



Appeals Lodgement Form

Appeals No. _____

SECTION 1 – Personal Details

Name:	_____	Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
Address:	_____			Post Code:	_____	
Email:	_____			Tel/ Mobile:	_____	

SECTION 2 – Course / Unit/ Module Details

Code/Title :	_____	Date:	/ /
Assessor:	_____		
Task:	_____		

SECTION 3 – Appellant Declaration

I have read and understood the ALL STATES TRAINING Appeals Policy and acknowledge that ALL STATES TRAINING will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. Should the appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal; however, should my appeal be successful I will receive a full refund of this fee.

Signature :	_____	Date:	/ /
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SECTION 4 – Appeal Details

Please tick the area relating to your grounds for appeal:

- | | |
|--|---|
| <input type="checkbox"/> Incorrect assessment decision | <input type="checkbox"/> Inappropriate assessment task/process |
| <input type="checkbox"/> Bias of the assessor | <input type="checkbox"/> Faulty, inappropriate or lack of equipment |
| <input type="checkbox"/> Lack of competence of assessor | <input type="checkbox"/> Inappropriate assessment conditions |
| <input type="checkbox"/> Incorrect information provided regarding assessment | |

Please outline the situation for your appeal:

- Appeal discussed with the Assessor : YES NO
- Appeal has been successfully resolved: YES NO

Admin Use Only

<input type="checkbox"/> Appeal Form Received (Admin)	Initial	_____	Date:	/ /
<input type="checkbox"/> Appeal Lodgement recorded (Register)	Initial	_____	Date:	/ /
<input type="checkbox"/> Letter of Acknowledgement sent	Initial	_____	Date:	/ /
<input type="checkbox"/> Appeal Forwarded to Director	Initial	_____	Date:	/ /

Note: Use "Appeals Progress Form" to record further actions regarding this Appeal