WHS and Facilities Policy

Document Control

Policy Title	WHS and Facilities Policy
Policy Number	Policy 5 of the Demi Education Group Consolidated Policy Suite
Applies to	Demi Education Group and all subsidiary Registered Training Organisations, including Demi International Beauty Academy, Australasian Academy of Cosmetic Dermal Science (AACDS), International College of Queensland (ICQ), and Demi Apprentices and Trainees. Applies to all staff, students, contractors, host employers, placement supervisors, clinic clients, third parties and visitors.
Policy Owner	Chief Executive Officer (Demi Education Group
Policy Author / Custodian	General Manager, Operations
Approval Authority	Chief Executive Officer
Effective Date	04.06.2026
Date of Last Review	04.06.2026
Next Scheduled Review	Annually from effective date, or earlier if triggered by legislative or regulatory change, a notifiable incident, a material change to scope of registration, or a material change to facilities, equipment, premises or delivery modes
Version	1.0
Status	Final
Publication	Published on the Demi Education Group website, included or referenced in the Student Handbook and Enrolment Contract, and provided to all staff and third parties through induction and the policy register

1. Purpose

This policy sets out how Demi Education Group (DEG) plans, resources, monitors and continuously improves the safety, security and integrity of every environment in which it delivers training, assessment and student services. It applies equally to classrooms, beauty, dermal and aesthetics clinics and salons, simulated work environments, apprenticeship host workplaces,

online learning platforms and any online or social media space in which DEG, its staff or its students operate in a DEG-related capacity.

The policy:

- discharges DEG's legal duties under work health and safety, emergency management, copyright, privacy, anti-discrimination, and education-sector legislation;
- protects the safety, wellbeing and dignity of students, staff, clients, contractors, host employers and visitors;
- provides a single, unified set of expectations and procedures that apply consistently across Demi International Beauty Academy, International College of Queensland (ICQ), Demi Apprentices and Trainees and the Australasian Academy of Cosmetic Dermal Science (AACDS);
- integrates work health and safety, facilities, learning-environment, intellectual property and digital conduct requirements into a single document accessible to both students and staff.

The policy is written for both students and staff. Where the policy describes a right, protection or commitment, students can rely on it. Where the policy describes an obligation or expected practice, staff must follow it. Students and staff are encouraged to read the policy in full so that responsibilities, expectations and the operation of the underlying procedures are clearly understood.

2. Scope and Application

This policy applies group wide. It binds all entities, staff, contractors, agents, consultants, third parties and host employers that operate under, or on behalf of, Demi Education Group, and it applies to all students enrolled in any program delivered by any DEG entity, regardless of mode (face-to-face, online or blended), funding stream, location or cohort.

In this policy, references to "DEG", "the Group" or "we" mean Demi Education Group and each of the following RTOs:

- Demi International Beauty Academy;
- Australasian Academy of Cosmetic Dermal Science (AACDS);
- International College of Queensland (ICQ);
- Demi Apprentices and Trainees.

Some obligations apply only to a defined cohort, funding stream, environment or registration. Where that is the case, the limitation is stated inline. In particular:

- Obligations referencing the ESOS Act 2000 and National Code 2018 apply only to ICQ's CRICOS-registered courses and overseas student visa holders.
- Obligations referencing the VET Student Loans Act 2016 and the VSL Rules 2016 apply only to VSL-approved courses delivered to VSL-eligible students.
- Obligations referencing the SAS Policy 2025 to 2028 and Program Schedules 3 (Career Start) and 4 (Career Boost) apply only where DEG delivers Queensland Government-subsidised training under the SAS Framework.

- Obligations referencing the Further Education and Training Act 2014 (Qld), training contracts and host employer arrangements apply only to apprentices and trainees supervised by Demi Apprentices and Trainees (Change Safety and Training).
- Obligations referencing AACDS Aspire Training Clinics and dermal therapy, injectable and laser modalities apply only to AACDS clinical environments.
- Obligations referencing operations in Western Australia, Victoria, New South Wales or other jurisdictions apply only where DEG operates in those jurisdictions; in those cases, the equivalent State or Territory WHS, workers' compensation, public health and personal appearance services legislation also applies.

This policy covers all DEG sites, including head office, administration offices, all campus and clinic locations (currently including Cairns, Toowoomba, Chermside, Ipswich, Gold Coast, Sunshine Coast, Perth, Sydney and Melbourne and other approved locations on each RTO's scope of registration), simulated salons and workplaces, classrooms, computer labs, online learning environments, apprenticeship host workplaces, vocational placement sites and DEG-related social media accounts and channels.

3. Definitions

For the purposes of this policy, the following terms have the meanings set out below. Where a term is defined in legislation or in a regulatory instrument, the legislative definition prevails.

Apprentice / Trainee Host Workplace	An employer's premises at which an apprentice or trainee performs on-the-job training under a registered training contract supervised by Demi Apprentices and Trainees
Codes of Practice	Approved codes of practice under the Work Health and Safety Act 2011 (Qld) or the Work Health and Safety Act 2011 (Cth) and equivalent State or Territory law, including those issued by Safe Work Australia and Workplace Health and Safety Queensland.
Control	Any measure taken to eliminate or minimise a risk, applied in accordance with the hierarchy of controls in regulation 36 of the Work Health and Safety Regulation 2011 (Qld). The hierarchy is: elimination; substitution; isolation; engineering controls; administrative controls; personal protective equipment.
Copyright Material	A work, sound recording, cinematograph film, broadcast or published edition in which copyright subsists under the Copyright Act 1968 (Cth), including text, images, video, audio, presentations, training materials, assessment instruments, software and student-produced work.
Critical Incident	A traumatic event, or the threat of such (within or outside Australia), that causes extreme stress, fear or injury, including but not limited to death or serious injury of a student or staff member, serious assault, missing person, natural disaster, fire or explosion, serious mental health crisis, or any event likely to cause significant psychological or physical harm. For

	overseas students, this term carries the meaning given in the National Code 2018 Definitions and Standard 6.8.
DEG	Demi Education Group, the corporate group comprising the four RTOs listed at clause 2.
Emergency Evacuation Plan	The site-specific plan maintained by DEG for each campus, clinic and head office location that addresses fire, medical, lockdown, evacuation, severe weather and other emergencies in accordance with AS 3745:2010 and the Work Health and Safety Regulation 2011 (Qld) Part 3.2.
Hazard	A situation or thing that has the potential to harm a person.
Incident	Any unplanned event that resulted in, or could have resulted in, injury, illness, damage or other loss. Includes near-misses.
Intellectual Property	All intellectual property rights, including copyright, trademarks, patents, design rights, confidential information, and rights in know-how, whether registered or unregistered.
LMS	The learning management system or systems used by DEG to deliver training and assessment online, including any virtual classroom platform or online assessment tool.
Notifiable Incident	Has the meaning given in section 35 of the Work Health and Safety Act 2011 (Qld), being the death of a person, a serious injury or illness of a person (as defined in section 36), or a dangerous incident (as defined in section 37) arising out of the conduct of a business or undertaking. The equivalent section of the Work Health and Safety Act 2011 (Cth) applies in Comcare-jurisdiction contexts.
Officer	Has the meaning given in section 4 of the Work Health and Safety Act 2011 (Qld), including persons who make, or participate in making, decisions that affect the whole or a substantial part of the business of the PCBU.
PCBU	Person Conducting a Business or Undertaking. Has the meaning given in section 5 of the Work Health and Safety Act 2011 (Qld). Each DEG RTO is a PCBU. A host employer that engages an apprentice or trainee is also a PCBU and shares concurrent WHS duties with DEG.
Risk	The possibility that harm (death, injury, illness) might occur when exposed to a hazard.
Risk Register	The authoritative organisational record of identified risks, their assessed likelihood and consequence, controls applied and residual risk, maintained in accordance with ISO 31000:2018.

