

APPEALS FORM

This form is to be used to formally request a review of decisions, including assessment decisions, made by the RTO or a third party providing services on the RTO's behalf.

Please ensure you read the Complaint and Appeals Policy prior to completing this form. You can lodge this form via email to info@seedskills.edu.au.

PART A – TO BE COMPLETED BY THE PARTICIPANT

PERSONAL DETAILS

Full Name

Contact Number

Email Address

Program Code/Title:

(Currently enrolled in)

APPEAL DETAILS

Details of the decision
being appealed

*(include the unit of
competency and assessment
item being appealed)*

*(please attach additional
pages if needed)*

Grounds for appeal

*(please attach additional
pages if needed and any
supporting documentation)*

This document is to be used under the direction of Seed Skills Pty Ltd – Not for use by external parties.

Disclaimer: Hard or saved copies of this document are considered uncontrolled. Refer to the Seed Skills Online Learning Platform for the latest version.

PARTICIPANT ACKNOWLEDGEMENT

I declare that the information provided by me is true and correct.

I have read and understood the information contained on this form and the Complaint & Appeals Policy and understand the process, potential consequences and outcomes of lodging this appeal.

Signature _____ Date

PART B – TO BE COMPLETED BY THE RTO

Grounds for appeal? Yes No

Appeal outcome Successful Not Successful

Comments/ Reasons

Action required
(if appeal is successful)

By who _____ When _____

Participant notified Yes Date: _____ Via: _____ Email Letter Meeting

Authorised Person Signature _____ Date