

TR-F06 Appeals Form

Personal Details			
Name:			
Street Address:			
Phone:			
Email:			
Best Contact (Please Circle):	Phone	Email	Post
Date of Appeal:			

Details of Appeal	
Nature of Appeal: (Please use additional pages if required)	
Outcome Sought: (Please identify any outcome or action you would like to see)	

Details of Appeal

Don't forget to include:

- The time and date the assessment (and assessment decision) occurred
- The assessment part, activity or reason provided for the assessment decision
- The location the assessment was conducted
- Details of the Assessor.

Was the appeal raised with the Assessor at the time? (Please Circle) Yes / No

If yes, please provide details:

Please return completed form to the RTO Manager or another member of 5th Point Management.

For additional information about 5th Point's appeals procedure please see the *Appeals Policy and Procedure (TG-005)* available in the *Candidate Handbook (TG-006)* on our website.

Administrative Use Only

Appeal Received By:

Date Received:

Method Communicated

In Person

In Writing

Investigated By:

Date Investigated:

Consultation:

Candidate:

Trainer / Assessor:

Administrative Use Only			
Assessment Review:	<i>Was the assessment fair, valid and reliable?</i>		
Outcome of Assessment Review?	Assessment Decision Confirmed	Appeal Approved	
	<i>E.g. Arrangements made for candidate to re-sit course.</i>	<i>E.g. Arrangements made for candidate to re-assess on assessment part / task where fail occurred.</i>	
Outcome Communicated to Appellant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input style="width: 100px;" type="text"/>
Name / Signature:	<input style="width: 100%; height: 30px;" type="text"/>		
Action Taken or Required: <i>I.e. Arrangements made for candidate to re-sit course or to re-assess on assessment part / task where fail occurred.</i>	<input style="width: 100%; height: 100px;" type="text"/>		
Date Action Completed:	<input style="width: 100%;" type="text"/>		
Action Completed By:	<input style="width: 100%;" type="text"/>		
Communicated to Appellant:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: <input style="width: 100px;" type="text"/>
Name / Signature:	<input style="width: 100%; height: 30px;" type="text"/>		