Social Media	Any internet-based platform or service that enables users to create, share, comment on or interact with content, including but not limited to Facebook, Instagram, TikTok, YouTube, LinkedIn, X (formerly Twitter), Snapchat, Reddit, WhatsApp, Telegram, public review sites, blogs and any successor or comparable platform.
Worker	Has the meaning given in section 7 of the Work Health and Safety Act 2011 (Qld): a person who carries out work in any capacity for a PCBU, including as an employee, contractor, subcontractor, employee of a labour hire company, apprentice or trainee, or student gaining work experience. For DEG, students performing practical training in clinics, salons, simulated workplaces, vocational placements or apprenticeship host workplaces are workers for the purposes of the WHS Act.

4. Roles and Responsibilities

Officers (CEO, Directors, Leadership Team)	Officers exercise due diligence to ensure DEG complies with its duties and obligations under the Work Health and Safety Act. This includes acquiring and keeping up-to-date knowledge of WHS matters, gaining an understanding of the nature of DEG's operations and associated hazards and risks, ensuring DEG has appropriate resources and processes to eliminate or minimise risks, ensuring information regarding incidents, hazards and risks is received and responded to, and ensuring legal compliance is verified.
General Manager, Operations	Policy owner and accountable for: • maintaining and reviewing this policy and its supporting procedures; • administering the Risk Register; • ensuring notifiable incidents are reported to the WHS regulator within the statutory timeframe; • overseeing facilities, equipment maintenance and emergency planning across all DEG sites; • authorising procurement of insurance and managing claim notifications; and • liaising with the Training Manager and Operations Manager on WHS implications of training delivery, including in clinic, salon, placement and apprentice workplace settings. • the Copyright Compliance Guide and the Social Media Code of Conduct, • coordinates internal audit activity touching WHS and facilities, • feeds outputs into the Continuous Improvement Register administered under Policy 1.

Operations Manager	Responsible for the day-to-day implementation of this policy at their location, including: • ensuring local hazard identification, risk assessment, induction and supervision practices are followed; • maintaining the local Maintenance Log and equipment registers; • coordinating local emergency wardens, first aid officers, drills and the Emergency Evacuation Plan; • ensuring the Incident Reporting Form is accessible and is completed and submitted promptly for every incident, near-miss or hazard; and • escalating incidents and risks to the General Manager, Operations in accordance with this policy.
Trainers and Clinic Coordinators	Responsible for: • inducting students into the WHS requirements of each environment before practical activity commences; • modelling and enforcing safe work practices, hygiene, infection control and equipment use; • supervising students at a level appropriate to their experience, the hazard profile of the activity and any applicable training package requirements; • reporting hazards, incidents and near-misses through the Incident Reporting Form; and • maintaining their own WHS competency through induction and professional development.
Workers (all staff, contractors, and students performing practical training)	Every worker must, while at work: • take reasonable care for their own health and safety; • take reasonable care that their acts or omissions do not adversely affect the health and safety of others; • comply, so far as they are reasonably able, with reasonable instructions given by DEG to allow it to comply with the WHS Act; and • cooperate with any reasonable WHS policy or procedure of DEG.
Other persons (clinic clients, visitors)	Other persons at the workplace must take reasonable care for their own health and safety, take reasonable care not to adversely affect others, and comply with reasonable instructions from DEG.
Host Employers	Host employers of DEG apprentices and trainees are PCBUs in their own right and hold primary WHS duties for the workplace. DEG, through DEMI Apprentices and Trainees (trading as Change Safety and Training), shares concurrent duties as the supervising RTO. Host employer obligations are

	established through the Training Plan, the Employer Resource Assessment and the relevant training contract under the Further Education and Training Act 2014 (Qld), and include: • providing a safe workplace, adequate supervision, the required range of work, and the facilities necessary to support the qualification; • inducting the apprentice or trainee in WHS, emergency procedures, and workplace-specific hazards; and • cooperating with DEG in incident reporting, risk control, and training plan reviews. If a host employer does not meet WHS, supervision or training-plan obligations, DEG will not commit (or will withdraw from) the Training Plan and will advise the employer, the Apprenticeship Connect Australia Provider (ACAP), and the Department of Trade, Employment and Training (DTET) immediately

5. Policy Statement

DEG is committed to providing and maintaining, so far as is reasonably practicable, a work and learning environment that is safe and without risks to health for all workers (including students engaged in practical training), and for other persons (including clinic clients, visitors and members of the public) who may be affected by DEG's operations.

DEG will:

- discharge its duties as a PCBU under work health and safety law across every environment in which it delivers training and assessment;
- consult with workers and student representatives on matters that affect their health and safety;
- identify hazards, assess risk, and apply controls using the hierarchy of controls;
- ensure facilities, equipment, learning resources and premises are adequate for the training products delivered, and remain safe, clean, well-maintained and fit for purpose;
- hold and maintain appropriate insurance to protect students, workers, third parties and the organisation;
- plan, exercise, and review emergency procedures for all sites;
- respect and uphold intellectual property and copyright in all materials it creates and uses, and require the same of staff and students;
- require respectful, lawful and professional conduct in physical and online environments, including social media; and
- treat WHS, facilities and learning-environment performance as a continuous improvement priority feeding into the broader Governance and Compliance Framework.

6. Work Health and Safety

6.1 WHS commitment and consultation

DEG manages WHS in accordance with the Work Health and Safety Act 2011 (Qld), the Work Health and Safety Regulation 2011 (Qld), the relevant approved Codes of Practice published by Safe Work Australia and Workplace Health and Safety Queensland (WHSQ), and (where Commonwealth coverage applies, such as for Comcare-licensed contractors) the Work Health and Safety Act 2011 (Cth). Where DEG operates in Western Australia (including AACDS Aspire Training Clinics in Perth), Victoria, New South Wales or other jurisdictions, the equivalent State or Territory WHS legislation and regulations also apply.

DEG consults with workers on WHS matters that directly affect them, including hazard identification, risk assessment, control selection, incident investigation and review of WHS procedures. Consultation occurs through:

- toolbox talks and pre-clinic and pre-class safety briefings;
- standing items in staff meetings and trainer meetings; and
- student feedback channels referred to in Policy 1 (Governance and Compliance Framework) and Policy 2 (Student Lifecycle Policy).

6.2 Hazard identification and risk assessment

DEG applies a continuous hazard identification and risk-management cycle in accordance with ISO 31000:2018 and the How to Manage Work Health and Safety Risks Code of Practice 2021 (Qld):

- Identify hazards through site inspections, equipment commissioning, pre-clinic checks, incident and near-miss reporting, student and staff feedback, host employer assessments (apprentices / trainees), and validation of training and assessment strategies.
- Assess risk by determining likelihood and consequence and assigning a risk rating consistent with the Risk Register matrix.
- Control risk using the hierarchy of controls (regulation 36, WHS Regulation 2011 (Qld)): elimination; substitution; isolation; engineering controls; administrative controls; personal protective equipment (PPE).
- Review controls regularly, after every notifiable incident, when there is evidence the control is not working, and at scheduled review points.

