

This form shall be made available to any student formally requesting an appeal of an assessment decision. The assessment appeal form once completed can be returned to the Training Manager or to the CEO at blockett@logikalprojects.com

Trainer:

Student Name:

Please advise the reason for the appeal as it relates to the unit and the assessment being appealed.

Date:

Date:

Date:

Date:

Management Use:

Expected Resolution Date _____

(On or before 10 working days from the date of lodgement unless otherwise notified)

Appeal Outcome Decision:

Date of Student Notification: _____

Referred to Independent Adjudication: ☐ Date: _____

Date of Resolution: _____

Management Sign Off: _____

Follow Up Required:

Improvement Strategy:

Decision outcome entered into the Continuous Improvement Register:

☐ Yes

☐ No