

# ASSESSMENT APPEAL FORM

## APPEALS APPLICATION FORM

An appeal can be a request for a review of a decision including an assessment outcome. Please complete this form if you wish to formally appeal against the result of your assessment, or any other decision made, and include the evidence related to the basis of the appeal.

<b>Student's Name</b>			<b>Student Number</b>	
<b>Qualification (code and title)</b>				
<b>Phone</b>				
<b>Email</b>				
<b>Trainer's Name</b>				
<b>Assessor's Name (if different)</b>				
<b>List all units the assessment covered (if applicable)</b>				
<b>Unit Code(s)</b>	<b>Unit Title(s)</b>		<b>Assessment Date</b>	
<b>Assessment details (assessment number and title if applicable)</b>	<input type="checkbox"/> One assessment		<input type="checkbox"/> Final assessment	
<b>Assessment decision (if applicable)</b>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory		<input type="checkbox"/> Competent <input type="checkbox"/> Not yet competent	
<b>Have you made an attempt to address your concerns previously? Please provide details.</b>				
<b>Reasons for appeal</b>	Detail your grounds for the appeal (eg describe the alleged fault in the process, or other reasons, briefly but as clearly as possible). Attach additional page(s) if necessary.			

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**Australian College  
of Disability &  
Community Services**  
OWNED & OPERATED BY CENTRE FOR DISABILITY STUDIES

<b>Student's Signature</b>		<b>Date</b>	
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OFFICE USE ONLY					
<b>Received by</b> (print name)		<b>Sign</b>		<b>Date</b>	
<b>Appeal acknowledged in writing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sign</b>		<b>Date</b>	
<b>Assessed by Compliance Officer or delegate</b>	Sign	<b>Lodged within 7 days of the final assessment ?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date</b>	
<b>Outcome of appeal</b>					
<b>Actions taken</b>					
<b>Referred to third party (if required)</b>	Name: Date:				
<b>Learner advised of costs for third party</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Reviewed by</b>	Name		<b>Sign</b>		
	Name		<b>Sign</b>		
<b>Review decision</b>	<input type="checkbox"/> Appeal upheld <input type="checkbox"/> Appeal rejected		<b>Date</b>		
<b>Reasons</b>					
<b>Discussed with the student on</b>  __ / __ / __ Print Date	Name and Signature of General Manager or delegate				
<b>Student advised in writing</b>	Name and Signature of General Manager or delegate		<b>By</b> <input type="checkbox"/> Letter <input type="checkbox"/> Email	<b>Date</b> __ / __ / ____	

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<b>Continuous improvement required? (ie process/policy/practice)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Recorded in Continuous Improvement Register</b>	Signature	Date	

Placed on student's file following Records Management Policy, with a copy of the letter or email to the student and related documentation, including any review report.

<b>Sign</b>		<b>Date</b>	
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