

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						
Code/Title :			Date:	/ /		
Assessor:						
Task:						
SECTION 3 – Appellant Declaration						
I have read and understood ACAS Appeals Policy and acknowledge that ACAS 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; however should my appeal be successful I will receive a full refund of this fee.						
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 </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
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Please outline the situation for your appeal:						
Appeal discussed with the Assessor : <input type="checkbox"/> YES <input type="checkbox"/> NO Appeal has been successfully resolved: <input type="checkbox"/> YES <input type="checkbox"/> 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						