



## Assessment Appeal Form

By completing this form, you are formally appealing the decision pertaining to your assessment results. This form must be submitted to CPR First Aid's within 30 calendar days of your assessment result to begin the assessment appeal process.

A written reply will be forwarded to you within 7 working days.

Name		Date	___ / ___ / ___
Email Address		Contact Number	
Street Address			
Name/s of Assessor			
Code & Title of Qualification			

Units of Competency (UoC) – Under Appeal <i>In the boxes below note UoC code and title</i>	Reasons for Appeal <i>Please provide a full, detailed description of your appeal. You may add further pages if required</i>

*Read the statements below and tick in acknowledgement*

<input type="checkbox"/>	I have read and understood the information about lodging an assessment appeal under CPR First Aid's Complaints and Appeals Policy
<input type="checkbox"/>	I have verbally discussed this assessment appeal with my assessor prior to submitting this form
<input type="checkbox"/>	I have provided supporting evidence relating to this appeal
<input type="checkbox"/>	I declare that all of the information above and attached (if applicable) is factual and correct.

Student Signature	
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OFFICE USE ONLY			
Received and recorded by		Date	___ / ___ / ___
Form has been scanned into System	Yes / No	Appeal has been recorded in Complaints/Appeals Register	Yes / No
Appellant has been notified in writing that assessment appeals form has been received	Yes / No	Date	___ / ___ / ___
Appeal given to			Appeal Number
All involved staff and individuals have been notified of assessment appeal and meeting date set	Yes / No	Meeting Date	___ / ___ / ___
Action Taken and Outcome			
Outcome Replied by		Replied Date	___ / ___ / ___
Improvement/s Required? (If applicable)			
Improvement aspects required: Recorded and actioned	Yes / No	Date	___ / ___ / ___

**Related Standard/s:** Clause 5.2, 6.1-6.5