# 1. Purpose

1.1 Compliance Management Policy and Procedure will ensure that the Central Australian Institute of Technology of Higher Education (CAIT Hi-Ed) adheres to legal, regulatory, and accreditation standards across academic, financial, and operational areas. It will protect the institution's reputation, prevent legal and financial penalties, and maintain eligibility for government funding and grants. By establishing clear compliance guidelines, it will promote accountability and transparency among faculty, staff, and students, ensuring that educational standards, data privacy, equal opportunity, and ethical research practices are upheld. Ultimately, it will support a safe and fair learning environment and reinforce the institution's commitment to integrity and trustworthiness in serving its students and community.

# 2. Scope

2.1 The Policy and Procedure applies to all individuals associated with the institution, including faculty, staff, administrators, and students, as well as contractors, and any external parties engaged with the institution's operations. It encompasses anyone whose actions could impact the institution's compliance with legal, regulatory, and accreditation standards.

# 3. Policy

3.1 The Compliance Management Policy and Procedure aims to establish and maintain a structured approach for ensuring that all activities within the CAIT Hi-Ed comply with relevant laws, regulations, accreditation standards, and internal policies. This policy is designed to promote a culture of integrity, accountability, and ethical conduct among all members of the institution, including faculty, staff, students, and external partners. By setting clear guidelines and responsibilities, the policy ensures that everyone within the institution understands their role in supporting compliance efforts and mitigating risks associated with non-compliance. The institution is committed to providing resources, training, and support to enable effective compliance management, continuously improving compliance practices, and responding promptly to any compliance issues that arise.

# 4. Principles

4.1 All members of the CAIT Hi-Ed will be responsible for understanding and adhering to compliance requirements relevant to their roles.

4.2 Compliance Policy and Procedure will be clearly communicated and accessible to promote understanding and engagement.

4.3 The CAIT Hi-Ed will commit to regularly reviewing and updating compliance practices to address changes in legal and regulatory requirements.

4.4 Proactive identification, assessment, and management of compliance risks will be prioritized to minimize potential impacts.

4.5 All institutional activities will be conducted with integrity, fostering a culture of honesty and ethical behaviour.

4.6 The institution will provide resources and training to ensure everyone is equipped to meet compliance obligations effectively.

4.7 Compliance breaches will be investigated and addressed promptly, with corrective actions taken as necessary.

# 5. Procedure

**5.1 Compliance Governance and Oversight.**

5.1.1 CAIT Hi-Ed will establish a Compliance Committee to oversee all regulatory compliance activities, including TEQSA standards and adherence to the Higher Education Standards Framework (HESF). This committee will include representatives from senior leadership, academic staff, student services, and compliance officer.

5.1.2 A Compliance Officer will be appointed to monitor regulatory updates, coordinate compliance tasks, and provide reports to the Compliance Committee and the institution's governing body.

**5.2 Mapping and Documenting Regulatory Requirements**

5.2.1 CAIT Hi-Ed will create a comprehensive compliance register to map relevant regulations, such as TEQSA standards, the ESOS Act (for international students), and HESF requirements. This register will outline each compliance requirement, responsible personnel, documentation needs, and deadlines for compliance activities.

5.2.2 Systems will be established to ensure the institution stays current with TEQSA guidelines, ESOS legislation, and sector developments. The Compliance Officer will subscribe to relevant updates and industry newsletters to proactively adjust compliance practices.

**5.3 Policy Development and Implementation**

5.3.1 Policies and Procedures aligned with TEQSA's standards will be developed, covering essential areas like student admissions, assessment integrity, academic freedom, grievances, and record-keeping. These policies will guide institutional practices as operations commence.

5.3.2 The Compliance Committee will review and update policies annually, ensuring they remain in line with the latest regulatory requirements and institutional objectives.

**5.4 Training and Awareness Programmes for Staff**

5.4.1 CAIT Hi-Ed will provide initial compliance training for all newly hired staff. This training will cover essential compliance areas, such as TEQSA standards, data privacy, academic integrity, and the ESOS Act (for international student services). Staff will be well-prepared prior to the institution beginning operations.

5.4.2 A plan for ongoing compliance education, including quarterly refresher courses and updates, will be established to ensure staff remain fully informed and engaged with compliance requirements.

**5.5 Monitoring and Risk Assessment**

5.5.1 Compliance audits will be scheduled once a year across all departments to verify adherence to policies, procedures, and regulatory requirements. These audits will help identify any gaps and corrective actions before operations begin.

