



# APPEALS FORM

PERSONAL DETAILS		
Name:		
Contact number:		
Course: (If course related)		
APPEAL DETAILS		
<input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment		
<input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions		
Outline the reason for your appeal:		
Office Use only:	Appeal discussed with the assessor    Y    N Appeal has been successfully resolved    Y    N	
PLEASE LIST ANY EVIDENCE YOU WILL BE SUBMITTING WITH YOUR APPLICATION		
ACKNOWLEDGEMENT/ PRIVACY		
<i>I declare that all of the information provided on this form is true and correct, to the best of my knowledge</i>		
Name:	Signature:	Date:
<i>The information provided on this form will be used to resolve your appeal. None of the information provided on this form will be disclosed to anyone outside of the AILC without your permission.</i>		
OFFICE USE ONLY		
Received by staff member: ..... Date: .....		
Appeal outcome:		
<input type="checkbox"/> Successful	Date: .....	
<input type="checkbox"/> Unsuccessful	Date: .....	
<input type="checkbox"/> Appeal recorded in register	Date: .....	
<input type="checkbox"/> Written notification sent	Date: .....	