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| **Appellant Details** | |
| Name: | Click or tap here to enter text. |
| Student Id #: | Click or tap here to enter text. |
| Contact details: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

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| **If Assessment Decision - Appeal Details** | |
| Course: | Click or tap here to enter text. |
| Unit(s) of competency relevant to the Appeal: | Click or tap here to enter text. |
| Assessment tasks(s) relevant to the appeal: | Click or tap here to enter text. |
| Assessor name: | Click or tap here to enter text. |

| **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?* | Click or tap here to enter text. |
| Why do you consider this decision is incorrect? | Click or tap here to enter text. |
| What actions would you like to happen in order to resolve this issue? | Click or tap here to enter text.  Click or tap here to enter text. |

***Office use only:***

| ***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):* | Click or tap here to enter text. | | |
| *The due date for a response:* | ASAP and by:Click or tap here to enter text. | | |
| *Date written acknowledgement sent:* | Click or tap here to enter text. | | |
| *Appeal handling process allocated to:* | Click or tap here to enter text. | | |
| *Further appeal details:* | Click or tap here to enter text. | | |
| *Re-assessment process undertaken:* | Click or tap here to enter text. | | |
| *Other actions taken to resolve appeal:* | Click or tap here to enter text. | | |

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| *Appeal outcome:* | Click or tap here to enter text. |
| *Continuous Improvement Record raised:* | Click or tap here to enter text.  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:Click or tap here to enter text. |
| *Written confirmation to Appellant:* | Attached Date despatched: Click or tap here to enter text.  Method of despatch:Click or tap here to enter text. |

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| General Manager name & signature: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |