



Continuous Improvement Request

Person with request: Date:

Issue/Area continuous improvement relates to:

(Specify aspects of the business improvement relates to. If a competency, specify the unit)

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Details of issue:

(What is the identified problem/opportunity)?

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Improvement suggestion:

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|---|--|-------------|
| Request referred to: <input type="checkbox"/> CEO <input type="checkbox"/> Training Manager | | Date: |
| Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low | Recorded on Continuous Improvement Register | Date: |

This form is not required to retained once information is recorded in Continuous Improvement Register