5.5.2 A risk assessment framework will be implemented to evaluate potential compliance risks, including in student support, curriculum delivery, and data management. This framework will ensure preparedness to address risks proactively as operations commence.

**5.6 Data Management and Reporting**

5.6.1 A centralized database will be created to store and track all compliance-related documentation, such as records for HESF and ESOS Act adherence. This database will be restricted to authorized personnel only.

5.6.2 The institution will prepare an annual compliance report summarizing all compliance activities, audit results, and any incidents. This report will be reviewed by the Compliance Committee and presented to the governing body to ensure accountability and transparency.

**5.7 Incident Management and Continuous Improvement**

5.7.1 An incident reporting system will be set up for staff and stakeholders to report any compliance concerns confidentially.

5.7.2 A continuous improvement process will be established, using feedback from audits, incident reports, and staff input to refine compliance practices. This will ensure that compliance procedures evolve as the institution grows.

# 6. Roles and Responsibilities

### 6.1 Governance Board

6.1.1 The Governing Body will ultimately be accountable for ensuring that CAIT Hi-Ed operates in full compliance with all regulatory standards, including the Higher Education Standards Framework (HESF) and TEQSA requirements.

6.1.2 They will provide strategic oversight and ensure that the institution's vision aligns with regulatory and quality benchmarks required by Australian higher education. This responsibility will include approving and endorsing compliance-related policies and overseeing the establishment of a robust compliance framework.

6.1.3 Furthermore, the Governing Body will allocate necessary resources—including financial support, staffing, and training—to implement compliance initiatives and manage risks.

6.1.4 They will conduct an annual review of the institution's compliance efforts to evaluate performance and recommend adjustments as needed to align compliance activities with strategic goals. Through these responsibilities, the Governing Body will ensure high standards of governance and accountability.

### 6.2 Compliance Committee

6.2.1 The Compliance Committee will act as the central body for managing and coordinating all compliance activities. They will develop and review institutional policies and procedures to ensure they meet TEQSA standards and other regulatory obligations.

6.2.2 The committee will monitor compliance performance through audits, risk assessments, and oversight of staff training programmes to ensure a proactive approach to compliance across the institution.

6.2.3 Additionally, the Compliance Committee will oversee incident response processes, evaluating any compliance breaches and approving corrective actions as necessary.

6.2.4 They will produce regular reports on compliance activities and developments for the Governing Body, providing transparency on the institution's compliance health and identifying areas for improvement. This role will enable them to manage compliance effectively across all institutional levels.

### 6.3 Compliance Officer

6.3.1 The Compliance Officer will be responsible for managing daily compliance activities and serve as the institution's primary point of contact for all regulatory matters. This role will include staying updated on changes in Australian higher education regulations, maintaining the compliance register, and preparing the institution for audits.

6.3.2 The Compliance Officer will conduct regular risk assessments to identify areas of potential non-compliance and work closely with departments to address these issues.

6.3.3 In addition, the Compliance Officer will provide guidance to staff on compliance questions, assist with policy interpretation, and ensure that procedures are followed accurately.

6.3.4 By coordinating incident responses, conducting audits, and offering compliance resources to staff, the Compliance Officer will play a key role in establishing and sustaining a culture of compliance within the institution.

### 6.4 Department Heads (Academic and Administrative)

6.4.1 Each Department Head will be responsible for implementing compliance policies within their areas, ensuring that departmental activities align with regulatory requirements.

6.4.2 They will oversee compliance training for their staff, making certain that all team members understand their roles in maintaining regulatory standards.

6.4.3 Department Heads will monitor departmental procedures to ensure they are documented, current, and compliant with institutional policies.

6.4.4 Additionally, Department Heads will report any compliance issues, risks, or incidents that arise within their departments to the Compliance Officer.

6.4.5 They will support internal audits by providing necessary documentation and information to demonstrate adherence to compliance requirements. Through these responsibilities, Department Heads will contribute to embedding compliance practices into the operational fabric of the institution.

### 6.5 Staff and Faculty

6.5.1 Staff and faculty members will adhere to all compliance policies and procedures in their daily work.

6.5.2 They will maintain an understanding of relevant compliance policies—such as data privacy, academic integrity, and student support standards—that are directly related to their roles.

6.5.3 Faculty members, in particular, will uphold academic integrity standards, ensuring assessments are conducted fairly and in accordance with institutional policies.

