ZENITH INNOVATION INSTITUTE
UNPARALLELED EXCELLENCE

Self-Assurance Policy and Procedure

Approving body	Governing Board (GB)
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Policy owner	Chief Executive Officer (CEO)
Policy contact	Academic Dean
Related Documents	Zenith Quality Assurance Framework Academic Progression and Students At Risk Policy and Procedure Admission Policy and Procedure Assessment Guidelines Course Quality Assurance Assessment Moderation Policy and Procedure Assessment Policy and Procedure Assessment Review Policy and Procedure Course Monitoring and Review Policy and Procedure Course Monitoring and Review Schedule Credit and Recognition of Prior Learning Policy and Procedure External Referencing and Benchmarking Policy and Procedure Learning and Teaching Plan Staff Academic Integrity Policy and Procedure Staff Qualifications and Equivalence Policy and Procedure Staff Scholarly Activity Policy Student Academic Integrity Policy and Procedure Student Enrolment and Completion Policy and Procedure AI Framework ZII Risk Management Framework Records and Data Management Policy and Procedure Zenith Governance Framework Delegations Policy and Schedule
Related Legislative and Regulatory Instruments	Higher Education Standards Framework (Threshold Standards) 2021 (Cth) (HESF 2021) HESF 2021 — ss.5.3.1, 5.3.2, 5.3.3, 5.3.4, 5.3.7, 6.1.1, 6.1.2, 6.1.3, 6.2.1, 6.3.1, 6.3.2, 6.3.3

	Tertiary Education Quality and Standards Agency Act 2011 (Cth) (TEQSA Act) Australian Qualifications Framework (AQF) Education Services for Overseas Students Act 2000 (Cth) (ESOS Act) Education Services for Overseas Students Regulations 2019 (Cth) National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Cth) Privacy Act 1988 (Cth) Australian Consumer Law (ACL)

Purpose

1. Zenith Innovation Institute (Zenith / ZII / the Institute) is committed to a rigorous, evidence-based culture of continuous improvement and accountability. This Policy and Procedure establishes the Institute's self-assurance framework, giving effect to obligations under HESF 2021 ss.6.3.1, 6.3.2, and 6.3.3, and integrating TEQSA registration requirements under the Tertiary Education Quality and Standards Agency Act 2011 (Cth).
2. Self-assurance is the process by which the Governing Board and Academic Board systematically review the Institute's performance against its stated mission, objectives, and the requirements of the HESF 2021. It is distinct from external quality review — self-assurance is an ongoing internal obligation that occurs annually regardless of any external audit cycle.
3. This Policy and Procedure:
   (a) establishes the governance chain and reporting obligations for self-assurance at ZII, including the obligation of the Governing Board to review its own governance effectiveness;
   (b) defines the annual self-assurance cycle and its key components;
   (c) specifies the data sources, performance indicators, and quality benchmarks used;
   (d) integrates obligations arising from the ESOS Act 2000, ESOS Regulations 2019, and National Code 2018 for international students; and
   (e) cross-references all Institute policies and procedures — with explanation of their role in the quality system — to ensure coherent, whole-of-institution quality assurance.

Scope

4. This Policy and Procedure applies to:
   (a) all academic programs, units, and courses delivered by the Institute;
   (b) all staff — academic, professional, and casual;
   (c) all governance bodies of the Institute, including the Governing Board and Academic Board;
   (d) all support operations, including student services, administration, and third-party arrangements; and
   (e) all domestic and international students enrolled at the Institute.

Policy

Policy statement

5. The Institute commits to a systematic, evidence-based self-assurance process that:

   (a) meets the Institute's obligations for systematic review of institutional performance, academic quality, and continuous improvement;

   (b) is owned at the highest governance level — the Governing Board — and operationalised through the Academic Board and Academic Dean;

   (c) includes regular review by the Governing Board of its own governance fitness, composition, and effectiveness;

   (d) produces actionable improvement plans that feed back into operational policy and planning; and

   (e) is transparent, proportionate, and integrated with the Institute's broader Quality Assurance Framework.

Governing Board obligations

6. The Governing Board is responsible for regularly reviewing the performance of the Institute against its mission and objectives. This obligation is discharged through:

   (a) annual receipt of the Self-Assurance Report (SAR), prepared by the CEO and Academic Dean and presented to the Governing Board no later than 31 March each year for the preceding calendar year;

   (b) review of key performance indicators (KPIs) including student outcomes, staff qualifications, scholarly activity, course completion rates, and ESOS compliance metrics;

   (c) endorsement or approval of improvement actions arising from the SAR; and

   (d) oversight of TEQSA registration obligations and any conditions imposed by the Tertiary Education Quality and Standards Agency.

