This **F-102.6 Appeals Form** is for use by students who wish to appeal an assessment decision.

**Information to the Student**

* Before you lodge an appeal please have an initial discussion with your assessor.
* Appeals must be submitted in writing, on this form, and must be made within 14 days of receiving notification of the assessment decision.

Appeals must be submitted to the Compliance Team by email: [compliance@ticrail.com.au](mailto:compliance@ash.edu.au)

You will receive acknowledgement of your lodged appeal within **THREE (3)** working days of the Compliance Team receiving your appeal.

* You may be asked to provide further information to support your appeal as it is investigated.
* In most cases, your appeal will be finalised within 20 calendar days of the acknowledgement of your appeal. In cases where the review of your appeal takes longer than 60 calendar days, you will be informed in writing explaining the delay in providing an outcome.
* A formal, written response will be provided for all appeals.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A – Student Details** | | | | | | | | | | | | | | | |
| **First Name** | | |  |  | | | |  | **Surname** | | |  | | | |
| **Student ID** | | |  | | |  | | | **Date of Birth** | | |  | | | |
| **Phone** | | |  | | | | | | **Mobile** | | |  | | | |
| **Email Address** | | |  | | | | | | | | | | | | |
| **Postal Address** | | |  | | | | | | | | | | | | |
| **Suburb** | | |  | | | | | | **State** | | |  | | **Post Code** |  |
| **Section B – Course Details** | | | | | | | | | | | | | | | |
| **Qualification Code** | |  | | | | | **Qualification Name** | | |  | | | | | |
| Please list the unit/s of competency this appeal relates to below. | | | | | | | | | | | | | | | |
| **Unit Code** | |  | | | | | **Unit Name** | | |  | | | | | |
| **Unit Code** | |  | | | | | **Unit Name** | | |  | | | | | |
| **Unit Code** | |  | | | | | **Unit Name** | | |  | | | | | |
| **Section C – Appeal Details** | | | | | | | | | | | | | | | |
| Have you previously tried to resolve this matter with the appropriate assessor prior to lodging this appeal? | | | | | | | | | | | **Yes / No** | | (*Please circle*) | | |
| If yes, what was the assessor’s name? | | | | | | | | | | |  | | | | |
| Have you reported your issue with any other person/organisation? | | | | | | | | | | | **Yes / No** | | (*Please circle*) | | |
| If yes, to who did you report this issue to? | | | | | | | | | | | | | | | |
| **Name** |  | | | | **Organisation** | | | | | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section C: Appeal Details (Cont.)** | | | |
| **Appeal Summary.** Please summarise the events which have resulted in you lodging this appeal. If necessary, attach an extra page to provide additional information. Any supporting documentation should also be provided*. (please provide copies only, originals will not be returned)* | | | |
| **Attach any supporting documentation and list it here:** | | | |
| **Section D – Privacy statement and student declaration** | | | |
| Personal information collected by TIC is protected by the Privacy Act 1988. ‘Personal information’ is any information that can be used to identify you. TIC will only use the information provided on this form to resolve your appeal. TIC may provide the information to other parties within the organisation that may have relevant information to your appeal so that it can be managed fairly. No personal information will be disclosed to any person or party outside TIC without your permission, unless required so by law. | | | |
| **Student Declaration** *(To be completed by the parent/guardian if student is under 18 years of age)*  By signing this declaration, I <**insert name**>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ verify that:   1. The above information is true and accurate, and I have not provided false or misleading information; and 2. I understand and accept the privacy statement above. | | | |
| **Student Signature** *(or parent/guardian if student is under 18 years of age)* |  | **Date** |  |

***OFFICE USE: This F-102.6 Appeals Form is to be appended to the Student Record in aXcelerate and all notes re this appeal.***