ATAR | DESIGN

Audit

Policy, Procedures, Forms and Registers

POLICY

Purpose	ATAR Design is committed to providing quality training and assessment in accordance with the requirements of the Standards for Registered Training Organisations (2015). As such, ATAR Design is required to systematically and regularly monitor and review training and assessment strategies and practices, including those delivered by third party providers, to ensure compliance with the Standards for RTOs (2015), and utilise the outcomes of such reviews to inform continuous improvement actions. ATAR Design is also required to undergo external auditing by the VET Regulator.
Standard reference	1.1, 1.3, 1.4, 1.7, 1.8, 1.12, 2.1, 2.2, 2.4
Who is responsible	**CEO / Lead Auditor:** • Compliance with this audit policy • Responsible for all phases of the audit • Planning and conducting internal audit processes • Documenting processes and observations • Reporting audit results, developing the audit report. **Auditor/s (used as necessary):** • Collect and analyse evidence • Compliance with this audit policy **Staff / Staff Third Party Providers:** • Compliance with this audit policy • Provide accurate and truthful information and responses to requests from auditors
Review date	Every 12 months

POLICY	
Definitions	The following words and expressions have the following specific meaning, as in the Standards for Registered Training Organisations (RTOs) 2015. **External Audit** means an audit or compliance audit undertaken by the VET Regulator. **Operations of an RTO** include training, assessment and administration and support services related to its registration, including those delivered across jurisdictions and offshore. **Scope of registration** means the training products for which an RTO is registered to issue AQF certification documentation. It allows the RTO to: • Both provide training delivery and assessment resulting in the issuance of AQF certification documentation by the RTO; or • Provide assessment resulting in the issuance of AQF certification documentation by the RTO. **Third party** means any party that provides services on behalf of the RTO but does not include a contract of employment between an RTO and its employee. **VET Regulator** means: • The National VET Regulator; and • A body of a non-referring State that is responsible for the kinds of matters dealt with under the VET legislation for that State
Policy	ATAR Design is committed to ensuring the compliance of its training and assessment system, policies and procedures with the requirements of the SRTOs. In doing so, ATAR Design will: • Implement and maintain processes for the annual audit of its training and assessment systems, policies and procedures across all of its operations and scope of registration, for compliance against SRTOs; • Implement and maintain processes for the regular audit of training and assessment systems, practices provided by third party providers for compliance against SRTOs; • Document all audit processes, results and outcomes in an annual Audit Report; • Ensure the Audit Report is reviewed by the CEO, addressing compliance issues and audit results each year; • Provide an Annual declaration of compliance with SRTOs to the appropriate VET Regulator, as required; • Accept and cooperate fully with 'external audits' conducted by Auditors from the relevant VET Regulator or Funding body, providing accurate and truthful responses to information requests; • In the conduct of audits, facilitate evidence collection, maintain and make available all pertinent records and provide access to relevant documents, facilities and personnel on request; and • Ensure that outcomes from audit activities feed into continuous improvement of training and assessment strategies and practices.

POLICY	
Policy principles	**Internal audits – Audit Principles** • A complete audit against the Standards for Registered Training Organisations is to be conducted internally at least every 12 months. This audit will be conducted in accordance with an audit schedule. • This internal audit will examine all standards, policies, procedures, products across the scope of registration and scale of operations, including training and assessment delivered by a third party partners. • Audits will involve the examination of records and evidence provided by the system. **Audit Objectives** • To determine compliance with the SRTOs for registered training organisations; • To determine third party partners' compliance with the SRTOs for registered training organisations; • To determine the effectiveness of the training and assessment strategies and practices; • To provide an avenue for the identification of continuous improvement opportunities. **Audit Schedule** • Unless determined otherwise, audits shall be undertaken at least annually, giving due consideration to the timing of audits by other parties. e.g. VET Regulator, Funding Body etc; • New projects and new third party providers shall be audited within six months of commencement. **Outcomes of Audits** Results of audits will: • Be documented on the Self-Assessment Tool and Audit Report; and • Include observations of compliances, non-compliances and opportunities for improvements (OFIs), as relevant. • If corrective actions or further investigation is required, these will be identified and implemented. • Outcome of audits will undergo management review, to determine and endorse changes required to business operations and practices. • Non-compliances will be corrected within 3 months of the identification (from the date of the audit). • Outcomes of all audits feed into Continuous Improvement practices. (See Continuous Improvement Policy) with contractual obligations. **External Audits – Auditing by VET Regulator** • ATAR Design cooperates with the VET Regulator in the conduct of audits and the monitoring of its operations. (See Management of RTO Policy) • ATAR Design ensures all third party providers are required under written agreement to cooperate with the VET Regulator: • By providing accurate and factual responses to information requests from the VET Regulator relevant to the delivery of services; and • In the conduct of audits and the monitoring of its operations. • Auditing by other external / Funding bodies • ATAR Design cooperates with other regulator/ funding body's auditors demonstrating compliance

POLICY	
Records management	**Records Management** All documentation from the Audit processes are maintained in accordance with the Records Management Policy. (See Records Management Policy) **Monitoring and Improvement** All Audit practices are monitored by the CEO and areas for improvement identified and acted upon. (See Continuous Improvement Policy)

PROCEDURE

Step	Who	Procedure
1. Planning for Internal RTO Audit	CEO	• Determine the annual RTO audit schedule at the beginning of each year. This schedule will be specified on the 'Audit Schedule Register'. • Compliance audits – every 6 months • Determine the scope of the audit. • Funded audits – internal checklist must be completed in the first 6 months of the contract year – from January to June • File audits for all FFS and funded students ongoing: – Audits occur on enrolment of the student by the data processing unit – Checks to ensure enrolment forms are completed and follow up of missing information – Identification signed and verified by the RTO delegate and signatures checked to the RTO delegate register for authenticity • EOP spot audit: – Spot check file audits conducted quarterly for evidence of participation. – A sample of active files between 10 to 20 files for AVETMISS compliance • Completions and withdrawals – All files are audited on completion or withdrawal for data integrity before issuing a Certificate or SOA – EOP on file against claiming data if applicable is checked before finalising
2. Preparing the Internal RTO Audit	CEO / Lead Auditor	• Determine the Audit Team. • Prepare all relevant documentation for the audit; • 'Standards 2015 Audit Checklist'; • Report / outcomes from previous audits. • Contact relevant staff/ Third Party Provider and advise of Audit time and scope.
3. Conducting the Audit	CEO / Lead Auditor	• Meet with relevant parties to discuss the Audit approach, scope and process. • Collect evidence from relevant sources for Audit Criteria. • Review evidence and make judgement on compliance. Judgements could include: • Compliance (C); • Insufficient evidence – more evidence required (MER); • Non-compliance (NC); or • Opportunity for Improvement (OFI). • Record all results on 'Standards 2015 Audit Checklist'. • Systematically work through all Audit Criteria. • Make overall determinations for Audit Criteria Category. • Meet with relevant personnel to advise Audit outcomes and findings, including results and recommendation for improvements.

PROCEDURE

Step	Who	Procedure
4. Reporting Audit Results	Lead Auditor	• Present Audit report / findings to CEO.
	CEO	• Determine and approve continuous improvement actions.
	Lead Auditor	• Implement continuous improvement actions within four (4) weeks. • Provide follow-up report to CEO regarding continuous improvement put in place. • File all Documentation in Internal Audit files, in date order.