Governing Board governance self-review

7. In addition to reviewing institutional performance, the Governing Board is responsible for reviewing its own governance — including its composition, skills, independence, and effectiveness. The Governance Framework and Delegations Policy and Schedule provide the operational framework within which this self-review occurs. The annual Governing Board governance self-review must address the following elements.

Board composition and skills matrix

8. The Governing Board must ensure that its membership collectively holds the range of skills, knowledge, and experience necessary to discharge its obligations under the TEQSA Act 2011 and to govern effectively as a registered higher education provider. Specifically, the Board must:

   (a) maintain a Board Skills Matrix that maps current member skills against the competencies required for effective oversight of a higher education provider — including financial governance, academic quality, regulatory compliance, risk management, and student equity;

   (b) review the Skills Matrix annually as part of the self-assurance cycle and identify any skill gaps;

(c) take active steps to address identified skill gaps through targeted recruitment, Board member professional development, or appointment of co-opted advisors; and

(d) ensure that the Board includes members with demonstrated knowledge of the higher education sector and the specific requirements of the HESF 2021 and TEQSA Act.

Board member independence and conflicts of interest

9. Consistent with the Conflict of Interest Policy and Procedure, the Governing Board:

(a) maintain a standing Conflicts of Interest Register for all Board members, updated annually and whenever a new interest arises;

(b) ensure that the composition of the Board includes a majority of independent members — that is, members who are not employees, contractors, or close associates of the Institute — consistent with good governance practice for a registered higher education provider;

(c) apply a documented conflicts of interest management protocol at every Board meeting, requiring members to declare interests before any agenda item where a conflict may exist and to absent themselves from any decision in which they have a material interest; and

(d) include a summary of conflicts of interest disclosures and management actions in the annual SAR.

Board effectiveness review

10. The Governing Board must conduct a formal Board Effectiveness Review at least every two years. The review must:

(a) assess the Board's performance against its obligations under the HESF 2021, TEQSA Act, and the Zenith Governance Framework;

(b) evaluate the quality of Board decision-making, including the adequacy of information provided to the Board, the timeliness of decisions, and the rigour of deliberation;

(c) assess the effectiveness of the Board's sub-committees and advisory arrangements, if any;

(d) evaluate Board meeting conduct, including attendance, preparation, and the quality of Board papers; and

(e) produce a written Effectiveness Review Report with recommendations, presented to and approved by the full Board, and included as an attachment to the next annual SAR.

11. In years when a full Effectiveness Review is not conducted, the Chair of the Governing Board must provide a brief written governance update to the SAR, confirming that no material governance concerns have arisen during the year.

Board induction, professional development, and succession

12. The Governing Board must:

(a) maintain a formal Board induction program for all new members that covers the Institute's mission, governance structure, HESF obligations, ESOS and National Code requirements, financial position, and risk profile;

(b) provide or facilitate ongoing professional development for Board members relevant to higher education governance — including TEQSA regulatory updates, HESF amendments, and sector benchmarking;

(c) maintain a Board succession plan that identifies anticipated vacancies, required skills for replacement members, and a pipeline of potential candidates; and

(d) ensure that no Board member serves in a position that would compromise the Board's collective independence as a registered higher education provider.

Governance documentation review

13. As part of the annual self-assurance cycle, the Governing Board must confirm that the following governance documents are current, accurate, and consistent with HESF 2021 requirements:

    (a) the Governance Framework — the foundational document establishing the governance structure of the Institute;

    (b) the Delegations Policy and Schedule — which defines the authority delegated from the Governing Board to the CEO, Academic Dean, and other officers;

    (c) the Board's Terms of Reference and Standing Orders; and

    (d) the Academic Board's Terms of Reference and Charter.

14. Any inconsistency between these documents and HESF 2021 requirements must be identified, documented, and resolved within 60 days of identification. The CEO is responsible for maintaining an up-to-date governance documentation register.

Academic Board obligations

15. The Academic Board is responsible for the academic quality of the Institute's operations. This obligation is discharged through:

    (a) biannual review of student academic performance data, including pass rates, grade distributions, withdrawal rates, and completion rates;

    (b) annual review of course and unit quality, including assessment design, moderation outcomes, student feedback, and external benchmarking results;

    (c) review and endorsement of all academic policy changes arising from the self-assurance process; and

    (d) reporting academic quality findings and recommendations to the Governing Board through the CEO and SAR.

