



Assessment Appeals Form

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

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 <input type="checkbox"/> yes <input type="checkbox"/> No			
Date CIR raised _____ Allocated CIR number: _____			
Signature:			

Disclaimer: Once this document is removed from the owner drive or printed this document is no longer controlled.

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