Outputs of this cycle are recorded in the Risk Register and, where applicable, feed into the Continuous Improvement Register described in Policy 1.

6.3 Specific obligations in practical training environments

Practical training environments at DEG present elevated hazard profiles. The following obligations apply in addition to the general WHS framework.

6.3.1 Clinic and salon environments (Demi International, AACDS, Aspire Training Clinics, ICQ)

Hazards include the handling of cosmetic chemicals, dermal therapy products and injectables; use of electrical and electromechanical devices (lasers, IPL, electrolysis, electronic facials); sharps;

biological hazards and exposure to bodily fluids; manual handling; slip and trip hazards from product spills; and ergonomic risk during prolonged client treatments. DEG controls these through:

- Safety Data Sheets (SDS) maintained on site for all chemicals, accessible to staff and students;
- infection control practices aligned with the Public Health Act 2005 (Qld), the Public Health Regulation 2018 (Qld) Personal Appearance Services provisions, and the Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC), including hand hygiene, single-use disposables where applicable, surface disinfection, sharps disposal in compliant containers, and standard precautions;
- electrical testing and tagging of portable electrical equipment, and isolation of damaged equipment;
- qualified clinical supervision (Dermal Therapists, Cosmetic Nurses or Cosmetic Doctors at AACDS Aspire Clinics; qualified industry supervisors at Demi International salons); and
- student PPE and uniform requirements set out in the Student Code of Conduct (Policy 2).

6.3.2 Apprentice and trainee host workplaces (Demi Apprentices and Trainees)

DEG conducts an Employer Resource Assessment prior to placement, verifying that the host employer has adequate WHS systems, supervision, range of work and equipment. Site visits and progress reviews include WHS verification. Where deficiencies are identified, DEG works with the employer to resolve them; if they cannot be resolved, DEG will not commit (or will withdraw) the Training Plan and will notify ACAP and DTET.

6.3.3 Online-only and blended learning (all entities)

DEG addresses ergonomic and digital fatigue risks through guidance on workstation set-up, screen breaks and managed online session lengths. Wellbeing and mental health considerations for online learners are addressed under Policy 2 (Student Lifecycle Policy).

6.3.4 Vocational placement (Demi International, AACDS, ICQ, where required by training package)

DEG verifies host worksite WHS arrangements through the Placement Agreement and pre-placement assessment and inducts students before placement commences. Detailed placement procedures are set out in Policy 3 (Training and Assessment Policy).

6.4 Training, induction and supervision

All workers (including students performing practical training) receive WHS information, instruction, training and supervision appropriate to their role and environment. As a minimum:

- staff receive a WHS induction on commencement and refresher training at least annually;
- students receive a WHS induction at orientation, and an environment-specific induction (clinic, salon, simulated workplace, host workplace) before practical training commences;
- overseas students at ICQ receive additional information about safety and awareness relevant to life in Australia, in accordance with National Code 2018 Standard 6.9; and
- high-risk equipment use requires a documented sign-off in the Equipment Usage Procedure before independent use.

6.5 Contractor management

Contractors engaged by DEG (including maintenance, cleaning, IT, security, third-party trainers and clinical supervisors) must:

- provide evidence of current workers' compensation and public liability insurance prior to engagement;
- receive a site-specific WHS induction; and
- comply with this policy and DEG's Risk Register controls relevant to their work.

Contractor non-compliance is treated as an incident under clause 6.6 and may result in termination of the engagement.

6.6 Incident reporting (internal)

Every incident, near-miss and hazard observed at a DEG site, clinic, online environment or apprentice host workplace must be reported using the Incident Reporting Form as soon as practicable, and no later than 24 hours after the event.

The Incident Reporting Form captures the time, place, persons involved, description of the event, immediate actions taken, witnesses, contributing factors and proposed corrective actions. Completed forms are submitted to the Campus or Clinic Manager (or, for online and apprentice workplaces, the relevant Training Manager), who reviews, investigates as required, escalates to the General Manager, Operations, and ensures corrective actions are tracked through to closure.

Information captured in incident reports is also analysed for trends and feeds into the Continuous Improvement Register (Policy 1).

6.7 Notifiable Incidents (statutory reporting)

A Notifiable Incident under section 35 of the Work Health and Safety Act 2011 (Qld) is the death of a person, a serious injury or illness of a person (as defined in section 36), or a dangerous incident (as defined in section 37) arising out of DEG's conduct of business or undertaking.

If a Notifiable Incident occurs:

- the person in charge of the site must immediately ensure the safety of all persons and call 000 if required;
- the site of the incident must not be disturbed except to assist an injured person, remove a deceased person, make the site safe, or as authorised by an inspector or a police officer (s 39 WHS Act 2011 (Qld));
- the General Manager, Operations (or delegate) must notify Workplace Health and Safety Queensland (WHSQ) by the fastest possible means as soon as becoming aware of the incident, including by phone on 1300 362 128; and a written notice in the approved form must be provided within 48 hours of the request to do so;
- records of the Notifiable Incident must be kept for at least 5 years; and
- the Incident Reporting Form is completed and entered into the Risk Register where ongoing risk treatment is required.

For Comcare-jurisdiction workplaces (where DEG operates in a Commonwealth-jurisdiction environment), the equivalent provisions of the Work Health and Safety Act 2011 (Cth) Part 3 apply,

with notification to Comcare. For DEG operations in Western Australia, Victoria, New South Wales or other States or Territories, notification must be directed to the relevant State or Territory WHS regulator.

7. Emergency Procedures

7.1 Emergency planning

DEG maintains an Emergency Evacuation Plan for every campus, clinic and head office location, developed in accordance with AS 3745:2010 Planning for emergencies in facilities and Part 3.2 of the Work Health and Safety Regulation 2011 (Qld).

The Emergency Evacuation Plan covers:

- emergency types addressed (fire, medical, bomb threat, intruder, lockdown, chemical spill, severe weather, earthquake, infrastructure failure);
- site-specific evacuation routes, assembly points and signage;
- warden structure, call-out procedures and contact lists;
- communication arrangements (PA, alarms, SMS cascade);
- provisions for people with disability or mobility impairment;
- emergency contact information including emergency services (000) and DEG emergency contacts; and
- responsibilities of staff, students, contractors and visitors during an emergency.

The Plan is reviewed at least annually, after every drill or activation, and following any material change to the building, layout or operations. The Campus or Clinic Manager is the custodian of the Plan at each site; the General Manager, Operations approves all Plan changes.

7.2 Wardens and first aid

Each site maintains:

- a Chief Warden, Deputy and Floor or Area Wardens, trained in line with AS 3745:2010, with their names displayed at reception and in classrooms;
- a sufficient number of trained First Aid Officers, qualified to HLTAID011 (Provide First Aid) or higher as relevant, available during operating hours; and
- first aid kits compliant with the First Aid in the Workplace Code of Practice 2021 (Qld), inspected and replenished according to the Maintenance Log.

7.3 Evacuation drills

Evacuation drills are conducted at each site at least once every 12 months. Drill outcomes, including time to evacuate, observations and corrective actions, are recorded, reviewed by the General Manager, Operations, and used to update the Emergency Evacuation Plan and the Risk Register.

7.4 Fire safety

Fire detection, alarm, suppression and emergency lighting systems at all DEG-controlled sites are inspected, tested and maintained in accordance with AS 1851 Routine service of fire protection systems and equipment. Test and service records are held in the Maintenance Log.