Systematic evaluation and improvement

16. The Institute undertakes systematic evaluations across all operational domains and uses the results to drive continuous improvement. Evaluations encompass:

    (a) student outcomes and experience data (completion rates, graduate outcomes, student satisfaction surveys);

    (b) staff performance data (qualifications currency, scholarly activity, professional development);

    (c) course and curriculum quality (AQF alignment, assessment validity, benchmarking);

    (d) governance and management effectiveness (policy compliance, risk management, financial sustainability, and Board governance self-review outcomes);

    (e) ESOS compliance (international student enrolment, CoE management, TPS obligations, National Code adherence); and

    (f) third-party arrangement performance.

Integration with institutional policies

17. The self-assurance process draws on data generated under each of the Institute's operational policies. The following explains the role each policy plays in the quality system and the data or evidence it contributes to the annual Self-Assurance Report.

Student outcomes policies

(a) **Academic Progression and Students At Risk Policy and Procedure:** governs the identification of students who are not meeting academic progress requirements, the operation of Student-At-Risk panels, and the reporting of international students to the Department of Home Affairs where required under the ESOS Act. It contributes SAR data, intervention rates, and international student DHA-reporting statistics to the self-assurance cycle.

(b) **Student Enrolment and Completion Policy and Procedure:** governs domestic and international student enrolment, census date management, Confirmation of Enrolment (CoE) administration via PRISMS, and course completion requirements. It contributes enrolment data, CoE variation records, and completion rate statistics, and supports compliance with international student course duration monitoring obligations.

(c) **Assessment Policy and Procedure:** governs the design, conduct, and certification of all student assessments — including supplementary and deferred assessment, grade approval workflows, and international student course completion obligations under National Code Standard 9. It contributes grade distribution data, supplementary assessment rates, and assessment quality findings to the self-assurance cycle.

(d) **Assessment Review Policy and Procedure:** governs the student right to request a formal review of an assessment grade through informal and formal review stages. It contributes assessment review volumes, outcomes, and any patterns of systemic marking inconsistency to the self-assurance cycle, and includes Commonwealth Ombudsman referral rights for international students under National Code Standard 10.

(e) **Admission Policy and Procedure:** governs entry requirements, English language proficiency standards, special admission pathways, and the content of Letters of Offer — including mandatory TPS rights statements under the ESOS Act. It contributes sub-cohort admission data, equity outcomes, and transparency compliance evidence to the self-assurance cycle.

(f) **Credit and Recognition of Prior Learning Policy and Procedure:** governs the assessment and granting of credit for prior formal study and professional experience, including the CoE variation requirements for international students whose credit shortens their course duration. It contributes credit grant volumes and equity of access data to the self-assurance cycle.

Academic quality policies

(g) **Assessment Moderation Policy and Procedure:** requires pre-release moderation of all high-stakes assessments by an independent marker, documents outcomes in a moderation register, and governs the conduct of external moderators. It contributes moderation completion rates, inter-rater reliability findings, and third-party moderator performance data to the self-assurance cycle.

(h) **Assessment Guidelines Course Quality Assurance:** establishes the Institute's principles and minimum standards for assessment design, including AQF-level alignment, constructive alignment with learning outcomes, assessment variety, and academic

integrity requirements. It provides the quality benchmark against which the Academic Board evaluates assessment design in the annual course quality review.

(i) **Course Monitoring and Review Policy and Procedure:** governs the Annual Course Review (ACR) and Comprehensive Course Review (CCR) cycles, including the data to be collected, the responsible officers, and the escalation pathway if a course is found to be underperforming. Its findings feed directly into the Academic Quality Report component of the SAR.

(j) **Course Monitoring and Review Schedule:** specifies the timing, scope, and triggers for both Annual and Comprehensive Course Reviews across the Institute's course portfolio. It ensures that every course is reviewed on a documented schedule and that comprehensive reviews occur within HESF-required timeframes. The schedule is tabled at the Academic Board annually.

(k) **Learning and Teaching Plan:** establishes the Institute's strategic approach to teaching quality, professional learning, curriculum design, and the integration of student feedback into teaching practice. It provides the framework against which the Academic Board evaluates the Institute's learning and teaching culture in the annual self-assurance cycle, including scholarly activity integration and technology-enhanced learning.

(l) **External Referencing and Benchmarking Policy and Procedure:** requires at least two external benchmarking activities per course per year against comparable higher education providers, governs the benchmarking methodology and data sources, and mandates the incorporation of findings into course improvement planning. Benchmarking outcomes are summarised in the External Benchmarking component of the SAR.

