

Appeals Form

If a student is unhappy or dissatisfied with the outcome of their assessment, they may request to appeal and undergo a re-assessment. Lead Institute will acknowledge your appeal in writing, including the outcome.

Please refer to our Appeals Policy and Procedure before completing this form.

This information will be kept in the student's file for future reference.

Section A – student to complete	
Personal details	
Date:	Course Name:
Student Name:	Course Start Date:
Student Number:	Student Address:
Trainer Name:	
Student Contact Number:	
H	M
E	
Appeal Details - <i>Please provide as much detail as you can regarding your request for an appeal.</i>	
Do you request a re-assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Student Signature:	
Section B – Lead Institute Assessor to complete	
Response to Appeal Application: <i>Please provide as much information as possible regarding the response to the student's application.</i>	
Has the student been granted a re-assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No", please provide further information for the reason below:	No

If “Yes”, is this the student’s first re-assessment? If “No”, please circle the appropriate number of their reassessment attempt: 2 nd 3 rd 4 th Date of re-assessment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of Appeal and Re-assessment Application	
<i>Please provide as much information as possible regarding the outcome of the student’s application. Please indicate the result of the re-assessment if applicable.</i>	
Assessor Signature:	
Date:	
Student Signature:	Date:
Section D – Lead Institute Management to complete	
What was the final outcome of the Appeal?	
What has this incident revealed about the RTO’s current policies and procedures? Where can improvements be made?	
Lead Institute Management Name:	
Lead Institute Management Signature:	Date:
Section E – Lead Institute Administration to complete <i>(tick off the completed actions)</i>	
File Note made in Learner Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information stored in the student’s hard copy file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administration Name:	
Administration Signature:	Date: