

**Assessment Appeals Form**

This form is to be used to apply for an appeal against the assessment decision given to you by your trainer.

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| **Name** |  | | | | | | |
| **Family Name** |  | | | | | | |
| **Student Id** |  | | | | | | |
| **Address** |  | | | | | | |
| **Email:** |  | | | | | | |
| **Course code and Name** |  | | | | | | |
| **Educator** |  | | | | | | |
| Please identify in the table below the units of competency that are the subject of your appeal: | | | | | | | |
| **Unit Code(s)** | | | **Unit Title(s)** | | | **Date Assessed** | |
|  | | |  | | |  | |
|  | | |  | | |  | |
|  | | |  | | |  | |
| **Assessor Name:** | | | |  | | | |
| Grounds for appeal:  (Please detail the grounds for your appeal in the space provided below and ensure that you describe the alleged mistakes or faults in the assessment process) | | | | | | | |
| **Student Signature** | |  | | | **Date** | |  |
| **Office use only** | | | | | | | |
| **Detailed action taken:** | | | | | | | |
| **Continuous improvement Record (CIR) made 🞎 yes 🞎 No** | | | | | | | |
| **Date CIR raised \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allocated CIR number: \_\_\_\_\_\_** | | | | | | | |
| **Signature:** | | | | | | | |