

APPEALS FORM

Any time a trainer or staff person receives an appeal the learner should be directed to complete this form to make a formal appeal. If the person requires help to complete this form then find an impartial person to help with the form. Resolve appeals as soon as possible.

Appellant Name:

Date:

Provide full details of appeal (i.e. unit title and code, assessment details, name of assessor, date of assessment date, attach any relevant documents if required)

What outcome(s) are you seeking from this appeal?

Are there any extenuating circumstances that you believe affected the outcome of the assessment? (please provide details or leave blank)

To be signed by appellant that the information provided is true and accurate

Signed:

Date:

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Resolution sought		
Re-assessment <input type="checkbox"/>	Meeting with Training Manager <input type="checkbox"/>	Other outcome (<i>please specify</i>) <input type="checkbox"/>
Outcome(s) from action(s) taken:		
Was the appeal resolved Yes <input type="checkbox"/> No <input type="checkbox"/> If No, detail any follow up actions		
Detail date and how the learner was advised of the outcome(s) from this appeal?		

When the appeal has been resolved, or no further action is needed or can be taken, this appeals form must be signed by the appellant to indicate that they have been advised of the outcome and by the Training Manager to state that the appellant has been informed.

Complainant

Signed:

Date:

Training Manager

Signed:

Date: