[ ] Clear [ ] Other:

6. How would you rate the technical advisor’s conduct?

[ 5 ] Excellent [ 4 ] Good [ 3 ] Fair [ 2 ] Poor [ 1 ] Very poor

7. How would you describe the technical advisor’s conduct? (Choose at least ONE but tick all that apply):

[ ] Helpful [ ] Supportive

[ ] Professional [ ] Informative

[ ] Thorough [ ] Objective

[ ] Constructive [ ] Friendly

[ ] Clear [ ] Other:

8. Comments and suggestions:

Thank you for providing feedback. Your opinions are important for our continuous improvement process.

Please return this form 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)