

## Assessment Appeal Form

By completing this form, you are formally appealing the decision pertaining to your assessment results. This form must be submitted to Re:Viva First Aid & Resuscitation Training within 30 calendar days of your assessment result to begin the assessment appeal process.

A written reply will be forwarded to you within 7 working days.

Name		Date	___ / ___ / ____
Email Address		Contact Number	
Street Address			
Name/s of Assessor			
Code & Title of Qualification			

Units of Competency (UoC) – Under Appeal <i>In the boxes below note UoC code and title</i>	Reasons for Appeal <i>Please provide a full, detailed description of your appeal. You may add further pages if required</i>

*Read the statements below and tick in acknowledgement*

<input type="checkbox"/>	I have read and understood the information about lodging an assessment appeal under Re:Viva First Aid & Resuscitation Training's Complaints and Appeals Policy
<input type="checkbox"/>	I have verbally discussed this assessment appeal with my assessor prior to submitting this form
<input type="checkbox"/>	I have provided supporting evidence relating to this appeal
<input type="checkbox"/>	I declare that all of the information above and attached (if applicable) is factual and correct.

Student Signature	
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OFFICE USE ONLY			
Received and recorded by		Date	___ / ___ / ___
Form has been scanned into System	Yes / No	Appeal has been recorded in Complaints/Appeals Register	Yes / No
Appellant has been notified in writing that assessment appeals form has been received	Yes / No	Date	___ / ___ / ___
Appeal given to		Appeal Number	
All involved staff and individuals have been notified of assessment appeal and meeting date set	Yes / No	Meeting Date	___ / ___ / ___
Action Taken and Outcome			
Outcome Replied by		Replied Date	___ / ___ / ___
Improvement/s Required? (If applicable)			
Improvement aspects required: Recorded and actioned	Yes / No	Date	___ / ___ / ___

**Related Standard/s:** Clause 5.2, 6.1-6.5