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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** | | | |
| --- | --- | --- | --- |
| 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: |  |