THE FREEMASONS' HOMES OF SOUTHERN TASMANIA INC

Good Idea Form

Form 192

Date: 06-05-05

Number allocated to form *(Office use only)*

Date of Good Idea ___/___/___.

What is the good idea?

(This includes any good ideas or suggestions anyone including staff, residents or visitors may have.)

Who is completing this form? (Write your name here and sign the form) ***(This section is optional)***

Name

Signature

Do you want us to contact you about this idea? ☐ Yes ☐ No

How can we contact you? (Either write your phone number or address)

After you have written on this part of the form place it in the mail box on the wall outside the administration office and management will process the Good Idea.

Assessment of Good Idea

Office Use Only

Assess the Good Idea

Date Received: _____/_____/_____

Is it practical? ☐ Yes ☐ No

Will it cost money? ☐ Yes ☐ No

How much do you estimate?

Are funds available? ☐ Yes ☐ No

Will it improve the quality at the facility? ☐ Yes ☐ No

How?

Should the Good Idea occur? ☐ Yes ☐ No

When?

How?

Have you provided feedback to the originator? *(Attach evidence)* ☐ Yes ☐ No

When?

Does the Good Idea need to be followed up? ☐ Yes ☐ No

If "Yes" then attach a green "Follow Up" form and schedule in the office diary.

Scheduled date for follow up ___/___/___.

Date form finalised ___/___/___.

Name

Signature