Staff quality policies

(m) **Staff Qualifications and Equivalence Policy and Procedure:** specifies the minimum academic qualifications required for each teaching role, the process for assessing professional experience equivalence where formal qualifications are not held, and the annual reporting obligation to the Governing Board. It contributes staff qualification compliance rates and any equivalence determinations to the SAR Staff Quality Report.

(n) **Staff Scholarly Activity Policy:** requires all academic staff to undertake and document at least one scholarly activity per academic year, defines the range of qualifying activities, governs the reporting of scholarly activity participation to the Governing Board, and includes a budget escalation mechanism where participation falls below 1.5% of operating budget. It contributes scholarly activity participation rates and funding adequacy data to the SAR.

(o) **Staff Academic Integrity Policy and Procedure:** governs the disclosure and verification of AI use by staff in academic materials and assessment design, defines staff academic misconduct, and establishes investigation and disciplinary procedures. It also addresses third-party academic integrity risk. It contributes staff misconduct case volumes, outcomes, and AI compliance data to the self-assurance cycle.

Institutional governance policies

(p) **Zenith Quality Assurance Framework:** the overarching framework within which this Self-Assurance Policy operates. It establishes the Institute's quality culture, defines the QA cycle, identifies all QA data sources, and maps governance accountabilities across the Governing Board, Academic Board, and operational management. The Self-Assurance Policy and Procedure is the procedural instrument that gives effect to the QA Framework's self-assurance obligations.

(q) **AI Framework:** governs the use of artificial intelligence in learning, teaching, assessment, and operations, including the Perkins' Scale AI tolerance taxonomy for assessment items, digital equity obligations, and staff AI disclosure requirements. AI policy compliance data — including unit-level AI tolerance declaration rates and AI-related academic integrity findings — is reported in the SAR.

(r) **Risk Management Framework:** governs the Institute's risk identification, assessment, treatment, and monitoring processes, and maintains the institutional Risk Register. Risk data — including the current risk profile, emerging risks identified during the self-assurance cycle, and the status of risk treatment actions — is included in the Risk Register Update component of the SAR.

(s) **Zenith Governance Framework:** establishes the constitutional and structural governance arrangements of the Institute, including the composition, powers, and functions of the Governing Board and Academic Board, and their respective committees. It is reviewed annually as part of the Governing Board governance self-review under this Policy.

(t) **Delegations Policy and Schedule:** defines the authority delegated from the Governing Board to the CEO, Academic Dean, Registrar, and other officers. It is reviewed annually as part of the Governing Board governance self-review to ensure delegations remain fit for purpose and consistent with HESF 2021 governance requirements.

(u) **Student Academic Integrity Policy and Procedure:** governs student academic misconduct — including AI misuse, plagiarism, and contract cheating — defines investigation and penalty procedures, and includes Commonwealth Ombudsman escalation rights for international students. Misconduct data, including systematic patterns that may indicate assessment design weaknesses, is reported to the Academic Board each semester and included in the SAR.

Procedure

Annual self-assurance cycle

18. The Institute operates a 12-month self-assurance cycle aligned with the academic year. The cycle consists of six phases:

(a) Phase 1 — Data collection (July–August): The Academic Dean coordinates the collection of performance data from all operational areas. Heads of department, the Registrar, and Student Support staff contribute data against the KPI framework in this Policy. The Registrar provides ESOS compliance data, including CoE records and TPS compliance evidence. The CEO provides governance data, including Board Skills Matrix status and any conflicts of interest disclosures.

(b) Phase 2 — Analysis and gap identification (September–October): The Academic Dean analyses collected data against the Institute's benchmarks and targets, identifies underperformance or emerging risks, and documents findings. External benchmarking data from comparable providers is incorporated (External Referencing and Benchmarking Policy and Procedure). The CEO reviews governance data and prepares the Board governance self-review component.

(c) Phase 3 — Academic Board review (November): The Academic Dean presents a draft Self-Assurance Report to the Academic Board. The Academic Board reviews academic quality findings, endorses or amends improvement recommendations, and records its findings in the minutes.

(d) Phase 4 — CEO review and SAR finalisation (December–January): The CEO reviews the Board-endorsed SAR, adds institutional governance and financial sustainability

commentary — including the Board governance self-review findings — and finalises the report for the Governing Board.

(e) Phase 5 — Governing Board review (by 31 March): The CEO presents the final SAR to the Governing Board. The Governing Board reviews institutional performance, reviews its own governance self-assessment, approves improvement plans, and discharges its governance and self-assurance obligations for the year. The Governing Board's findings are minuted.

(f) Phase 6 — Improvement implementation (April–June): Approved improvement actions are allocated to responsible officers with due dates. Progress is monitored by the Academic Dean and reported to the Academic Board at its mid-year meeting.

