



# Appeals Lodgement Form

Appeals No. \_\_\_\_\_

## SECTION 1 – Personal Details

<b>Name:</b>	_____	<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss
<b>Address:</b>	_____		<b>Post Code:</b>	_____		
<b>Email:</b>	_____		<b>Tel/ Mobile:</b>	_____		

## SECTION 2 – Course / Unit/ Module Details

<b>Code/Title :</b>	_____	<b>Date:</b>	_____ / _____ / _____
<b>Assessor:</b>	_____		
<b>Task:</b>	_____		

## SECTION 3 – Appellant Declaration

I have read and understood the Combined Team Services Appeals Policy and acknowledge that Combined Team Services 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.

<b>Signature :</b>	_____	<b>Date:</b>	_____ / _____ / _____
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## SECTION 4 – Appeal Details

Please tick the area relating to your grounds for appeal:

- |  |   |
|--|---|
| <input type="checkbox"/> Incorrect assessment decision                       | <input type="checkbox"/> Inappropriate assessment task/process      |
| <input type="checkbox"/> Bias of the assessor                                | <input type="checkbox"/> Faulty, inappropriate or lack of equipment |
| <input type="checkbox"/> Lack of competence of assessor                      | <input type="checkbox"/> Inappropriate assessment conditions        |
| <input type="checkbox"/> Incorrect information provided regarding assessment |   |

Please outline the situation for your appeal:

_____
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Appeal discussed with the Assessor :  YES  NO

Appeal has been successfully resolved:  YES  NO

## Admin Use Only

<input type="checkbox"/> Appeal Form Received (Admin)	<b>Initial</b>	_____	<b>Date:</b>	_____ / _____ / _____
<input type="checkbox"/> Appeal Lodgement recorded (Register)	<b>Initial</b>	_____	<b>Date:</b>	_____ / _____ / _____
<input type="checkbox"/> Letter of Acknowledgement sent	<b>Initial</b>	_____	<b>Date:</b>	_____ / _____ / _____
<input type="checkbox"/> Appeal Forwarded to Director	<b>Initial</b>	_____	<b>Date:</b>	_____ / _____ / _____

**Note:** Use "Appeals Progress Form" to record further actions regarding this Appeal