

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 QMTS Training Appeals Policy and acknowledge that QMTS Training 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:	/	/
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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:

Appeal discussed with the Assessor : YES NO

Appeal has been successfully resolved: YES 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 Chief Operating Officer	Initial		Date:	/	/

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