

Appeals Lodgement Form		Appeals No.			
SECTION 1 – Personal Details					
Name:		Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss		
Address:		Post Code:			
Email:		Tel/ Mobile:			
SECTION 2 – Course / Unit/ Module Details					
Course Title:		Date:	/ /		
Assessor:					
Task:					
SECTION 3 – Appellant Declaration					
I have read and understood the Corporate First Aid Australia Appeals Policy and acknowledge that Corporate First Aid Australia 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 appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal.					
Signature :		Date:	/ /		
SECTION 4 – Appeal Details					
Please tick the area relating to your grounds for appeal:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions <input type="checkbox"/> Other </td> </tr> </table>				<input type="checkbox"/> Incorrect assessment decision <input type="checkbox"/> Bias of the assessor <input type="checkbox"/> Lack of competence of assessor <input type="checkbox"/> Incorrect information provided regarding assessment	<input type="checkbox"/> Inappropriate assessment task/process <input type="checkbox"/> Faulty, inappropriate or lack of equipment <input type="checkbox"/> Inappropriate assessment conditions <input type="checkbox"/> Other
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Please outline the situation for your appeal:					

Appeal discussed with the Assessor : YES NO

Appeal has been successfully resolved: YES NO

Admin Use Only

<input type="checkbox"/> Appeal Form Received (Admin)	Initial		Date:	/	/
<input type="checkbox"/> Appeal Lodgement recorded (Register)	Initial		Date:	/	/
<input type="checkbox"/> Letter of Acknowledgement sent	Initial		Date:	/	/
<input type="checkbox"/> Appeal Forwarded to Director	Initial		Date:	/	/

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