7.5 Lockdown

Lockdown procedures apply where remaining inside is safer than evacuating (for example, an external intruder threat or hazardous material release outside the building). The Emergency Evacuation Plan sets out lockdown triggers, communication channels and shelter-in-place arrangements.

7.6 Critical Incidents

DEG manages Critical Incidents in accordance with this policy and, for overseas students at ICQ, National Code 2018 Standard 6.8. When a Critical Incident occurs:

- the most senior person available ensures immediate safety and contacts emergency services as required;
- the General Manager, Operations and the Chief Executive Officer are notified without delay;
- for an overseas student at ICQ, the Critical Incident is recorded in writing, and the record is retained for at least two years after the student ceases to be an accepted student (Standard 6.8);
- the student's emergency contact and (for students under 18) their parent, legal guardian or nominated responsible adult is notified in accordance with the National Code 2018 Standard 5;
- for an overseas student, any reportable matter is recorded in PRISMS in accordance with the ESOS Act;
- for a Notifiable Incident, the WHS regulator is notified under clause 6.7; and
- post-incident wellbeing support is offered to all affected students and staff. Student wellbeing supports (counselling, EAP referral, academic adjustment) are coordinated through Policy 2; staff supports are coordinated through the EAP and Human Resources.

7.7 Student-facing summary of emergency expectations

Students will be shown emergency exits, assembly points and procedures during orientation and again at each clinic or salon induction. In the event of a serious incident or emergency, students must:

- follow the instructions of staff and wardens;
- call 000 if there is an immediate threat to life;
- report any non-life-threatening concerns to their trainer or a staff member;
- know where first aid kits are located and who the trained first aid officers are at their site (lists are displayed at reception and in classrooms); and
- speak to a staff member immediately if they ever feel unsafe.

Failure to follow emergency or workplace health and safety instructions may result in disciplinary action under the Student Code of Conduct (Policy 2).

8. Insurance and Risk Management

8.1 Insurance coverage held by DEG

DEG holds and maintains the following categories of insurance for its operations. Specific policy numbers and limits are commercially sensitive and are held by the General Manager, Operations in a confidential Insurance Schedule.

Insurance Category	Purpose and Cover
Workers' Compensation	Held under the Workers' Compensation and Rehabilitation Act 2003 (Qld) and equivalent legislation in other jurisdictions where DEG operates. Provides compensation and rehabilitation for workers who suffer a work-related injury or illness. Required by law for all PCBUs employing workers.
Public Liability	Covers DEG's legal liability to third parties (including clinic clients, visitors and members of the public) for personal injury or property damage arising from DEG's operations, including clinic and salon services delivered by students under supervision.
Professional Indemnity	Covers civil liability arising from a breach of professional duty in the provision of education, training, assessment, advisory or consultancy services.
Student Personal Accident	Provides limited cover for students for injury sustained while undertaking authorised DEG training activities, including practical placement and clinic work where applicable. Coverage details are made available to students.
Property and Contents	Covers DEG-owned buildings, fit-out, equipment and contents against loss or damage.
Cyber Liability	Covers losses arising from data breaches, business interruption and cyber incidents affecting DEG's information systems and student data.
Management Liability	Covers directors, officers and the entity for claims arising from management decisions and statutory obligations.

DEG maintains workers' compensation insurance as required by law and adequate public liability insurance, consistent with rule 25 of the VET Student Loans Rules 2016 as a minimum baseline.

8.2 Claim notification

A claim or notifiable circumstance under any insurance policy must be notified to the General Manager, Operations within 24 hours of the responsible staff member becoming aware. The General Manager, Operations is responsible for notifying the relevant insurer within the policy's

notification window. Late notification can void cover; all staff must err on the side of immediate reporting.

8.3 Student-facing summary of insurance and reporting

DEG maintains appropriate insurance to protect students participating in training, both on and off campus. Learning and assessment activities involving equipment, chemicals or practical tasks are subject to risk assessment and safety procedures. Students will be informed of risks and responsibilities before participating in high-risk activities.

If a student is injured during training, clinic, placement or apprentice work, they must report the incident to their trainer, supervisor or host employer immediately. DEG will follow up with support, documentation and reporting in line with this policy and the relevant insurance requirements. Students unsure about coverage or safety responsibilities should speak with their trainer or student support team.

8.4 Risk management framework

DEG's enterprise risk management framework is aligned to ISO 31000:2018 Risk management – Guidelines. The framework comprises:

- Context: understanding DEG's operating environment, including regulatory context (ASQA, DESBT / DTET, ESOS, VSL), strategic objectives and stakeholder expectations;
- Risk identification: from incident data, audits, validation, complaints, feedback, regulatory change, financial monitoring and operational reviews;
- Risk analysis: assessing likelihood and consequence using a defined matrix;
- Risk evaluation: comparing assessed risk against risk appetite (set by the Chief Executive Officer and approved by the Board, where applicable);
- Risk treatment: selecting controls in line with the hierarchy of controls (for WHS risks) and broader risk-treatment principles (avoid, reduce, transfer, accept);
- Monitoring and review: ongoing oversight, with all risks reviewed at least annually by the WHS / Risk Committee and escalated to the Chief Executive Officer; and
- Communication and consultation: continuous, with workers, students and stakeholders.

8.5 Risk Register

The Risk Register is the authoritative organisational record of risks. It is owned by the General Manager, Operations and maintained by the Compliance Manager. It records, for each risk:

- risk description and category (strategic, operational, financial, compliance, WHS, reputational, cyber / IT, ESOS / CRICOS, VSL, SAS funding);
- inherent likelihood, consequence and risk rating;
- controls in place;
- residual likelihood, consequence and risk rating;
- risk owner, action plan and target review date; and
- linkage to incidents, audits or compliance findings.

The Risk Register is reviewed by the Leadership Team at least quarterly. Material risk changes are escalated immediately. The Risk Register feeds the Continuous Improvement Register and Internal Audit Schedule administered under Policy 1 (Governance and Compliance Framework).

9. Facilities and Equipment Access

9.1 Adequacy of facilities and resources

DEG provides facilities, equipment, learning resources and premises that are adequate for each training product on its scope of registration. Adequacy is assessed in accordance with the 2025 Standards for RTOs and, for ICQ's CRICOS-registered courses, National Code 2018 Standard 11.2.5 (the provider has adequate staff and education resources, including facilities, equipment, learning and library resources, and premises). DEG notifies the ESOS agency of any proposed change to its registration relating to facilities, locations, modes or maximum overseas student numbers at least 30 days prior to the change taking effect, in accordance with National Code 2018 Standard 11.3.

9.2 Site access and security

Each DEG site has documented access arrangements:

- Standard operating hours: students may access classrooms, clinics, salons and computer labs during scheduled training times or as arranged with their trainer.
- After-hours access: limited to authorised staff and approved students or contractors, recorded through the access control system. Lone-working risk is managed by sign-in / sign-out, scheduled check-ins where relevant, and emergency contact procedures.
- Security: includes lockable building access, intruder alarms, CCTV where installed (operated in accordance with the Privacy Act 1988 (Cth) APP 5 notification requirements and signage at the entry to monitored areas), and secure storage for cash, sharps, scheduled substances and confidential records.
- Visitor management: visitors sign in and out at reception, are issued with identification where required, and are accompanied by a staff member in operational areas.

9.3 Equipment access, use and induction

Students access tools, equipment, products and consumables in accordance with the Equipment Usage Procedure, which sets out:

- which equipment requires a documented induction and competency sign-off before independent use (for example, lasers, IPL, electrical facials, dermal pen devices, electrical hairdressing tools, chemical preparation areas);
- authorised user lists, log-in and log-out arrangements, and booking systems for shared equipment;
- PPE requirements;
- cleaning and disinfection between uses, in line with infection control requirements (clause 9.6);
- prohibition on use outside of authorised purposes; and

- responsibility for reporting damage or malfunction.

Students must use equipment respectfully, safely and in accordance with the instructions provided. If a student is unsure how to use a piece of equipment, they must ask their trainer or supervisor before proceeding. Incorrect use of equipment may cause injury or damage the equipment. Damaged or faulty equipment must be reported immediately to a trainer or support staff member; the equipment must be removed from use, tagged "Out of Service", and entered in the Maintenance Log.

9.4 Maintenance and calibration

The Maintenance Log is the authoritative record of:

- scheduled maintenance and calibration of all equipment used in training and assessment;
- testing and tagging of portable electrical equipment;
- fire-system service records;
- cleaning schedules for clinic, salon and computer lab equipment; and
- repairs, replacement and "out-of-service" tag history.

The Maintenance Log is maintained at each site by the Campus or Clinic Manager and is reviewed by the General Manager, Operations as part of the Internal Audit Schedule (Policy 1). Maintenance and calibration intervals are set in accordance with manufacturer specifications, the relevant Australian Standards, and any specific regulatory requirement applicable to the equipment.

9.5 Salon and clinic operations (Demi International, AACDS, Aspire Training Clinics, ICQ)

Practical training in working salons and clinics, in which members of the public receive supervised services from students, is governed by both this policy and the Student Clinic Guidelines under Policy 3 (Training and Assessment Policy). Key obligations include:

- Supervision: clinical procedures (for example, AACDS dermal therapies, injectables, lasers) are supervised by appropriately qualified Dermal Therapists, Cosmetic Nurses or Cosmetic Doctors. Salon services (Demi International, ICQ) are supervised by qualified industry trainers.
- Client consent: clients are informed they are being treated by students under supervision and provide written informed consent prior to treatment. Photography and media consent is managed under Policy 2.
- Booking and records: managed through the industry-standard booking system (Kitomba or equivalent); client records are managed under the standalone Privacy Policy referenced in Policy 2.
- Presentation and professionalism: as set out in the Student Code of Conduct (Policy 2).

9.6 Hygiene and infection control (clinic and salon environments)

DEG operates clinic and salon environments in accordance with the Public Health Regulation 2018 (Qld) Part 4 (Personal Appearance Services), the Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC), and the relevant industry codes of practice. This includes:

- standard precautions (hand hygiene, PPE, respiratory hygiene);
- cleaning and disinfection between clients;
- sterilisation of reusable instruments where applicable, with documented sterilisation cycles;
- sharps management and disposal in compliant containers;
- safe handling and disposal of clinical waste;
- infection-related incident reporting (including needlestick or sharps injuries) through the Incident Reporting Form, with immediate clinical management and follow-up; and
- student infection-control training (and, at DEMI International, the specific Infection Control short courses where offered).

10. Online and Physical Learning Environments

10.1 Adequacy across delivery modes

DEG provides safe, accessible and effective learning environments across all delivery modes. Whether a student is studying on campus, online, in the workplace (apprentice) or in a blended format, the same expectations of safety, dignity, professionalism and quality apply.

Each physical environment (classrooms, clinics, salons, simulated workplaces, computer labs) is configured to reflect real industry conditions and is equipped with the tools and resources needed for the relevant training product. Each online environment is structured, supported and monitored to enable effective participation, communication and assessment.

10.2 LMS access and the Digital Access Procedure

Access to DEG's Learning Management System and virtual classroom platforms is controlled through the Digital Access Procedure, which sets out:

- account creation, identity verification and Unique Student Identifier (USI) linkage;
- password and multi-factor authentication requirements;
- account suspension on withdrawal, cancellation or completion;
- acceptable use (refer clause 10.3);
- monitoring and logging arrangements;
- data privacy provisions in line with the standalone Privacy Policy and Policy 2; and
- student support for digital access issues.

10.3 Acceptable use of online learning environments

Students and staff using DEG online learning environments must:

- use their own credentials and not share passwords;
- not impersonate another user or attempt to access accounts they are not authorised to use;
- treat all participants with respect and refrain from bullying, harassment, discrimination or abusive conduct, as set out in the standalone Harassment and Discrimination Policy referenced in Policy 2;

- not record, screenshot or distribute virtual classroom sessions, trainer communications or other students' contributions without express written permission;
- protect the privacy of others (see standalone Privacy Policy);
- comply with copyright requirements (clause 11); and
- report technical issues, harassment or safety concerns to their trainer or the IT / student support team immediately.

Online conduct that breaches these requirements is treated under the Student Code of Conduct (Policy 2) and, for staff, under the relevant employment instrument.

10.4 Monitoring and privacy

DEG monitors use of its LMS and other DEG-controlled digital systems for the purposes of educational quality, support, security, integrity of assessment and compliance. Monitoring is conducted in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles, in particular APP 1 (open and transparent management of personal information), APP 5 (notification of the collection of personal information), and APP 11 (security of personal information). The standalone Privacy Policy (referenced in Policy 2) describes specific collection, use, disclosure, retention and access arrangements.

10.5 CRICOS premises and modes (ICQ scope)

For courses delivered to overseas students under CRICOS registration (ICQ), DEG:

- ensures that premises, equipment, learning and library resources are adequate for the maximum number of overseas students approved at the location (National Code 2018 Standard 11.2.5 to 11.2.6);
- does not deliver a course entirely by online or distance learning to overseas students on student visas (Standard 11.2.4), and ensures any compulsory online or work-based component is appropriately disclosed prior to enrolment under Standard 2.1.2; and
- submits to its ESOS agency, for approval, any proposed change to a course at a location at least 30 days prior to that change taking effect (Standard 11.3).

Training and assessment for international students enrolled with ICQ may be delivered by Demi International under the documented arrangement disclosed to students prior to enrolment and in accordance with Policy 1 (Third-Party Arrangements).

10.6 Student-facing summary

Students will be supported across whichever delivery mode applies to their course. Physical environments such as classrooms, clinics and practical spaces are set up to reflect real industry conditions and are equipped with the tools and resources needed for learning. Online learning environments are accessible through the LMS and include interactive content, trainer communication, virtual classrooms and digital submission of assessments. All learning environments, whether face-to-face or virtual, are designed to be inclusive, professional and aligned with industry standards. If a student needs help navigating their learning space, they should contact their trainer or student support.

11. Copyright and Intellectual Property

11.1 DEG's commitment to copyright compliance

DEG complies with the Copyright Act 1968 (Cth) and ensures that all materials used in training and assessment are either owned by DEG, properly licensed (including under statutory educational licences administered by Copyright Agency Limited (CAL) and Screenrights), or used under a permitted fair-dealing exception. Where external content is included, proper attribution is given to the source.

DEG's approach is documented in the Copyright Compliance Guide, which sets out:

- how to identify whether a work is in copyright and who the rights holder is;
- when and how to rely on the statutory educational licences (Part VB of the Copyright Act);
- when fair dealing for research, study, criticism, review or news reporting may apply;
- attribution requirements (including for images, video, audio, software and online content);
- special rules for streaming, screening or distributing audio-visual content in class or online;
- record-keeping for licensed copies; and
- escalation to the Compliance Manager and General Manager, Education in cases of uncertainty.