Key performance indicators (KPIs)

19. The following KPIs form the minimum dataset for the annual self-assurance cycle. Targets are reviewed by the Governing Board annually and updated as required.

Student outcomes KPIs

(a) Course completion rate: ≥70% of commencing students in each course complete within 1.5× the standard course duration.

(b) Unit pass rate: ≥75% of enrolled students pass each unit in each delivery period.

(c) Student retention rate: ≥85% of students who commence Semester 1 are enrolled in Semester 2 of the same year (Strategic Plan Objective 1).

(d) International student CoE compliance: 100% of international students have a current, accurate CoE in PRISMS at all times; CoE variations processed within ESOS Regulations 2019 timeframes.

(e) Student satisfaction: ≥75% overall satisfaction rating in the annual student experience survey, benchmarked against QILT Student Experience Survey (SES) sector scores (Strategic Plan Objective 2). Note: the Strategic Plan sets a minimum floor of 70%; this Policy applies a higher target of 75% as a more specific institutional benchmark.

(f) Graduate outcome rate: ≥70% of graduates in employment or further study within 12 months of completion, measured against QILT Graduate Outcomes Survey (GOS) data where available (Strategic Plan Objective 2).

Academic quality KPIs

(g) Assessment moderation: 100% of high-stakes assessments moderated in accordance with the Assessment Moderation Policy and Procedure prior to release.

(h) Benchmarking coverage: at least two external benchmarking activities per course per year .

(i) Course review currency: all courses undergo a formal Annual Course Review each year and a Comprehensive Course Review within the schedule set by the Course Monitoring and Review Schedule.

(j) Academic integrity outcomes: formal academic misconduct outcomes reported to the Academic Board each semester; systematic patterns trigger curriculum or assessment redesign within 60 days of identification.

(k) Curriculum currency: annual curriculum review and update conducted for each course based on industry consultation and emerging trends in cybersecurity and management; review outcomes tabled at the Academic Board (Strategic Plan Objective 1).

(l) Professional accreditation: progress toward ACS (Australian Computer Society) registration for the Bachelor of Information Technology (Cybersecurity) monitored annually; application lodged in accordance with the Implementation Plan timeline (Strategic Plan Objective 1).

Staff quality KPIs

(m) Staff qualification compliance: 100% of academic staff meet the minimum qualifications in Staff Qualifications and Equivalence Policy and Procedure or have an approved equivalence determination on file.

(n) Scholarly activity participation: ≥80% of academic staff complete at least one documented scholarly activity per academic year (Staff Scholarly Activity Policy).

(o) Professional development: 100% of academic staff complete required professional development activities each year; 100% of teaching staff complete transnational education (TNE) training within two years of commencement of TNE operations (Strategic Plan Objective 3).

ESOS and National Code KPIs

(p) TPS obligations: all Written Agreements for international students include the mandatory TPS statement as required under the ESOS Act. Compliance verified by the Registrar each semester.

(q) National Code Standard compliance: 100% compliance with all applicable National Code 2018 Standards, verified through internal audit each semester.

(r) Complaints and appeals resolution: 90% of student complaints and appeals resolved within specified timeframes; complaints escalated to the Commonwealth Ombudsman are tracked and responded to (National Code Standard 10).

Governing Board governance KPIs

(s) Board Skills Matrix currency: Board Skills Matrix reviewed and approved by the Governing Board at each annual self-assurance cycle; any identified gaps have a documented remediation action.

(t) Conflicts of interest: 100% of Board members have a current conflicts of interest declaration on file; all conflicts arising during the year have been documented and managed in accordance with the Conflict of Interest Policy and Procedure.

(u) Board Effectiveness Review: a formal Board Effectiveness Review conducted at least every two years; in intervening years, a written governance update from the Chair is included in the SAR.

(v) Governance document currency: all governance documents (Governance Framework, Delegations Schedule, Board Terms of Reference) reviewed and confirmed current in the annual self-assurance cycle.

Operational and financial KPIs

(w) Student-to-staff ratio: maintain a student-to-staff ratio of no greater than 25:1 to ensure personalised attention and effective teaching support (Strategic Plan Objective 4).

(x) Infrastructure and support satisfaction: ≥85% student satisfaction rate on biennial student satisfaction surveys covering infrastructure and support services quality (Strategic Plan Objective 4).

(y) Financial sustainability: positive EBITDA achieved in accordance with the Institute's Financial Plan; financial performance reviewed quarterly by the Finance Committee (or Governing Board in the pre-ARC period) and reported in the SAR (Strategic Plan Objective 4).

