

<b>Appeal Number</b>
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## Assessment Outcome Appeal Lodgement Form

*Appellant to complete when lodging Assessment Outcome Appeal*

**Date of Lodgement:** .....

**Appellant Name:** .....

**Course:** .....

**Ph/Mobile:** .....

### Details of Appeal

*(Complete wherever applicable. If not applicable write 'N/A')*

**Location of Assessment(s):** .....

**Name of Trainer/Assessor Involved:** .....

**Unit(s) of Competency assessed:** .....

**Type of Assessment (Please tick the appropriate box/es):**

- WRITTEN QUESTIONS AND ANSWERS
- EXAMINATION
- ORAL QUESTIONING
- PRACTICAL DEMONSTRATION: OBSERVATIONS AND CHECKLISTS
- CASE STUDIES AND PROBLEM SOLVING: DISCUSSION AND WRITTEN RESPONSES
- ROLE PLAY OR WORKPLACE SIMULATION
- PORTFOLIO OF COMPLETED WORK
- PROJECT
- THIRD PARTY REPORTS FROM WORK PLACEMENT SUPERVISOR
- OTHER .....

**Appeal Details**

*(Explain why you believe the assessment outcome was incorrect or other reasons for your assessment outcome appeal)*

**What, if any, response or action do you seek or expect?**

***I declare that I have provided all details in an accurate manner, to the best of my knowledge.***

Appellant: ..... Date: .....  
(Signature)

***Office Use Only***

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- This appeal was acknowledged within 48 hours of receipt.**

(Circle) YES NO Initial of Authorised Officer: .....

- The appellant has been notified in the event that it is expected that the complaint will require more than 60 days to resolve.**

(Circle) YES NO N/A Initial of Authorised Officer: .....

- This appeal has been entered onto Work Savvy's Continuous Improvement Register and will be monitored to closure.**

(Circle) YES NO Initial of Authorised Officer: .....