

# Material Change Procedure

## Section 1 - Preamble

(1) Charles Darwin University ('the University', 'CDU') is committed to complying with all legislative and regulatory requirements to ensure the delivery of high-quality education and to identify and mitigate potential and emerging risks to its operations.

(2) This procedure ensures compliance with:

- a. Section 29(1) (a) and (b) of the [Tertiary Education Quality and Standards Agency Act 2011](#).
- b. Part 2 - Registration (25) of the [Vocational Education and Training Regulator Act 2011](#).
- c. [Education Services for Overseas Students Act 2000](#).

## Section 2 - Purpose

(3) The University is responsible for the timely disclosure and notification of material changes to regulators about incidents or events that may impact on the University's ability to comply with relevant regulatory bodies or that require changes to the National Register or ASQAnet.

## Section 3 - Scope

(4) This procedure applies to all university staff and any event or incident which impacts the University's ability to comply with the relevant regulatory Acts relating to HE and VET.

(5) This procedure outlines the process of notifying material changes to regulators on matters including, but not limited to:

- a. changes to legal status or ownership;
- b. changes to key personnel;
- c. adverse findings;
- d. events which impact on financial viability;
- e. third party arrangements; and
- f. events or incidents which impact on student or staff experience, safety and learning such as new delivery sites, changes to professional accreditation and critical incidents.

## Section 4 - Procedure

(6) The University will appoint a primary contact for each regulator.

- a. The Vice-President Governance and University Secretary is the primary TEQSA contact;
- b. The Vice-Chancellor is the primary ASQA contact.

(7) The primary contact will consider and determine events (or combination of events) that will affect the University's ability to comply with the relevant regulations.

## **Identification and determination of a material change**

(8) All material changes which have occurred or are likely to occur must be raised to the relevant primary contact for consideration.

(9) On advice from the relevant member of the Senior Executive Team, the primary contact will consider the:

- a. nature of the change;
- b. impacts of the change; and
- c. risks and potential consequences.

(10) The primary contact will determine whether the event will affect the University's ability to comply with the relevant regulations and decide whether it is reportable.

- a. Reportable events: Where a material change is deemed to be of such a nature to significantly affect operations and/or the University's administrative structure, the University is required to notify the relevant regulatory bodies as a condition of continued registration.
- b. Non reportable events: Where a material change is not deemed to require reporting to the relevant regulatory bodies, internal reporting and registering should occur to ensure that the appropriate risk assessments have taken place and to ensure that reports are available for the relevant regulatory bodies if required.

## **Notification and reporting**

(11) When an event is considered to be reportable, the Responsible Executive Officer will document the Material Change Notification.

(12) Material Change Notifications will include:

- a. the details of the risks and impacts of the changes (if relevant); and
- b. the measures to be undertaken to ensure minimum disruption or impact on students and staff.

(13) Notifications will be approved by the primary contact and submitted within the timeframes in Clause 20.

(14) Notifications must be submitted by staff who are registered contacts on the TEQSA portal or ASQAnet.

(15) A regulator may investigate the material change notification based on the perceived risk and will determine if any further action and/or if a request for information is required. When a request for information is received, the relevant Responsible Executive Officer and Implementation Officer will be notified.

## **Material change register**

(16) The Material Change Register will record details of reportable and non-reportable events.

(17) The register will include the details about the event or incident, the relevant Responsible Executive Officer, and the status of the notification, including any requests for information from the regulator.

(18) The register will be maintained by Educational Quality and Excellence.

(19) A summary of material changes will be reported to the Audit, Risk and Compliance Committee for monitoring and assessment of risks.

## Timeframes

(20) Material change notifications must be reported within the relevant regulators prescribed timeframes, as follows:

TEQSA	ASQA	National Code and ESOS
No later than 14 days after the day that the provider would reasonably be expected to have become aware of the event.	<ol style="list-style-type: none"><li>1. Within 90 calendar days for changes to the University name or the name and contact details of the University CEO and members of the governing body; changes in ownership, directorship, or control (including the sale or merger) and changes to the financial status.</li><li>2. Within 30 days of commencement or cessation of a written agreement with a third party by Quality Assurance and Enhancement.</li><li>3. Within 10 days of implementing any changes to the name of the University, or the name and contact details of the CEO of the University and members of the governing body.</li></ol>	<ol style="list-style-type: none"><li>1. At least 30 days prior to changes to the registration of a course taking effect.</li><li>2. Within 10 business days after any event occurs, which significantly affects the University's ability to comply with the act.</li><li>3. Prospective changes to ownership as soon as practicable before the changes to effect.</li></ol>

## Non-Compliance

(21) Non-compliance with Governance Documents is considered a breach of the [Code of Conduct - Staff](#) or the [Code of Conduct - Students](#), as applicable, and is treated seriously by the University. Reports of concerns about non-compliance will be managed in accordance with the applicable disciplinary procedures.

(22) All staff members have an individual responsibility to raise any suspicion, allegation or report of fraud or corruption in accordance with the [Fraud and Corruption Control Policy](#) and [Whistleblower Reporting \(Improper Conduct\) Procedure](#).

## Status and Details

<b>Status</b>	Historic
<b>Effective Date</b>	6th May 2022
<b>Review Date</b>	6th May 2025
<b>Approval Authority</b>	Vice-Chancellor
<b>Approval Date</b>	2nd May 2022
<b>Expiry Date</b>	2nd February 2023
<b>Responsible Executive</b>	Louise King Provost
<b>Implementation Officer</b>	Lisa Papatraianou Deputy Provost
<b>Enquiries Contact</b>	Lisa Papatraianou Deputy Provost