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| **Appellant Details** |
| Name: |  |
| Student Id #: |  |
| Contact details: |  |
| Date: |  |

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| **Appeal Details** |
| Course: |  |
| Unit(s) of competency relevant to the Appeal: |  |
| Assessment tasks(s) relevant to the appeal: |  |
| Assessor name: |  |
| Please outline why you wish to Appeal the assessment result awarded:*Please include an outline of the issue in detail**What happened**When did items occur**Who was involved*  |   |
| **Appeal Details** |
| Why do you think this issue has occurred? |  |
| What actions would you like to happen in order to resolve this issue? |  |
| **Appeal Handling** |
| Appeal handling process allocated to: |  |
| Further appeal details: |  |
| Re-assessment process undertaken: |  |
| Other actions taken to resolve appeal: |  |
| Appeal outcome: |  |
| Continuous Improvement Record raised: | *Include reference number if applicable* |
| Actions taken to prevent reoccurrence: | * Update to course / training product
* Provision of additional information
* Amended system / policy / procedure
* Personnel training conducted
* Personnel support undertaken
* Other:
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| Written confirmation to Appellant: | * Attached Date despatched:

 Method of despatch: |

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| RTO Manager name & signature: |  |