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

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| **If Assessment Decision - Appeal Details** |
| Course: |  |
| Unit(s) of competency relevant to the Appeal: |  |
| Assessment tasks(s) relevant to the appeal: |  |
| Assessor name: |  |

| **Appeal Details** |
| --- |
| Please outline the decision you want to appeal:*Please include an outline of the matter in detail**What happened?**When did items occur?**Who was involved?* |  |
| Why do you consider this decision is incorrect? |  |
| What actions would you like to happen in order to resolve this issue? |  |

| **Appeal Processing – MTA Training and Employment RTO Representative**  |
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| Appellant type: | * Student
* Student Representative
* Student (Minor / Child)
 | * Client
* RTO Staff Member
* Stakeholder
 | * Third Party Partner
* Other:
 |
| Immediate action taken (if any): |  |
| The due date for a response: | ASAP and by: |
| Date written acknowledgement sent: |  |
| 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:
 |
| Written confirmation to Appellant: | * Attached Date despatched:

 Method of despatch: |

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| General Manager name & signature: |  | Date: |  |