

Appeals Lodgement Form

Appeals No: _____

SECTION 1 – Client Details

Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss																				
Address:		Post Code:																					
Email:		Telephone/ Mobile:																					
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SECTION 2 – Qualification / Course / Unit/ Module Details

Code/Title :	
Assessor:	

SECTION 3 – Client Declaration

I have read and understood the JSW Training & Community Services Appeals Policy and acknowledge that JSW Training & Community Services 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 appeals process 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 following areas to which your complaint relates:

- | | | |
|--|--|--|
| <input type="checkbox"/> Incorrect assessment decision | <input type="checkbox"/> Assessment Materials | <input type="checkbox"/> Services provided |
| <input type="checkbox"/> Bias of the assessor | <input type="checkbox"/> Assessment Facilities | <input type="checkbox"/> Personal conflict/Behaviour |
| <input type="checkbox"/> Lack of competence of assessor | <input type="checkbox"/> Assessment Environment | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Training – Other | <input type="checkbox"/> Assessment Location | <input type="checkbox"/> Victimisation |
| <input type="checkbox"/> Incorrect RPL assessment decision | <input type="checkbox"/> Assessment – Other | <input type="checkbox"/> Privacy Breach |
| <input type="checkbox"/> Community Services Program | <input type="checkbox"/> Incorrect information provided regarding assessment | <input type="checkbox"/> Other : _____ |

Does your complaint involve another person (e.g. Trainer/Assessor/other student)? YES NO

If yes, please provide their name:

Does your complaint involve witnesses? YES NO

If yes, please provide the name/s and contact details of witnesses who are willing to support your claim:

Name:		Name:	
Address:		Address:	
Telephone/Mobile:		Telephone/Mobile:	

Please outline the nature/circumstances of your complaint:

What actions have you taken, in an attempt to resolve this matter:

What action/resolution would you like to see occur/implemented:

Admin Use Only

<input type="checkbox"/> Received by:	Initial		Date:	/	/
<input type="checkbox"/> Appeals Register updated	Initial		Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date:	/	/
<input type="checkbox"/> Appeals file forwarded to JSW	Initial		Date:	/	/

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