

ASSESSMENT APPEALS FORM

By completing this form, you are formally appealing the decision pertaining to your assessment results. This form must be submitted to Australia Wide First Aid within 30 calendar days of your assessment result to begin the assessment appeal process.

Please submit your form to feedback@australiawidfirstaid.com.au

A written reply will be forwarded to you within 7 working days.

Name:		Date:	
Email Address:		Contact Number:	
Street Address:			
Name/s of Assessor:		Course Location:	
Course Name:		Course Date:	

In the boxes below note UoC code and title

Please provide a full, detailed description of your appeal. You may add further pages if required

Units of Competency (UoC) – Under Appeal

Reasons for Appeal

Units of Competency (UoC) – Under Appeal	Reasons for Appeal

Read the statements below and tick in acknowledgement

<input type="checkbox"/>	I have read and understood the information about lodging an assessment appeal under Australia Wide First Aid Complaints and Appeals Policy
<input type="checkbox"/>	I have verbally discussed this assessment appeal with my assessor prior to submitting this form
<input type="checkbox"/>	I have provided supporting evidence relating to this appeal
<input type="checkbox"/>	I declare that all of the information above and attached (if applicable) is factual and correct.

Student Signature:

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OFFICE USE ONLY			
Received and recorded by:		Received Date:	
Form has been scanned into System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appeal has been recorded in Complaints/Appeals Register	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appellant has been notified in writing that assessment appeals form has been received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notification Date:	
Appeal given to		Appeal Number:	
All involved staff and individuals have been notified of assessment appeal and meeting date set	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting Date:	
Action Taken and Outcome			
Outcome Replied by		Replied Date	
Improvement/s Required? (If applicable)			
Improvement aspects required: Recorded and actioned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	