# Checklist for Development of New Compliance Document

Following the consultation phase and before seeking ratification from the Approval Authority, the Officer Responsible should apply the following checklist to the proposed new compliance document. The Academic Quality Manager and/or Director of Organisational Insights and Compliance can assist you as required.

| | **Yes** | **No - minor** *(No change necessary)* | **No – major** *(Recommended amendments)* |
|---|---|---|---|
| **Compliance Document Format** | | | |
| Have all the following been provided:<br>▪ Title<br>▪ Last modified<br>▪ Review date<br>▪ Approved by<br>▪ Officer Responsible? | | | |
| Has the template been applied correctly, and the material presented in terms of the specified guidelines? | | | |
| Has Ara branding been applied consistently throughout the document (including appendices)? | | | |
| **Compliance Document Content** | | | |
| Does the title adequately reflect the purpose and content? | | | |
| Has the document been classified and described appropriately? | | | |
| Is the review date realistic? | | | |
| Has the person with overall responsibility for the compliance document been accurately identified (see approval delegations)? | | | |
| Is the identified Officer Responsible the appropriate person with operational responsibility for the compliance document? | | | |
| Does the introduction clearly identify the purpose? | | | |
| Has the organisational scope been identified and is it acceptable? | | | |
| Are the definitions provided accurate, relevant, and consistent with those used elsewhere? | | | |
| If a policy statement is included, is it actually a policy or is it in fact a procedure, set of guidelines or something else? | | | |
| Are procedures or guidelines clearly identified as such? (NB: these should offer advice and compliance may be expected though not necessarily mandatory.) | | | |
| Is the compliance document comprehensive:<br>▪ issues clearly stated<br>▪ Institute position or response identified<br>▪ acceptable minimum standards detailed | | | |

| | | | |
|---|---|---|---|
| Does the compliance document cover all relevant compliance issues? | | | |
| Have compliance costs, where relevant, been identified? | | | |
| Are appeal processes clearly identified, where appropriate? | | | |
| Have all related compliance documents been identified? | | | |
| Is there any overlap or conflict with other compliance documents in existence? | | | |
| Are the appendices relevant and appropriately presented? | | | |
| Has all relevant background and consultation material been included in the appendices? | | | |
| **General** | | | |
| Is there clear evidence that a robust consultation process has occurred? | Comment: | | |
| Is the Officer Responsible clearly aware of the process for obtaining approval, lodging a copy with the Academic Quality Manager or the Director of Organisational Insights and Compliance for deposit in the QMS Library, and reviewing the compliance document in due course? | Comment: | | |
| Other comments: | | | |