

## R\_FM03 Learner Assessment Appeals Form

By completing this form, you are requesting to appeal a judgement decision made in relation to an assessment. This form must be completed in full and submitted to TSTCA Administration either via email ([info@tstca.com.au](mailto:info@tstca.com.au)) or in person to the office within 20 working days of being notified of the original assessment result by TSTCA. If emailing, be sure to tick the following boxes: "Request a Delivery Receipt" and "Request a Read Receipt".

**Before completing this form**, you must first discuss your assessment result with the assessor, explaining why you believe the result is inaccurate/unfair etc. After this discussion of your assessment result, if you are still not satisfied with the decision, you may use this form to appeal. It is our policy to acknowledge all appeals within 7 working days. We aim to finalise appeals within 60 days. If there is any reason finalisation cannot be made within 60 days, we will ensure that you are continuously kept notified as to the status of your appeal.

**Note: a separate "Student Assessment Appeals Form" must be completed for each assessment decision being appealed.**

CONTACT & QUALIFICATION DETAILS	
Full name:	
Course/Qualification enrolled:	
Student Number:	Unit Code:
Postal Address:	Postcode:
Email:	Contact number:

DETAILS OF APPEAL AGAINST ACADEMIC RESULT		
Have you formally completed the assessment for this unit of competency?	YES	NO
Were you offered 2 opportunities for assessment?	YES	NO
Upon the final assessment attempt, were you provided with feedback on the assessment?	YES	NO
Please detail the reasons why you believe the result of your assessment is incorrect. . (If there is insufficient space, please attach another sheet of paper). Evidence must also be detailed on Page 2 of this form and attached to the completed form.		

Note: It is important to include the correct contact details as we may need to contact you for more information on the issue/s raised.

For the Assessment Task where a result is being appealed, complete the table below:

Brief description of the assessment task	
Click here to enter text.	
Evidence provided by learner	Date plan agreed
1. Click here to enter text.	Click here to enter text.
2. Click here to enter text.	Date assessment took place
3. Click here to enter text.	Click here to enter text.
4. Click here to enter text.	Date feedback given
5. Click here to enter text.	Click here to enter text.
6. Click here to enter text.	Date appeal lodged
7. Click here to enter text.	Click here to enter text.

Comments on assessment feedback given	
Click here to enter text.	
Learner signature	
Date	

**OFFICE USE ONLY**

Received by		Appeals Number Issued	
Date		Given to <Position>	
Date Written acknowledgement forwarded (NB: 7-day limit)		By	
Date Issued		Follow up Date (NB: 60-day limit)	
Action Taken (meetings, investigation, interviews and formal hearings). Attach all documentation			
Note any referral to independent party or authority			
Record of decision and any further recommendations for action (improvement, corrective or preventive actions)			

<b>Specify possible improvement based on appeal outcome</b>	
<b>Date of finalisation or external</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Finalise entry Appeals Register Entry</b>	<b>Date:</b>

<b>Decision by &lt;Position&gt;</b>	
Click here to enter text.	
<b>&lt;Position&gt; signature</b>	
<b>Date decision made</b>	Click here to enter text.
<b>Assessor signature</b>	

<b>Date</b>	Click here to enter text.
<b>Notification of decision sent to Learner</b>	
<b>Date</b>	Click here to enter text.

### ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge the receipt of the following documents

from \_\_\_\_\_ (Name of Student)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

\_\_\_\_\_  
[Signature of TSTCA representative]

Date:     /     /