



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 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.			
Signature :		Date:	/ /
SECTION 4 – Appeal Details			
Please tick the area relating to your grounds for appeal:			
<input type="checkbox"/> Incorrect assessment decision	<input type="checkbox"/> Bias of the assessor	<input type="checkbox"/> Inappropriate assessment task/process	<input type="checkbox"/> Faulty, inappropriate or lack of equipment
<input type="checkbox"/> Lack of competence of assessor	<input type="checkbox"/> Incorrect information provided regarding assessment	<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			