SOUTHERN ACADEMY OF HIGHER EDUCATION

Southern Academy of Higher Education (SAHE)

Records Management Policy

(Effective Date: 31 July 2026)

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1. Policy Statement

The Southern Academy of Higher Education (SAHE) Records Management Policy ('the Policy') sets out the principles by which SAHE creates, manages, retains and disposes of its records. It provides guidance on the retention and disposal of records and supports SAHE's compliance with the Australian Privacy Principles under the Privacy Act 1988 (Cth) and the Higher Education Standards Framework (Threshold Standards) 2021, as amended.

1.1 Regulatory Context

SAHE creates, manages, retains and disposes of its records in accordance with the Higher Education Standards Framework (Threshold Standards) 2021 (HESF), in particular Standard 1.5 (Qualifications and Certification), Standard 2.4 (Student Grievances and Complaints), Standard 4.1 (Research), Standard 6.1 (Governing Body and Corporate Governance) and Standard 7.3 (Information Management), taking into account the Higher Education Standards Framework Amendment (Threshold Standards) Instrument 2026 (the 2026 Amendment).

The 2026 Amendment strengthens several record-keeping obligations relevant to this Policy. From 1 January 2027, new Standard 6.4 (Preventing and Responding to Racism) requires SAHE to maintain definitions of racism, including racism towards Aboriginal and Torres Strait Islander peoples, antisemitism and Islamophobia, and to implement transparent, documented complaints-handling processes addressing racism and other discriminatory conduct. Standard 2.4 (Student Grievances and Complaints) is strengthened in parallel, requiring that complaints-handling processes are designed, and periodically reviewed, in consultation with students and staff, including those with lived experience of discrimination, harassment or violence. Standard 7.3 (Information Management) continues to require that SAHE's information systems and records document and record responses to formal complaints, allegations of misconduct, breaches of academic or research integrity, and critical incidents.

As a registered higher education provider other than an Australian University, the governance record-keeping obligations introduced or amended in Standard 6.1 (Governing Body and Corporate Governance), including periodic independent review of the effectiveness of the governing body and academic governance processes, at least every seven years — apply to SAHE from 1 July 2027 under the transitional application provisions of the 2026 Amendment. The racism-prevention obligations in Standard 6.4 apply to SAHE, as to all registered higher education providers, from 1 January 2027.

2. Scope

This Policy applies to all records, in electronic or hard copy format, that are created, received or maintained by SAHE staff in the course of carrying out their role. It is binding on all those who create or use SAHE records, including staff, students, contractors and consultants, and applies across all SAHE campuses, courses and modes of delivery.

3. Policy Principles

This Policy provides a framework for managing SAHE's records and seeks to inform and assist staff across SAHE in fulfilling their obligations and responsibilities under records management. Through the effective management of its records, SAHE aims to:

a. create and capture authentic and reliable records to demonstrate evidence of accountability and information about SAHE's decisions and activities;

b. protect and safeguard information, in particular confidential and sensitive data;

c. comply with statutory and regulatory requirements affecting the use and retention of records, including the Higher Education Standards Framework and the 2026 Amendment;

d. prevent unauthorised or unlawful disclosure of information by ensuring records are held securely, and access is controlled and managed;

e. where appropriate, securely dispose of confidential records;

f. achieve and maintain standards of best practice;

g. promote staff awareness of records management and related issues; and

h. support SAHE's ability to demonstrate, on request by TEQSA or another regulator, that formal complaints, allegations of misconduct, breaches of academic or research integrity, racism and other critical incidents have been documented and responded to appropriately.

4. Types of Records

For the purposes of this Policy, and consistent with the meaning of 'record' under the Privacy Act 1988 (Cth), a record means:

a. a document; or

b. an electronic or other device or media.

A record is considered to include, but is not limited to:

a. emails relating to, or containing information about, SAHE business;

b. hard-copy or paper-based documents, correspondence and agreements;

c. assessments, examinations, application and enrolment forms;

d. data stored about students, staff, volunteers, contractors and authorised visitors in a database;

e. meeting papers, such as agendas, reports and minutes;

f. contracts, agreements or memoranda of understanding;

g. financial records including invoices, donations, funding and records of income and payments;

h. reports and other generated material;

i. copies of publications including annual reports, program guides and webpages; and

j. SAHE policy documents and records relating to governance and reporting.

