

ASSESSMENT APPEALS FORM

To be filled out by the Participant and submitted to the Principal by post or email.

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|---|----------------|---|--------|---|
| Participant Name: | | Participant ID Number: | | |
| Telephone: | | Date of Appeal : | | |
| Course: | | Request for remark <input type="checkbox"/> | | |
| | | Request for formal appeal against remark <input type="checkbox"/> | | |
| Please list the assessment task or project that has been marked and the result that is the assessment appeal: | | | | |
| Assessment task | Date submitted | Date of result | Result | Trainer / Assessor who marked your work |
| | | | | |
| Reasons for your appeal /request for remarking : | | | | |

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| Assessment Appeal Resolution - Please answer the Q's below then describe efforts made to resolve the issue around the complaint following our procedures: | | |
| Have you discussed the first assessment feedback or results with the trainer within 14 days of the result date. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outcome /what has happened ? |
| Has the assessment been resubmitted within 14 days and remarked (2 nd time) by the trainer/assessor ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Outcome /what has happened ? |
| OR Has the assessment been resubmitted within 14 days and remarked (2 nd time) by another assessor? | | |
| If you are filling in this appeal form, does this mean you are still not satisfied with the 2 nd set of results and seek a review of the decision. This request will be considered by the Principal. | <input type="checkbox"/> Yes <input type="checkbox"/> No | You must submit this request within 28 days of the date of the 2 nd time remarked results. Note: The decision will be recorded in writing and you will be informed within 28 days of that meeting. |
| Please send a separate letter or email to the Principal if you wish to add more details. | | |
| <i>Please make sure that you read the assessment appeals policy and procedure in the Student Handbook and follow that procedure. We will treat your complaint or appeal following the procedure and communicate with you about this.</i> | | |
| Participant Signature: | Date: | |

For Office Use Only

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| Follow up | | Date: | |
| Listed on Regitser <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Listed by: | | Note: Please attach completed form and any other supporting evidence and submit to the Principal within 24 hours. | |
| Signed: | | Date: | |
| Received by the Principal <input type="checkbox"/> Yes <input type="checkbox"/> No | | Allocated to Register No.: | |
| Our policy is to keep a register of complaints and appeals and report these to management meetings. | | | |
| Signature of the Principal: | | Date: | |
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