

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



WorkSavvy

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

- ┆ **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: