


POLICY		
Ref. to Legislative Frameworks: HESF2021: Standards 5, 6, 7 2025 Standards for RTOs: Outcome & Compliance Standards National Code 2018	Compliance	
Version: 2.0	Approved by: Chief Executive Officer	Issued on: 20/04/2026 Review by: 20/04/2028

Revision History

Current Version	Description of Change	Policy Developer	Effective Date
1.0	New	Chief Executive Officer	23/02/2018
2.0	Strengthened the language, added requirement to maintain Continuous Improvement Register, review cycle and BOD reporting. Updated legislations.	Chief Executive Officer	20/04/2026

PURPOSE

This Policy ensures that AAPoly and its staff are diligent in its operations, maintaining a level of performance which complies or exceeds the requirements of the regulatory frameworks within which it operates.

POLICY STATEMENT

The governing body and the entity comply with the requirements of the legislation under which the provider is established, recognised or incorporated, any other legislative requirements and the entity's constitution or equivalent.

Any lapses in compliance with any of the regulatory standards are identified and monitored, and prompt corrective action is taken.

When a course of study or any parts of a course of study are delivered through arrangements with another party(ies), whether in Australia or overseas, AAPoly remains accountable for the course of study and verifies continuing compliance of the course of study with the standards in the relevant standards that relate to the specific arrangement.

SCOPE

This Policy is relevant to all AAPoly operations and staff.

POLICY PRINCIPLES AND GUIDELINES

1. Staff should be made aware of the relevant regulatory frameworks within which AAPoly operates. The frameworks are incorporated into staff induction and included in ongoing professional development.
2. Staff are encouraged and expected to report any identified or suspected risk of non-compliance promptly and without fear of reprisal. Staff are expected to actively participate in restoring compliance where it has lapsed.
3. Department and functional managers are responsible for the operational implementation of relevant standards and for day-to-day monitoring of compliance, and identification of risks within their areas. Managers must maintain up-to-date records of compliance activities and contribute to the Continuous Improvement Register, flagging any risks, incidents, or corrective actions taken.
4. The CEO regularly reports to the Board of Directors on any risk of non-compliance.
5. The Chair of the Academic Board regularly reports to the Board of Directors on any academic risk of non-compliance.
6. The CEO oversees rectification actions and reports status to the Board of Directors.
7. The Group Compliance team maintains a Continuous Improvement Register to systematically record regulatory obligations, self-assessment outcomes, identified risks, non-compliance incidents, and corrective actions. The register is reviewed by the Group Compliance Manager on an annual basis and reported to the CEO and the Board as required.

8. AAPoly complies with all applicable data privacy obligations under the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs). Staff are required to handle personal information of students, staff, and other stakeholders in accordance with AAPoly's Privacy Policy. Any suspected data breach must be reported immediately to the Compliance Manager in accordance with the Notifiable Data Breaches scheme.

RESPONSIBILITIES

1. The Board of Directors has the ultimate responsibility for compliance with regulatory frameworks.
2. The CEO has overall responsibility for compliance with regulatory frameworks. The CEO informs the Board of Directors of any non-compliance risks and has overall responsibility for all rectification actions.
3. The Chair of the Academic Board – Reports to the Board of Directors any academic compliance risks.
4. Senior Management Team – Conducts regular operational reviews to ensure continued compliance, identifies any risks to compliance and takes prompt corrective action when needed.
5. Group Compliance Manager conducts annual internal audits and systematically records regulatory obligations, self-assessment outcomes, identified risks, non-compliance incidents, and corrective actions.
4. Staff are expected to understand and be familiar with the requirements of the relevant regulatory frameworks.

FEEDBACK

Any queries, feedback or concerns about this policy should be emailed to the Principal Executive Officer at suggestionstotheceo@aapoly.edu.au. The PEO will respond within two (2) business days, unless an immediate action is required. The outcomes will be recorded and utilised in continuous improvement measures at AAPoly.

REFERENCES

Source	Document Title
Internal	Academic Quality Assurance Preamble
	Risk Management Policy and Procedure
External	2025 Standards for Registered Training Organisations (Outcome Standards and Compliance Standards) (effective 1 July 2025)
	Higher Education Standards Framework (Threshold Standards) 2021
	National Code of Practice for Providers of Education and Training to Overseas Students 2018