Risk management KPIs

(z) Risk Register currency: the institutional Risk Register reviewed and updated quarterly by the CEO and Quality Assurance Manager; current status tabled at every Governing Board meeting (Strategic Plan Objective 5).

(aa) Risk assessment cycle: comprehensive risk assessments conducted biannually; all compliance and self-assurance processes confirmed operational at each biannual assessment (Strategic Plan Objective 5).

(bb) Stakeholder involvement in risk management: all relevant stakeholders involved in the risk identification and review process at least annually (Strategic Plan Objective 5).

Self-Assurance Report (SAR) — structure and content

20. The annual Self-Assurance Report must address the following components:

(a) Executive Summary: an overall assessment of Institute performance against objectives and HESF standards.

(b) KPI Performance Dashboard: quantitative data against each KPI in this Policy, with year-on-year trend analysis where data exists.

(c) Governing Board Governance Self-Review: Board Skills Matrix status, conflicts of interest summary, Board Effectiveness Review findings (or Chair's governance update in non-review years), governance document currency, and succession plan status.

(d) Academic Quality Report: Academic Board findings on course and unit quality, assessment integrity, moderation outcomes, and student outcomes.

(e) Student Experience and Equity Report: student satisfaction data, equity sub-cohort performance (including international students, First Nations students, and students with disability), and complaints/appeals outcomes.

(f) Staff Quality Report: staff qualifications compliance, scholarly activity participation, and professional development completion rates.

(g) ESOS and International Student Compliance Report: CoE management, TPS compliance, National Code adherence, and any notifications to DHA or TEQSA during the reporting period.

(h) External Benchmarking Summary: outcomes of all benchmarking activities conducted during the year (External Referencing and Benchmarking Policy and Procedure).

(i) Third-Party Monitoring Report: outcomes of monitoring of all third-party arrangements, drawn from the Third-Party Register (Zenith Quality Assurance Framework).

(j) Risk Register Update: current institutional risk profile and status of risk treatment actions (Risk Management Framework).

(k) Improvement Action Plan: specific actions, responsible officers, and due dates arising from all findings. Actions from the prior year's plan are reviewed for completion.

TEQSA-triggered reporting

21. In addition to the annual self-assurance cycle, the Institute will provide information to TEQSA as and when specifically requested by the Authority under the TEQSA Act 2011. Such reporting is not automatic but must be treated as a priority obligation. The CEO is responsible for coordinating any TEQSA-requested information.

22. The Institute must notify TEQSA within the timeframes specified in the TEQSA Act or conditions of registration if any of the following occur:

    (a) a material change to the Institute's governance, ownership, or financial position;

    (b) a significant adverse event affecting student welfare, academic integrity, or financial sustainability;

    (c) any suspension or cancellation of CRICOS registration; or

    (d) any other matter specified as a reportable obligation in the Institute's current TEQSA registration conditions.

23. In addition to the annual self-assurance cycle and the TEQSA-triggered reporting obligations above, the Institute maintains a standing process for identifying, escalating, and correcting lapses in compliance with the Threshold Standards throughout the year. The quarterly review of the institutional Risk Register by the CEO and Quality Assurance Manager includes a standing agenda item for Threshold Standards compliance status. Potential compliance lapses are also identified through incident reports, student complaints, and audit findings received by the CEO, Academic Dean, or Registrar; through the Academic Board's biannual review of student performance data where performance falls below the KPI thresholds in this Policy; through the findings of the annual third-party compliance review under the Third Party Policy and Procedure; and through notifications from TEQSA, the Commonwealth Ombudsman, or other regulatory bodies.

24. Where a potential compliance lapse is identified, the officer who identifies it notifies the CEO in writing within two business days, describing the nature of the concern. The CEO, in consultation with the Quality Assurance Manager and Academic Dean as appropriate, assesses within five business days whether the concern is a material compliance lapse or a minor administrative matter. Where the CEO assesses the matter as material, the Governing Board Chair is notified within a further five business days and the matter is tabled at the next Governing Board meeting. A corrective action plan is prepared within 14 days of the Governing Board notification, identifying the action required, the responsible officer, the timeline, and the evidence that will confirm compliance has been restored. Where the matter constitutes a notifiable change under the TEQSA Act or the Institute's registration conditions, TEQSA is notified within the prescribed timeframe.

25. The Quality Assurance Manager maintains a Compliance Incident Log recording all potential compliance lapses identified during the year, the CEO's assessment of each, and the corrective action taken. The Log is reviewed at each Governing Board meeting and the current status is included in the Risk Register Update component of the annual Self-Assurance Report.

