

| Appeals Lodgement Form | | | | Appeals No. | | |
|---|---|---------------|--|-------------|--|---|
| SECTION 1 – Personal Details | | | | | | |
| Name: | | Title: | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss | | | |
| Address: | | | Post Code: | | | |
| Email: | | | Tel/ Mobile: | | | |
| SECTION 2 – Course / Unit/ Module Details | | | | | | |
| Code/Title : | | | Date: | / / | | |
| Assessor: | | | | | | |
| Task: | | | | | | |
| SECTION 3 – Appellant Declaration | | | | | | |
| I have read and understood the Success Resources International Pty Ltd (SRI) Appeals Policy and acknowledge that SRI will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. Should the appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal; however should my appeal be successful I will receive a full refund of this fee. | | | | | | |
| Signature : | | | Date: | / / | | |
| SECTION 4 – Appeal Details | | | | | | |
| Please tick the area relating to your grounds for appeal: | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions </td> </tr> </table> | | | | | <input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment | <input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions |
| <input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment | <input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions | | | | | |
| Please outline the situation for your appeal: | | | | | | |
| | | | | | | |
| Appeal discussed with the Assessor : <input type="checkbox"/> YES <input type="checkbox"/> NO Appeal has been successfully resolved: <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| Admin Use Only | | | | | | |
| <input type="checkbox"/> Appeal Form Received (Admin) | Initial | | Date: | / / | | |
| <input type="checkbox"/> Appeal Lodgement recorded (Register) | Initial | | Date: | / / | | |
| <input type="checkbox"/> Letter of Acknowledgement sent | Initial | | Date: | / / | | |
| <input type="checkbox"/> Appeal Forwarded to Director | Initial | | Date: | / / | | |
| Note: Use "Appeals Progress Form" to record further actions regarding this Appeal | | | | | | |