5. Managing Information Assets

a. Obtain and maintain appropriate information and records in digital or physical management systems that are capable of meeting the requirements of this Policy.

b. Historical information and information of long-term or permanent value will be archived or preserved.

c. Information of high risk or high value will be maintained and must not be destroyed without appropriate authorisation.

d. SAHE's data and information assets, including confidential records of student grievances, complaints and misconduct, will be adequately maintained and managed across all formats, systems and physical locations.

e. SAHE's authorised staff are only permitted to access records or data of SAHE. Accessing or using records for non-academic purposes is strictly prohibited.

f. Records systems will prevent unauthorised or fraudulent access to private or sensitive information, including information where unauthorised access may compromise academic or research integrity, consistent with HESF Standard 7.3.3(b).

g. Consistent with HESF Standard 7.3.3(c), SAHE will document and record its responses to formal complaints, allegations of misconduct, breaches of academic or research integrity, and critical incidents, including, from the applicable commencement date, incidents of racism, antisemitism, Islamophobia or other discrimination addressed under Standard 6.4.

h. Consistent with the SAHE Academic Integrity Policy, all academic misconduct allegations will be recorded.

i. Records of the governing body's business, decisions and actions will be maintained in accordance with HESF Standard 6.1.3, and, from the applicable commencement date, records of periodic independent reviews of the effectiveness of the governing body and academic governance processes under HESF Standard 6.1.5 will be retained until superseded by the next review, and for a minimum of 7 years thereafter.

6. Retention Period of Records

6.1 Records Retention Schedule

Description of Records	Retention Period
Admission, enrolment and progression	
Records relating to the admissions, enrolment and subsequent academic progress of students, special considerations affecting enrolment and progression, advanced standing and withdrawals.	Retain a minimum of 7 years after completion or discontinuation of the course of study by the student.
Records relating to a successful application for entry into a course of study, including applications, references, supporting documents, prior results, immigration clearances, acceptances, deferrals, suspension and reinstatement requests.	Retain a minimum of 7 years after completion or discontinuation of the course of study, consistent with the retention period for other admission, enrolment and progression records.
Records relating to unsuccessful applications for admission, including rejected offers.	Retain until the appeal period has expired or a minimum of 1 year

Description of Records	Retention Period
	after action is completed, whichever is longer.
Records relating to the provision of student identification and the arrangement and management of student concessions.	Retain a minimum of 1 year.
Records relating to administrative arrangements for the management of enrolment processes; supporting documentation for variation of student details for graduation; and notifications for change of address or contact details.	Retain until administrative or reference use ceases.
Assessment, examinations, results and graduation	
Student examination/assessment scripts or items, including examination papers, manuscripts and assignments completed by students for the purposes of assessment or evaluation (examinations, assessments, case studies, presentations).	Retain a minimum of six months from the date the grade decision was made (unless relating to a complaint or appeal).
Records relating to changes to assessment results as a result of moderation, re-marking or appeal by the student. Note: an action completed includes the end of appeal processes and any subsequent appeal rights.	Retain a minimum of 7 years after action is completed.
Each student's core academic record, including unit results, credit(s) granted, completion status, and all qualifications (including testamurs, degrees, diplomas and certificates) awarded.	Retained permanently, to support the ongoing issue of transcripts and replacement certification and to enable verification of qualifications, consistent with TEQSA's expectations of registered providers.
Student grievances, complaints and misconduct	
Records relating to the management of proven and unproven student grievance, misconduct and disciplinary cases, including inquiries and investigations, outcomes and matters referred to external bodies; complaints concerning discrimination, the work/study environment, assessment, staff, or access to facilities or services; and disciplinary processes for breaches of the code of conduct.	Retain a minimum of 7 years after action is completed.
Records relating to preliminary/fact-finding investigations that were not formally proceeded with (i.e. the allegations are unsubstantiated or could not be proven).	Retain a minimum of 7 years after the investigation is closed, particularly where the allegation could constitute misconduct or a criminal offence, or forms part of a recurring pattern of conduct.
Records relating to complaints or reports of racism including racism towards Aboriginal and Torres Strait Islander peoples, antisemitism, Islamophobia and other forms of racial discrimination or vilification and records of the consultation undertaken in developing and reviewing SAHE's definitions of racism and related complaints-handling processes under HESF Standard 6.4, from the applicable commencement date.	Retain a minimum of 7 years after action is completed, consistent with the retention period for other grievance and misconduct records.
Attendance	
Records relating to the management of student attendance for teaching and assessment activities such as examinations, lectures and tutorials, including attendance lists, sick leave forms and medical certificates.	Retain a minimum of 2 years after the person ceases to be a student.

Description of Records	Retention Period
Course delivery	
Records relating to course delivery, including unit resources, material used in program delivery, and quality assurance including unit outlines, study guides, self-assessment exercises, audio/visual teaching aids, reading lists, assessment lists, lecture notes, timetables and rosters, and feedback data.	Retain a minimum of 7 years after the course or unit ceases to be offered. Final unit/course outlines, assessment instruments, moderation evidence and representative samples of student work must be retained for at least this period to support academic integrity, accreditation and audit requirements.
Library services	
Records relating to the provision of library borrowing and usage rights (including the imposition of fines or other penalties).	Retain a minimum of 1 year after the action is completed.
Staff records	
Staff records, including curriculum vitae, verification documents of qualifications and experience, records of important communications between the staff member and SAHE, and records of annual performance reviews.	Retain a minimum of 5 years after the staff member ceases to be a staff member.
Employment, payroll, leave and other statutory employment records, including employment contracts, salary and wage records, leave records, superannuation records and other records required to be kept under the Fair Work Act 2009 (Cth) and related workplace legislation.	Retain a minimum of 7 years after the staff member ceases to be a staff member, or after the record is created, whichever is longer, consistent with recent Fair Work Ombudsman enforcement decisions emphasising robust employee record-keeping.
Governance records	
Records of the governing body's business, decisions and actions, including meeting agendas, papers, minutes and resolutions, maintained under HESF Standard 6.1.3.	Retained in perpetuity and easily accessible to the governing body and stakeholders through a shared folder.
Records of periodic independent reviews of the effectiveness of the governing body and academic governance processes under HESF Standard 6.1.5, from the applicable commencement date.	Retain until superseded by the next review, and for a minimum of 7 years thereafter.
Other	
Financial and business records.	Retain a minimum of 7 years after the relevant transaction is completed (for example, the date a document is lodged, executed, signed off or published), rather than the date of creation.
SAHE Policy documents, including records relating to version control, governance and reporting.	Retained in perpetuity and easily accessible to the governing bodies and stakeholders through a shared folder.

6.2 Records Retention and Disposal

a. The implementation of records management will be achieved through the development and proactive use of SAHE's Records Retention Schedule.

b. In setting retention periods, SAHE has regard to relevant limitation periods under statutes of limitations and other applicable law, while also ensuring that each class of record is assigned a defined and practicable review or destruction date, rather than an indefinite or open-ended retention period.

c. The Academy will keep and maintain accurate records during their lifecycle and ensure records are disposed of appropriately and in accordance with this Policy.

d. In the case of electronic data, both original and backup copies will be destroyed, and the storage devices will be reformatted.

e. SAHE’s records cannot be disposed of if they are identified as having historical significance and/or are classed as a permanent record by relevant legislation; they have not met the minimum retention timeframe specified in this Policy; it is known that the records may likely be required in evidence, either now or in the future; or it is identified that there is still a business requirement for the records to be retained.

f. The Records Retention Schedule will be reviewed annually to ensure records are current, appropriate and accurately reflect activities in their areas.

7. Disposal Procedure

The disposal of SAHE records, irrespective of their format, source or location, is not permitted except where authorised by the CEO or Dean and subject to the following procedure:

a. identify records ready for disposal by grouping like records together based on subject, activity and/or process, ensuring that the records are no longer required for reference purposes and are not subject to any current legal matters;

b. refer to the Records Retention Schedule to determine if the minimum retention period for the relevant class of records has been met;

c. following approval, disposal of the relevant records should be completed as soon as possible;

d. the disposal of physical records must be carried out by secure cross-cut shredding, the use of secure confidential bins from a registered provider, or another secure means befitting the type of record;

e. digital records should be deleted in such a manner that the contents cannot be recovered and/or reconstructed, in line with the latest advice from SAHE IT; and

f. if a request to dispose of records is denied, the records must not be disposed of.

Staff are accountable for their records disposal activities, and the disposal of SAHE's records within their area of responsibility. The Course Director is responsible for the retention and disposal of all records created by sessional or casual staff.

8. Electronic Records

Electronic records are to be captured and maintained by preserving their structure, context and content. To maintain their value as evidence, electronic records must be unaltered, that is, they cannot be modified or manipulated for as long as they are retained.

Consistent with HESF Standard 2.1.2, secure access to SAHE's electronic records and information systems is available continuously to authorised staff and students, allowing for reasonable maintenance outages.

9. Responsibilities

a. Course Director(s) are responsible for ensuring records are created, managed and disposed of in a way that complies with this Policy.

b. Course Director(s) are also responsible for ensuring that staff are trained in how to create and manage records.

c. Staff are responsible for ensuring that records supporting and documenting their business activities are created, captured and accessed in accordance with the provisions of this Policy.

d. Staff must also be aware of and comply with data protection principles, privacy, and confidentiality requirements specified in relevant legislation and SAHE's Human Resources Manual.

e. The CEO, as Policy Owner, is responsible for maintaining SAHE's definitions of racism and associated records required under HESF Standard 6.4, and for ensuring that governing body records are created and maintained in accordance with HESF Standard 6.1, in each case from the applicable commencement date.

10. Breach of Records Management

a. All members of the Academy should immediately report any suspected or perceived breach of this Policy, procedure or guidelines, or associated legislation, to the Dean.

b. Breaches will be investigated, and disciplinary action will be taken in accordance with the Academy's relevant policies and procedures.

11. Policy Implementation and Monitoring

The Governing Council will review periodic reports on records management compliance — including compliance with the retention and disposal requirements in Section 6 and the complaint- and incident-documentation requirements introduced by the 2026 Amendment — in accordance with the Governance Calendar and the SAHE Policy Documents Review Schedule.

Version Control

Version	2.0
Category	Governance
Approving Body	Governing Council
Approval Date	31 July 2026
Policy Owner	CEO
Details of Changes	• Reformatted into SAHE's current policy template, aligned to the structure and drafting conventions of the Assessment Policy and Procedure (July 2026). • Added a new Regulatory Context subsection (1.1) setting out SAHE's compliance obligations under the Higher Education Standards Framework (Threshold Standards) 2021, taking into account the Higher Education Standards Framework Amendment (Threshold Standards) Instrument 2026. • Added new provisions in Section 5 (Managing Information Assets) reflecting the strengthened complaint- and incident-documentation requirements in HESF Standard 7.3.3(c) and the new anti-racism record-keeping requirements in HESF Standard 6.4. • Added new retention categories in Section 6 for governance records and for records relating to racism, discrimination and complaints handled under HESF Standard 6.4. • Added a new Policy Implementation and Monitoring section (Section 11), consistent with the drafting convention adopted in the Assessment Policy and Procedure. • Removed the previous stand-alone ‘Higher Education Standards Framework’, ‘Benchmarking Institutes’, ‘Related Document’ and ‘Related Legislation’ version-control fields, consistent with the current policy template, and incorporated the relevant regulatory and related-document references into the body of the Policy (Section 1). • Minor drafting and formatting corrections.

Version History

Version	Approved by	Approval date	Revision notes	Next review
1.2	Governing Council	1 December 2022	Approved version.	
2.0	Governing Council	31 July 2026	Consolidated rewrite aligned to the Assessment Policy and Procedure template. Updated regulatory references to reflect the Higher Education Standards Framework Amendment (Threshold Standards) Instrument 2026, including new anti-racism and governance record-keeping requirements.	[2028]