The Copyright Compliance Guide is maintained by the Compliance Manager and reviewed at least annually or upon legislative change.

11.2 Ownership of DEG-produced training materials

All rights, title and interest in DEG-produced training and assessment materials, course curricula, learning resources, brand assets and trademarks remain the property of DEG (and the relevant RTO entity, including but not limited to AACDS / Niche Education Group Pty Ltd, Demi International, ICQ, and Demi Apprentices and Trainees). A student does not acquire any right, title or interest in these materials by enrolling in, undertaking or completing a course, or otherwise.

Students are licensed to use the materials provided to them solely for their personal study during their course. The materials must not be copied (except as permitted under the Copyright Act for personal study), shared, sold, distributed, uploaded to public platforms, used to train AI models, or otherwise made available to third parties without DEG's prior written consent.

Any unauthorised provision or use of DEG materials or curriculum is deemed an infringement of DEG's intellectual property rights. Students must immediately notify DEG of any apparent or threatened infringement of, or challenge to, DEG's rights that they become aware of.

11.3 Ownership of student-produced work

Students retain ownership of original work they create during their course (such as essays, project reports, business plans, photographs, designs or video assessments), subject to:

- DEG holding a non-exclusive, royalty-free, perpetual licence to retain and use that work for assessment, validation, quality assurance, audit, regulatory reporting, and (with the student's separate, informed consent under the Photography and Media Consent provisions of Policy 2) for marketing or promotion;

- DEG's right to retain assessment evidence for the periods required by the 2025 Standards for RTOs, the VSL Rules 2016, the National Code 2018 and the SAS Policy 2025 to 2028; and
- any rights held by third parties whose content the student has incorporated into their work under licence or fair dealing.

Where student work product is created in a host-employer setting (apprentices and trainees) or in the course of a vocational placement, intellectual property arrangements between the student, the employer and DEG are documented in the relevant Training Plan, Placement Agreement or training contract.

11.4 Plagiarism and use of third-party content in assessment

Students must respect the copyright of others when completing assessments. This means:

- not copying text, images or work from books, websites, social media, classmates or any other source without proper acknowledgement;
- using their own words unless quoting, and referencing all sources;
- not using generative artificial intelligence tools to produce work submitted as the student's own unless expressly permitted by the assessment instructions and properly disclosed; and
- following any specific referencing or academic integrity requirements set out in the unit guide.

Misuse of copyrighted material or breaches of academic integrity may result in disciplinary action under the Academic Integrity provisions of Policy 2 and may amount to copyright infringement under the Copyright Act.

11.5 Confidentiality

Course materials and curriculum are confidential. Students and staff must not use or disclose to any person the materials or curriculum provided by DEG without DEG's prior written consent, except as required by law or as expressly permitted by this policy. *[Adapted from AACDS Student Code of Conduct v1.0.]*

11.6 Consequences of infringement

Copyright infringement and breach of intellectual property obligations may result in:

- disciplinary action under the Student Code of Conduct (Policy 2), including expulsion in serious cases;
- employment action for staff, up to and including termination;
- civil action by DEG and / or third-party rights holders for remedies under the Copyright Act, including damages, account of profits, and injunctive relief; and
- criminal liability in serious cases under Part V of the Copyright Act.

12. Social Media

12.1 Purpose and scope

This clause applies to all social media use that identifies, references, depicts or relates to DEG, its entities, its staff, its students, its clients or its partners, regardless of whether the account is personal, professional, public or private.

It is implemented through the Social Media Code of Conduct, which is maintained by the General Manager, Operations in consultation with the Marketing Manager and reviewed at least annually.

12.2 Acceptable use (students and staff)

When using social media, students and staff must:

- not post anything that could damage the reputation of DEG, any of its RTOs, its staff, students, clients or partners;
- only disclose or discuss information about DEG or its activities that is not confidential and is publicly available;
- respect the privacy and confidentiality of others, and not share personal information, images or content without permission;
- avoid offensive, discriminatory, defamatory or otherwise inappropriate language or content;
- not post photos or videos taken during training, in clinics, salons, simulated workplaces, virtual classrooms or on placement without written approval, and never photograph or post images of clinic clients, host workplace clients or other students without express, documented consent under the Photography and Media Consent provisions of Policy 2;
- not imply that they are authorised to speak as a representative of DEG, or give the impression that views expressed are those of DEG, unless they are officially authorised to do so;
- not use any DEG or RTO logos, names or marks without prior written permission;
- be prepared to immediately remove any post at the request of another party, even if consent was previously provided;
- adhere to the Terms of Use of the relevant social media provider; and
- comply with the law, including laws about copyright, privacy, defamation, contempt of court, discrimination, harassment and consumer protection.

12.3 Marketing through social media (VSL-specific)

Marketing of DEG entities and courses through social media must not mention the possible availability of a VET student loan for students undertaking a course. This is a strict prohibition under rule 143 of the VET Student Loans Rules 2016 and applies to all DEG entities approved as VSL providers and to any third-party marketing on their behalf.

12.4 Use of social media in learning

Students may use social media as part of their learning, particularly as encouraged by teaching staff to enhance engagement and explore new technologies. Any use for educational or research

purposes must comply with this policy and all related procedures and policies (including the standalone Privacy Policy, the Photography and Media Consent provisions of Policy 2, and the Copyright Compliance Guide).

12.5 Protection of student and client privacy and image

Photography, video or audio recording of students, staff, clients or visitors at DEG sites, clinics, salons, simulated workplaces, vocational placements or in virtual classrooms is only permitted with documented consent, in line with the Photography and Media Consent provisions of Policy 2 and the standalone Privacy Policy. Posting such material to social media is permitted only with separate, informed, written consent for that specific use.

12.6 Complaints raised through social media

A complaint raised by a student, client or other person on social media will be treated under the standalone Complaints and Appeals Policy (referenced in Policy 2). The Head of Marketing (or delegate) will:

- acknowledge receipt promptly and invite the complainant to make a formal complaint through DEG's complaints channels for full investigation and resolution;
- avoid engaging publicly in a way that breaches privacy, prejudices investigation or defames any party; and
- escalate immediately where the complaint indicates a safety, child-safety or critical-incident matter (see Policy 2 child-safety and critical-incident escalation pathways).

12.7 Consequences of misuse

Breaches of this clause may result in:

- disciplinary action for students under the Student Code of Conduct (Policy 2), including exclusion from the course in serious cases;
- employment action for staff, up to and including termination;
- takedown requests, complaints to platform operators and (where warranted) legal action by DEG; and
- referral to law enforcement where conduct may be criminal (for example, image-based abuse, threats or harassment).

13. Procedures, Forms and Authoritative Records

This policy is implemented through the following procedures and registers. Each is described below with its purpose, regulatory driver, owner, access arrangements, communication and review cycle.

13.1 Emergency Evacuation Plan

What it is: a site-specific plan covering all emergency types, evacuation routes, assembly points, wardens, communication and provisions for people with mobility impairment.

Why it exists: to discharge DEG's duties under WHS Regulation 2011 (Qld) rr 42 to 43 and AS 3745:2010, and to comply with National Code 2018 Standard 6.9.1 (safe environment on campus) for ICQ.

Who maintains it: the Campus or Clinic Manager at each site, approved by the General Manager, Operations.

