

## Appeals Form

To be completed by the Participant – Part A

Participant Details			
Participant Name:			
Address:			
Phone Number:		Mobile Phone Number:	
Email Address:			
Program Code/Title: <i>(Currently Enrolled in)</i>			
Appeal Details			
Details of the decision being appealed <i>(please attach additional pages if needed)</i>			
Grounds for appeal <i>(please attach additional pages if needed and any supporting documentation)</i>			
Participant Declaration	I have read the appeals policy and procedures and agree to follow the process detailed		
Participant Signature:		Date:	

Appeal Review			
<b>Are there grounds for appeal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Documentation Review			
<b>Documentation supporting compelling and compassionate circumstances provided</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Medical certificate (Original document) <input type="checkbox"/> Doctor's Letter (Original document) <input type="checkbox"/> Copy of the Death certificate (Certified copy) <input type="checkbox"/> Copy of a Police Report (Certified copy) <input type="checkbox"/> Copy of a Psychologist Letter / Report (Original document) <input type="checkbox"/> Letter from Sponsor/Workplace/Legal Guardian approving application <input type="checkbox"/> Other <hr/> <i>(please specify what other supporting document/s you are providing)</i>	<input type="checkbox"/> Authentic <input type="checkbox"/> Verified <input type="checkbox"/> Attached
Appeal Outcome			
<b>Appeal Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Not Successful		
<b>Comments / Reasons:</b>			
<b>Action if appeal is successful:</b>			
<b>By who:</b>		<b>When:</b>	
<b>Participant notified of outcome:</b>	<input type="checkbox"/> Yes      Date: ___/___/____      Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting		
<b>Authorised person: Signature:</b>		<b>Date:</b>	