Third-party arrangement monitoring

26. Where any third party delivers a component of the Institute's courses or services — including work-integrated learning hosts, contracted markers, external assessors, or agents — the

Academic Dean maintains a Third-Party Register in accordance with the Third Party Policy and Procedure, which governs the annual compliance review, verification methodology, Academic Board reporting, and escalation pathway for any identified non-compliance. The register records the scope of each arrangement, performance monitoring criteria, and annual review outcomes. Third-party performance findings are included in the annual SAR.

27. Non-compliance by a third party with HESF 2021 quality standards is reported to the Academic Board and may result in termination of the arrangement. The Governing Board reviews third-party risk annually as part of the SAR.

Document and record management

28. The following records must be maintained for a minimum of seven years from the date of the relevant self-assurance cycle:

    (a) The annual Self-Assurance Report (all versions);

    (b) Academic Board and Governing Board minutes recording self-assurance findings and approvals;

    (c) Board Skills Matrix (all annual versions), Conflicts of Interest Register, and Board Effectiveness Review reports;

    (d) KPI data sets and analysis workpapers;

    (e) Improvement Action Plans and progress reports;

    (f) External benchmarking records; and

    (g) Third-Party Register and monitoring records.

29. Records are managed in accordance with the Records and Data Management Policy and Procedure and the Privacy Act 1988 (Cth).

Responsibilities

30. Governing Board is responsible for:

    (a) annual receipt and review of the Self-Assurance Report;

    (b) annual governance self-review, including Board Skills Matrix, conflicts of interest, governance document currency, and Board Effectiveness Review;

    (c) approval of institutional improvement plans arising from self-assurance findings;

    (d) oversight of TEQSA registration obligations; and

    (e) approval of any material changes to this Policy.

31. CEO is responsible for:

    (a) overall accountability for the self-assurance framework;

    (b) preparation of the Board governance self-review component of the SAR;

    (c) finalising and presenting the annual SAR to the Governing Board;

    (d) managing TEQSA-triggered reporting obligations; and

    (e) assuming all governance functions during the pre-registration phase.

32. Academic Board is responsible for:

(a) regular review of academic quality;

(b) endorsement of academic improvement recommendations in the SAR;

(c) review and approval of academic policy amendments arising from self-assurance; and

(d) monitoring the implementation of academic improvement actions.

33. Academic Dean is responsible for:

(a) coordinating the annual self-assurance cycle, including data collection and analysis;

(b) preparing the annual Self-Assurance Report for the Academic Board and CEO;

(c) maintaining the Third-Party Register and monitoring third-party arrangements;

(d) monitoring ESOS and National Code compliance for international students; and

(e) maintaining records in accordance with this Policy.

34. Registrar is responsible for:

(a) providing enrolment, CoE, and ESOS compliance data for the annual SAR;

(b) verifying TPS obligations in Written Agreements each semester; and

(c) managing PRISMS updates and CoE variations in accordance with ESOS Regulations 2019.

35. The Quality Assurance Manager is responsible for maintaining the Compliance Incident Log, coordinating day-to-day monitoring of Threshold Standards compliance, supporting the CEO in assessing potential compliance lapses and preparing corrective action plans, and maintaining the Third-Party Register in consultation with the Academic Dean.

36. All academic staff are responsible for:

(a) contributing unit-level data and course-level quality observations to the self-assurance process as requested by the Academic Dean; and

(b) implementing improvement actions allocated to them within the specified timeframes.

Definitions

37. For the purposes of this Policy and Procedure, the following terms are defined as follows:

Term	Definition
Academic Board	The committee of the Institute responsible for the academic governance and quality assurance of courses, consistent with the Institute's obligations under the TEQSA Act 2011.
Board Effectiveness Review	A formal biennial assessment of the Governing Board's performance, including decision-making quality, composition, sub-committee effectiveness, and meeting conduct, conducted against the obligations set out in this Policy and the Governance Framework.
Board Skills Matrix	A document maintained by the Governing Board that maps current member skills, knowledge, and experience against the competencies required for effective oversight of a registered higher education provider.

Term	Definition
Confirmation of Enrolment (CoE)	An electronic document issued through PRISMS confirming a student's enrolment at the Institute, as required under the ESOS Act 2000 and ESOS Regulations 2019 for international students.
Conflicts of Interest Register	A standing register maintained for all Governing Board members, recording all declared interests and the management actions taken to address them, updated annually and whenever a new interest arises.
Governing Board	The governing body of the Institute, with ultimate accountability for the Institute's operations, mission, and compliance with all applicable legislative and regulatory requirements.
Key Performance Indicator (KPI)	A quantitative or qualitative measure used to evaluate the Institute's performance against its objectives and regulatory obligations, as specified in this Policy.
National Code 2018	National Code of Practice for Providers of Education and Training to Overseas Students 2018 (Cth) — the legislative instrument establishing obligations of CRICOS-registered providers toward international students.
PRISMS	Provider Registration and International Student Management System — the database administered by the Department of Education for managing CRICOS registration and student Confirmations of Enrolment.
Self-Assurance	The systematic process by which the Governing Board and Academic Board review the Institute's performance against its mission, objectives, and regulatory obligations — including the Governing Board's review of its own governance effectiveness — and use findings to drive continuous improvement.
Self-Assurance Report (SAR)	The annual report, prepared by the Academic Dean and CEO, that documents the Institute's performance against KPIs, includes the Governing Board governance self-review, identifies areas for improvement, and proposes an Improvement Action Plan for Governing Board approval.
TEQSA	Tertiary Education Quality and Standards Agency — the national regulator for higher education providers in Australia under the TEQSA Act 2011.
Third-Party Register	The register maintained by the Academic Dean of all arrangements with external parties who deliver or contribute to any component of the Institute's courses or services, in accordance with the Third Party Policy and Procedure.
Tuition Protection Service (TPS)	A government-administered service that protects students' prepaid tuition fees if a provider is unable to deliver a course. Further information is available at www.tps.gov.au.

Version control

Version	Changes	Approval Body	Approval Date
1.0	Original Policy — established self-assurance framework (HESF 2021 ss.6.3.1, 6.3.2, 6.3.3); added Governing Board governance self-review obligations (HESF ss.6.1.1, 6.1.2, 6.2.1) including Board Skills Matrix, Conflicts of Interest Register, Board Effectiveness Review, induction and succession planning; expanded all policy cross-references with functional descriptions; integrated ESOS Act 2000 Part 5A, ESOS Regulations 2019, and National Code 2018 obligations; established full KPI framework including Board governance KPIs; added interim governance provisions and complete cross-reference to all 19 ZII revised policies.	Governing Board	
1.1	KPI alignment update following review against Strategic Plan 2024–2031 (V5): (1) Student retention rate target increased from ≥80% to ≥85% to align with Strategic Plan Objective 1 (85% retention and progression rate for first-year students). (2) Student satisfaction KPI updated to reference QILT Student Experience Survey (SES) sector benchmark, consistent with Strategic Plan Objective 2; institutional target of ≥75% retained as a more specific measure above the Strategic Plan's 70% floor. (3) Graduate outcome rate KPI updated to reference QILT Graduate Outcomes Survey (GOS) data, consistent with Strategic Plan Objective 2. (4) Two new academic quality KPIs added: annual curriculum currency review (Strategic Plan Objective 1); ACS accreditation progress tracking for the BIT (Strategic Plan Objective 1). (5) Professional development KPI updated to include 100% TNE training completion within two years of TNE operations commencement (Strategic Plan Objective 3). (6) New Operational and Financial KPIs section added: student-to-staff ratio ≤25:1 (Strategic Plan Objective 4); infrastructure and support satisfaction ≥85% (Strategic Plan Objective 4); positive EBITDA financial sustainability target (Strategic Plan Objective 4). (7) New Risk Management KPIs section added: quarterly Risk Register review (Strategic Plan Objective 5); biannual comprehensive risk assessments (Strategic Plan Objective 5); annual stakeholder involvement in risk identification (Strategic Plan Objective 5).	Governing Board	

Version	Changes	Approval Body	Approval Date
1.2	Updated to address TEQSA findings under HESF 6.2.1(k) and 5.4.2. (1) Compliance lapse monitoring process added to Procedure as natural body text following the TEQSA-triggered reporting section: standing identification mechanisms (quarterly Risk Register review, incident reports, Academic Board biannual data review, third-party review findings, regulatory notifications); escalation pathway (2-business-day officer notification, 5-business-day CEO assessment, 5-business-day Governing Board notification for material lapses, 14-day corrective action plan, TEQSA notification where required); and Compliance Incident Log maintained by Quality Assurance Manager and reviewed at each Governing Board meeting. (2) Third-party arrangement monitoring cross-reference updated to name the Third Party Policy and Procedure as the governing instrument. (3) Quality Assurance Manager added to Responsibilities, consistent with Delegations Policy and Schedule V1.6. (4) Interim Governance (Pre-Registration Phase) section removed — ZII is now registered. (5) Delegations Policy and Schedule version reference updated to V1.6.	Governing Board	17 August 2026