How staff use it: as the operational reference during any emergency; for warden training, drills, induction of staff and students, and post-incident review.

How it is communicated to students: at orientation, in clinic and salon inductions, through signage at every site, and through the Student Handbook.

Review cycle: at least annually, after every drill or activation, and following any material change to the building or operations.

Feeds into: the Risk Register, the Maintenance Log (for fire and emergency-system testing), and the Continuous Improvement Register (Policy 1).

13.2 Incident Reporting Form

What it is: the standard form for recording incidents, near-misses and hazards.

Why it exists: to ensure WHS incidents are captured, investigated and treated; to support compliance with WHS Act 2011 (Qld) ss 35 to 39 (Notifiable Incidents) and National Code 2018 Standard 6.8 (critical incidents).

Who maintains it: the General Manager, Operations (form template); the Campus or Clinic Manager (completed forms locally) and the Compliance Manager (group-level register and trend analysis).

How staff use it: completed by the responsible staff member as soon as practicable and within 24 hours of becoming aware of the incident; submitted to the Campus or Clinic Manager for review and escalation.

How it is communicated to students: students may complete an Incident Reporting Form themselves (with assistance from a trainer if needed) for any incident or hazard they experience or observe. Forms are available at reception, in classrooms, on the LMS and via student support.

Review cycle: the form template is reviewed annually; the underlying register is reviewed at each WHS / Risk Committee meeting.

Feeds into: the Risk Register, regulator notifications where applicable, insurance claim notifications and the Continuous Improvement Register (Policy 1).

13.3 Risk Register

What it is: the authoritative organisational record of risks, controls and residual risk ratings.

Why it exists: to discharge DEG's governance, financial viability, ESOS, VSL, SAS and WHS obligations to identify, assess, treat and monitor risk in line with ISO 31000:2018.

Who maintains it: the RTO Manager, under the direction of the General Manager, Operations.

How staff use it: as the central reference for known risks and controls; risk owners update their entries against the agreed review cycle; the WHS / Risk Committee reviews the Register at every meeting.

How it is communicated to students: students are not given direct access to the Risk Register, but specific risks relevant to their activity (for example, clinic risks, equipment risks) are communicated through induction, briefing and the Student Handbook.

Review cycle: continuously updated; reviewed in full at least annually; risk profile reported to the Chief Executive Officer at least quarterly.

Feeds into: the Continuous Improvement Register, Internal Audit Schedule and the Governance and Compliance Framework (Policy 1).

13.4 Maintenance Log

What it is: the authoritative record of maintenance, calibration, testing and cleaning for facilities and equipment.

Why it exists: to evidence the adequacy and safe condition of resources required by the 2025 Standards for RTOs, National Code 2018 Standard 11.2.5, the WHS Act and Regulation and relevant Australian Standards (including AS 1851 for fire systems).

Who maintains it: the Campus or Clinic Manager at each site; consolidated by the General Manager, Operations.

How staff use it: to schedule and verify maintenance, record completions and out-of-service tagging, and identify recurring faults requiring escalation.

How it is communicated to students: students do not access the Log directly, but are required to report equipment damage or faults to their trainer immediately, and the report is captured in the Log.

Review cycle: continuously updated; reviewed quarterly by the WHS / Risk Committee; sampled in Internal Audit.

Feeds into: the Risk Register and Continuous Improvement Register.

13.5 Equipment Usage Procedure

What it is: the procedure governing equipment induction, authorisation, booking, use and post-use cleaning.

Why it exists: to ensure equipment is used safely and competently, satisfying WHS Act 2011 (Qld) s 19 and Regulation Chapter 4 obligations, and 2025 Standards for RTOs resource adequacy.

Who maintains it: the Training Manager, in consultation with the General Manager, Operations and the Operations Manager.

How staff use it: as the basis for student inductions, competency sign-offs and supervision of practical training.

How it is communicated to students: through orientation, environment-specific induction, the Student Handbook and posted signage at each piece of high-risk equipment.

Review cycle: annually, and on the introduction of new equipment or significant change to a training product.

Feeds into: the Maintenance Log, Risk Register and training and assessment strategies (Policy 3).

13.6 Digital Access Procedure

What it is: the procedure governing LMS and digital system access (account lifecycle, authentication, acceptable use, monitoring).

Why it exists: to ensure secure, lawful and effective access to DEG's digital learning and information environments; to discharge obligations under the Privacy Act 1988 (Cth), the Student Identifiers Act 2014 (Cth) and the 2025 Standards for RTOs.

Who maintains it: the RTO Manager, under the direction of the General Manager, Operations.

How staff use it: as the authority for creating, suspending and managing accounts, and for responding to access incidents.

How it is communicated to students: at orientation, in the Student Handbook and through onboarding emails on enrolment.

Review cycle: at least annually; immediately after any cyber incident or material platform change.

Feeds into: the Risk Register, the standalone Privacy Policy and the Continuous Improvement Register.

13.7 Social Media Code of Conduct

What it is: the detailed conduct code governing social media use by students and staff in relation to DEG.

Why it exists: to protect DEG, its students, staff and clients in the digital environment; to comply with privacy, copyright, anti-discrimination, defamation and VSL marketing rules (VSL Rules 2016 r 143).

Who maintains it: the General Manager, Operations, in consultation with the Head of Marketing.

How staff use it: as the standard for staff conduct on social media and for guiding student use during learning activities.

How it is communicated to students: through the Student Handbook, orientation, posters and digital displays, and trainer-led discussion at relevant points in the course.

Review cycle: annually, and after any material breach or platform change.

Feeds into: the Risk Register, complaints handling (Policy 2 and the standalone Complaints and Appeals Policy) and disciplinary processes.

13.8 Copyright Compliance Guide

What it is: the operational guide for staff (and reference for students) on lawful use of copyright material in training, assessment and student work.

Why it exists: to comply with the Copyright Act 1968 (Cth), including statutory educational licences administered by Copyright Agency and Screenrights.

Who maintains it: the RTO Manager, in consultation with the General Manager, Operations.

How staff use it: when designing, sourcing or distributing training materials; when responding to student queries; when handling external content in marketing and on the LMS.

How it is communicated to students: through the Student Handbook, academic integrity briefing and unit-level referencing guidance.

Review cycle: annually, and on relevant legislative change.

Feeds into: the Risk Register, training and assessment quality processes (Policy 3) and academic integrity processes (Policy 2).

14. Records, Reporting and Audit

Records generated under this policy (incident reports, Risk Register entries, Maintenance Log entries, drill records, equipment induction sign-offs, claim notifications, copyright licences, training records) are retained for the periods required by the 2025 Standards for RTOs, the WHS Act and Regulation, the Privacy Act, the VSL Rules 2016, the National Code 2018 (including the two-year minimum for critical-incident records under Standard 6.8), and the SAS Policy 2025 to 2028 (a minimum of seven years from the date of last action for SAS-related records). Where multiple retention periods apply, the longest applies.

WHS and facilities performance is sampled in the Internal Audit Schedule administered under Policy 1 and is reported to the Chief Executive Officer at least quarterly.

Notifiable Incidents are reported to WHSQ within statutory timeframes (refer clause 6.7); critical incidents involving overseas students are recorded and (where applicable) reported via PRISMS under the ESOS Act.

