Appeals Record

APPELLANT DETAILS	
Name:	
Student Id #:	
Contact details:	
Date:	

IF ASSESSMENT DECISION - APPEAL DETAILS	
Course:	
Unit(s) of competency relevant to the Appeal:	
Assessment tasks(s) relevant to the appeal:	
Assessor name:	

APPEAL DETAILS	
Please outline the decision you want to appeal: *Please include an outline of the matter in detail* *What happened* *When did items occur* *Who was involved*	
Why do you consider this decision is incorrect?	

APPEAL DETAILS	
What actions would you like to happen in order to resolve this issue?	

APPEAL PROCESSING – SHAFSTON REPRESENTATIVE			
Appellant type:	☐ Student ☐ Student Representative ☐ Student (Minor / Child)	☐ Client ☐ RTO Staff Member ☐ Stakeholder	☐ Third Party Partner ☐ Other:
Immediate action taken (if any):			
The due date for a response:	ASAP and by:		
Date written acknowledgement sent:			
Appeal handling process allocated to:			
Further appeal details:			
Re-assessment process undertaken:			
Other actions taken to resolve appeal:			
Appeal outcome:			
Continuous Improvement Record raised:	*Include reference number if applicable*		
Actions taken to prevent reoccurrence:	☐ Update to course / training product ☐ Provision of additional information ☐ Amended system / policy / procedure		☐ Personnel training conducted ☐ Personnel support undertaken ☐ Other:
Written confirmation to Appellant:	☐ Attached	Date despatched:	Method of despatch:
RTO Manager name & signature:		**Date:**	

Additional Shafston domestic appeal fields

ADDITIONAL APPEAL FIELDS	
Appeal ID / received date	_____
Decision being appealed	Original decision date: _____ Original decision-maker and role: _____
Decision provider	☐ Shafston ☐ School-based partner ☐ Trainer/assessor ☐ Contracted third party
School or partner / student minor	School/partner: _____ Student under 18? ☐ Yes ☐ No
Support and parent/guardian decision	Support: _____ Parent/guardian informed? ☐ Yes ☐ No Why/consent: _____
Reviewer independence	Reviewer name: _____ Qualifications (assessment matters): _____ Original decision involvement? ☐ No
Conflict check and escalation	☐ No conflict ☐ Conflict managed Referred to: _____ VET Manager / PEO notified: _____
Receipt and timeframe	Acknowledged: _____ Processing started within 5 business days: _____ Internal outcome target (20 working days): _____
Assessment evidence reviewed	Unit / criteria / task / feedback / reasonable adjustments / new evidence: _____
Student opportunity to respond	Meeting / response date: _____ Support person: _____ Evidence submitted: _____
Outcome and written reasons	☐ Upheld ☐ Partly upheld ☐ Not upheld Reasons: _____ Remedies: _____
Outcome communication	Written decision issued to appellant: _____ Method: _____
Independent external review offered	☐ Offered ☐ Requested ☐ Declined Reviewer: _____ Independence checked: _____
External low cost – required fields	Maximum student cost: $_____ Cost disclosed date: _____ ☐ Low-cost verified ☐ Waiver/hardship considered
External review outcome and progress	Referred: _____ Progress notices: _____ External outcome date: _____ Actions: _____
Privacy, safeguarding, third-party liaison	School/guardian notices where lawful: _____ Safety referral if required: _____
Continuous improvement and closure	CI ID: _____ Action owner: _____ Closure date: _____