6.5.4 All staff members will complete mandatory compliance training and participate in refresher courses as needed.

6.5.5 They will also report any observed compliance concerns or breaches to their Department Head or the Compliance Officer. By following compliance policies and participating in training, staff and faculty will actively foster a culture of integrity and compliance within the institution.

### 6.6 Students (Stakeholders)

6.6.1 Students will play an important role in upholding compliance policies, especially those concerning academic integrity and conduct. They will be expected to familiarise themselves with key policies related to student conduct, academic honesty, and grievance procedures. Through participation in compliance training, such as academic integrity workshops, students will understand the standards they are required to uphold.

6.6.2 Students will also adhere to all institutional policies and report any compliance concerns or observed breaches. By following these guidelines, students will contribute to a respectful, compliant academic environment that supports the institution's commitment to high standards in education and conduct.

### 6.7 Internal Audit Team (if applicable)

6.7.1 The Internal Audit Team, if established, will conduct independent evaluations of the institution's compliance activities. They will perform regular audits, assessing whether institutional policies, procedures, and practices meet regulatory and institutional requirements. These audits will include documentation reviews, evaluations of compliance processes, and identification of areas for improvement.

6.7.2 The Internal Audit Team will prepare detailed reports on audit findings, which they will submit to the Compliance Committee for review. These reports will highlight risks, corrective actions, and recommendations for strengthening compliance efforts. By conducting these evaluations, the

Internal Audit Team will offer an objective perspective on the institution's compliance practices and identify areas requiring attention.

## 7. Authority and Compliance

| File Number | HEP101 |
|---|---|
| Status | Current |
| Approval Authority | Governance Board. |
| Legislative Compliance | • Higher Education Standards Framework (HESF) 2021.<br>• Tertiary Education Quality and Standards Agency Act 2011 (TEQSA Act)<br>• Education Services for Overseas Students Act 2000 (ESOS Act);<br>• National Code of Practice for Registration Authorities and Providers of Education and Training to Overseas Students (2018)<br>• Privacy Act 1988<br>• Fair Work Act 2009<br>• Occupational Health and Safety (OHS) Legislation.<br>• Disability Discrimination Act 1992 and Racial Discrimination Act 1975<br>• Australian Consumer Law (ACL) (under the Competition and Consumer Act 2010) |
| Supporting Documents | • Compliance Register<br>• Compliance Audit tools<br>• Incident reporting form<br>• Feedback form<br>• Compliance Quality Framework<br>• Policy and Strategy Review Process<br>• Work Instruction and Templates for Policy Implementation |
| Related Documents | • CAIT Hi-Ed Admissions Policy and Procedure<br>• CAIT Hi-Ed Marketing and Advertising Policy and Procedure<br>• CAIT Hi-Ed Grievance and Appeals Policy and Procedure<br>• CAIT Hi-Ed Privacy Policy and Procedure<br>• CAIT Hi-Ed Risk Management Policy and Procedure |
| Higher Education Standards Framework (Threshold Standards) 2021 | • Standard 1.1; ss 1<br>• Standard 1.2; ss 1<br>• Standard 2.1; ss 1 – 2<br>• Standard 2.2; ss 1<br>• Standard 2.3; ss 1<br>• Standard 3.1; ss 1<br>• Standard 3.2; ss 1<br>• Standard 4.1; ss 1<br>• Standard 6.1; ss 1<br>• Standard 7.1; ss 1<br>• Standard 7.2; ss 1 |
| Education Services for Overseas Students | • Standard 1; ss 1 - 2<br>• Standard 2; ss 1 - 2 |

| | |
|---|---|
| **(ESOS Act) and National Code of Practice for Providers of Education and Training to Overseas Students 2018** | • Standard 3; ss 1 - 2<br>• Standard 4; ss 1 – 2<br>• Standard 5; ss 1 – 2<br>• Standard 6; ss 1 – 2<br>• Standard 7; ss 1 -2<br>• Standard 8; ss 1 |
| **Responsible Officer** | Compliance Manager/Officer |
| **Responsible Executive** | CEO. |
| **Enquiries Contact** | Compliance Manager/Officer |
| **Effective Date** | |
| **Expiry Date** | Not applicable |
| **Next Review** | 3 Years from the effective date |

## 8. Review Schedule

This policy will be reviewed by the Governance Board every three years.

| Version No | Approved by | Approval Date | Revision Notes |
|---|---|---|---|
| 1.0 | Governance Board | 26/3/2025 | |
| | | | |