15. Breach Reporting

A breach of this policy may also be a breach of legislation or of DEG's conditions of registration. Material breaches are reported in accordance with Policy 1 (Governance and Compliance Framework), which sets out the framework for notification to ASQA, the Department of Employment and Workplace Relations, DTET, the relevant ESOS agency, the relevant WHS regulator and any other relevant regulator. Material non-compliance with a condition of registration is notified to the relevant regulator within the timeframe required by law.

16. Review

This policy and its supporting procedures are reviewed at least annually by the General Manager, Operations, with input from the WHS / Risk Committee. Review is also triggered by:

- legislative or standards change;
- any Notifiable Incident or material critical incident;
- any insurance claim or near-claim of material significance;

- any regulator audit finding (ASQA, DTET, TPS, OSA) touching on WHS, facilities, IP, privacy or digital systems;
- material change to delivery modes, scope of registration, premises or maximum overseas student numbers (which also triggers ESOS Standard 11.3 notification);
- feedback from students, staff, host employers or clients that indicates a systemic issue; and
- significant change to risk profile recorded in the Risk Register.

Changes are approved by the CEO and are recorded in the Policy Register described in Policy 1. All improvement actions arising from review are recorded in the Continuous Improvement Register administered under Policy 1.

17. Related Policies

This policy operates in conjunction with the following DEG policies and documents:

- Policy 1: Governance and Compliance Framework (foundational governance, legal and regulatory compliance, continuous improvement, quality assurance, third-party arrangements, marketing and recruitment; the Legislative Compliance Register, Policy Register, Continuous Improvement Register and Internal Audit Schedule that this policy feeds);
- Policy 2: Student Lifecycle Policy (Student Code of Conduct, academic integrity, attendance, photography and media consent, wellbeing and mental health, child safety; and links to the standalone Privacy, Complaints and Appeals, and Harassment and Discrimination policies that this policy cross-references);
- Policy 3: Training and Assessment Policy (training delivery and TAS, assessment principles, validation, RPL and credit transfer, trainer and assessor competency, practical placement and clinic; Placement Agreements, Student Clinic Guidelines and supervision arrangements relevant to this policy);
- Policy 4: Finance and VET Student Loans Policy (fees and refunds, VSL administration, government funding; VSL marketing prohibitions referenced at clause 12.3);
- Demi Education Group Privacy and Personal Information Policy (standalone) (collection, use, storage, disclosure and security of personal information, including in CCTV-monitored environments and digital systems; cross-referenced throughout this policy);
- Demi Education Group Complaints and Appeals Policy (standalone) (handling of complaints, including those raised through social media; cross-referenced from clause 12.6);
- Demi Education Group Respect, Harassment and Discrimination Policy (standalone) (applies to conduct in physical and online environments; cross-referenced from clause 10.3);
- Operational documents implementing this policy: Emergency Evacuation Plan (each site), Incident Reporting Form, Risk Register, Maintenance Log, Equipment Usage Procedure, Digital Access Procedure, Social Media Code of Conduct, Copyright Compliance Guide (each described at clause 13); and

- DEMI Education Group Student Handbook (current version) (the primary student-facing summary of this policy).

18. Legislative, Regulatory and Code of Practice References

This policy is drafted to align with, and must be read consistently with, the following instruments (in each case as in force from time to time).

18.1 Commonwealth legislation and instruments

- Education Services for Overseas Students Act 2000 (Cth) (ESOS Act);
- National Code of Practice for Providers of Education and Training to Overseas Students 2018 (compilation F2026C00148, registered 20 February 2026), in particular Standards 5, 6 and 11;
- National Vocational Education and Training Regulator Act 2011 (Cth) (compilation C2024C00461);
- VET Student Loans Act 2016 (Cth);
- VET Student Loans Rules 2016 (compilation F2023C00945), in particular r 25 (insurance) and r 143 (marketing through social media);
- 2025 Standards for Registered Training Organisations (Cth);
- Higher Education Support Act 2003 (Cth) (Schedule 1A, as applicable to legacy VET FEE-HELP balances);
- Copyright Act 1968 (Cth);
- Privacy Act 1988 (Cth) and the Australian Privacy Principles;
- Work Health and Safety Act 2011 (Cth) (where Comcare jurisdiction applies);
- Work Health and Safety Regulations 2011 (Cth);
- Student Identifiers Act 2014 (Cth);
- Australian Consumer Law (Schedule 2 to the Competition and Consumer Act 2010 (Cth));
- Disability Discrimination Act 1992 (Cth);
- Sex Discrimination Act 1984 (Cth);
- Racial Discrimination Act 1975 (Cth);
- Age Discrimination Act 2004 (Cth);
- Australian Human Rights Commission Act 1986 (Cth);
- Fair Work Act 2009 (Cth).

18.2 Queensland legislation and instruments (primary jurisdiction for DEG operations)

- Work Health and Safety Act 2011 (Qld);
- Work Health and Safety Regulation 2011 (Qld);
- Workers' Compensation and Rehabilitation Act 2003 (Qld);
- Public Health Act 2005 (Qld);

- Public Health Regulation 2018 (Qld), in particular Part 4 (Personal Appearance Services);
- Further Education and Training Act 2014 (Qld);
- Anti-Discrimination Act 1991 (Qld);
- Information Privacy Act 2009 (Qld) (where applicable to Queensland Government-funded data).

18.3 Approved Codes of Practice (Qld and Safe Work Australia)

- How to Manage Work Health and Safety Risks Code of Practice 2021 (Qld);
- Managing the Work Environment and Facilities Code of Practice 2021 (Qld);
- First Aid in the Workplace Code of Practice 2021 (Qld);
- Hazardous Manual Tasks Code of Practice 2021 (Qld);
- Managing Risks of Hazardous Chemicals in the Workplace Code of Practice 2021 (Qld);
- Managing Electrical Risks in the Workplace Code of Practice 2021 (Qld);
- Managing the Risk of Falls at Workplaces Code of Practice 2021 (Qld).

18.4 Queensland VET funding instruments

- Skills Assure Supplier Policy 2025 to 2028 (Department of Trade, Employment and Training);
- Program Schedule 3 – Career Start (1 July 2025);
- Program Schedule 4 – Career Boost (1 July 2025);
- Skills Assure Supplier Evidence Requirements (as updated from time to time).

18.5 Other State and Territory instruments (where DEG operates outside Queensland)

- Work Health and Safety Act 2020 (WA) and Work Health and Safety (General) Regulations 2022 (WA) (relevant to AACDS Aspire Training Clinics in Perth);
- Workers' Compensation and Injury Management Act 2023 (WA);
- Health (Skin Penetration Procedures) Regulations 1998 (WA);
- Occupational Health and Safety Act 2004 (Vic) and Occupational Health and Safety Regulations 2017 (Vic) (relevant to AACDS Aspire Training Clinics in Melbourne);
- Work Health and Safety Act 2011 (NSW) and Work Health and Safety Regulation 2017 (NSW) (relevant to AACDS Aspire Training Clinics in Sydney);
- Equivalent State or Territory anti-discrimination, public health, workers' compensation and personal appearance services legislation applicable to each location of operation.

18.6 Australian Standards and other reference standards

- AS 3745:2010 Planning for emergencies in facilities;
- AS 1851 Routine service of fire protection systems and equipment;
- AS/NZS 3760 In-service safety inspection and testing of electrical equipment;

- ISO 31000:2018 Risk management – Guidelines;
- Australian Guidelines for the Prevention and Control of Infection in Healthcare (NHMRC);
- National Principles for Child Safe Organisations.