

ASSESSMENT APPEALS FORM

To appeal an assessment outcome, please complete the following form and submit to hello@centreforu.com.au within 7 business days of receiving your assessment outcome. For any queries, call **1800 270 875**.

Assessment outcome appeals will be processed within 10 business days of the submission date (of this form).

Date										
Full name										
Best contact number										
Email										
How do you prefer to be contacted?	<table border="0"> <tr> <td style="text-align: center;">Email</td> <td style="text-align: center;">Phone</td> </tr> </table>	Email	Phone							
Email	Phone									
Please list details of the assessment you are appealing	<p>Unit code: _____</p> <p>Unit name: _____</p> <table border="0"> <tr> <td>Are you appealing the Practical Assessment result?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>Are you appealing the Theory Assessment result?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>Have you discussed your assessment outcome with your Educator?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table> <p>Outcome of discussions with your Educator:</p> <p>Additional information to support your appeal:</p>	Are you appealing the Practical Assessment result?	YES	NO	Are you appealing the Theory Assessment result?	YES	NO	Have you discussed your assessment outcome with your Educator?	YES	NO
Are you appealing the Practical Assessment result?	YES	NO								
Are you appealing the Theory Assessment result?	YES	NO								
Have you discussed your assessment outcome with your Educator?	YES	NO								
Declaration	<p>I attest that the information above is true and correct.</p> <p>Signature:</p> <p>Print name:</p>									

OFFICE USE ONLY

This section is to be completed by the **Training Administrator** conducting the independent review.

The Training Administrator should obtain a copy of the original assessment, marking guide and assessment outcome as part of the review process.

Have you reviewed the assessment and assessment decision against the assessment marking guide?	YES	NO
Do you agree with the Educator's Assessment?	YES NO If no, please detail the discrepancies:	
Outcome of the independent assessment	COMPETENT	NOT YET COMPETENT
Signature and date of Training Administrator	Signature: Date:	

OFFICE USE ONLY

This section to be completed by the **Chief Executive Officer** (CEO) and provided to the Training Administrator on completion. The CEO should obtain a copy of the original assessment, marking guide and assessment outcomes as part of the review process.

Have you reviewed the assessment and assessment decision against the assessment marking guide?	YES	NO
Provide any additional details regarding the assessment appeal		
Outcome of the appeal	COMPETENT	NOT YET COMPETENT
Details of outcome provided to student	Date: _____ How was the outcome communicated? Email Phone	
Details of response by student	Date: _____ Did the student accept or reject the outcome? Accepted/satisfied Rejected/dissatisfied If dissatisfied with the outcome, does the student have details of external bodies to lodge a complaint? YES NO	
Signature and date of Chief Executive Officer	Signature: Date:	