

**Use this form to appeal an assessment result, RPL decision or disciplinary action.**

If you need help completing this form, CTIA can arrange support from an impartial staff member. CTIA will review appeals in accordance with procedural fairness and natural justice. A person not involved in the original decision will review the matter wherever possible.

## Appeals Pathway

### Stage 1: Informal Resolution

Student discusses the issue directly with the Trainer or Staff member.  
Goal: immediate resolution through open communication.  
If unresolved, move to Stage 2.

### Stage 2: Formal Internal Complaint/Appeal

Student submits this Appeals Form to CTIA Management.  
Acknowledged within 5 business days; investigated and decided within 20 business days.  
If unsatisfied, move to Stage 3.

### Stage 3: Internal Appeal (Review)

Senior Management not involved in the original decision conducts a review.  
Goal: procedural fairness and consideration of any new evidence.  
If still unsatisfied, move to Stage 4.

### Stage 4: Independent External Review

Referral to an independent external body if requested by the student.  
CTIA will provide access to an impartial external review option at low or no cost where required.  
Any resulting corrective action is implemented promptly.

## 1. Student Details

**Student Name:** \_\_\_\_\_

**USI:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Course / Qualification (if applicable):** \_\_\_\_\_

## 2. Assessment / Decision Details

**Unit Code:** \_\_\_\_\_

**Date of Assessment / Decision:** \_\_\_\_\_

**Unit Name:** \_\_\_\_\_

**Original Result / Decision:** \_\_\_\_\_

**Assessor / Decision Maker (if known):** \_\_\_\_\_

## 3. Type of Appeal

Assessment Result

Recognition of Prior Learning (RPL) Result

Disciplinary Action

Other: \_\_\_\_\_

## 4. Reason for Appeal

New evidence available

Procedural error during assessment/review

Unfair or biased judgment

Other: \_\_\_\_\_

## 5. Appeal Statement

Please explain why you are appealing this decision. Include what happened, relevant dates, and why you believe the original result or decision should be reviewed.

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## 6. Evidence Provided / Attachments

List any supporting evidence attached to this form, such as medical certificates, emails, marked assessments, supervisor statements, or other relevant documents.

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## 7. Outcome Sought

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## 8. Student Declaration

I declare that the information provided in this appeal is true and correct to the best of my knowledge. I understand that this appeal may be reviewed by a different assessor or independent reviewer and that the original result or decision may be confirmed, varied or overturned.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 9. Office Use Only

**Case Number:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Date Acknowledged:** \_\_\_\_\_

**Assigned Reviewer:** \_\_\_\_\_

**Was reviewer independent of original decision? Yes / No**      **Final Decision Date:** \_\_\_\_\_

**Outcome / Decision:** \_\_\_\_\_

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**Continuous Improvement / Corrective Action Required:**

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**Reviewer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_