

## **R\_FM01** Appeals form (Non-academic)

This form is to be used for appeals **other than** student assessment appeals. This form must be completed in full and submitted to TSTCA Administration either via email (<a href="mailto:info@tstca.com.au">info@tstca.com.au</a>) or in person to the office within 20 working days of being notified of the decision by TSTCA. If emailing, be sure to tick the following boxes: "Request a Delivery Receipt" and "Request a Read Receipt". If you wish to make an appeal against an assessment result, please **do not** use this form. **Instead** refer to **Student Assessment Appeals Form**. It is our policy to acknowledge all appeals in writing 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 the appellant is continuously kept notified as to the status of their appeal.

DETAILS OF YOUR APPEAL		
Full name:		
Course/Qualification enrolled:		
Student Number:		
Postal Address:	Postcode:	
Email:	Contact number:	
Signature:	Date:	
APPEAL AGAINST DECISIONS MADE BY TSTCA		
Have you provided details of your appeal verbally?	YES/NO (Please circle)	
If yes, please provide name and position of person you discussed this with:		
What assistance (if any) were you offered at this time?		
Please provide details – What is the reason for making this appeal? (Please attach another sheet of paper if insufficient space)		
Outcome – What would you like to see happen to resolve this matter?		

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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.

## **OFFICE USE ONLY**

Received by		Appeals Number Issued	
Date		Given to <position></position>	
Date Written acknowledgement forwarded. (NB: 7day limit)		Ву	
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)			
preventive detions;			

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Specify possible improvement based on appeal	l outcome	
Date of finalisation or external		
Signature:	Date:	
Finalise entry Appeals Register Entry	Date:	

Decision by < Position>	
Click here to enter text.	
<position> signature</position>	
Date decision made	Click here to enter text.
Assessor signature	

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Date	Click here to enter text.
Notification of decision sent to Learner	
Date	Click here to enter text.

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## ACKNOWLEDGMENT OF RECEIPT

[Signature of TSTCA representative]

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