

Appeals Form

This form is to be used to file a formal appeal with QPTS. Appeals must be lodged within 5 working days of the original decision being made.

Please complete this form in full, clearly describing the decision, who is involved, and attach any appropriate evidence in support of the appeal.

Participant Details			
Name:		Participant ID number (if known)	
Address:			
Contact number:		Email address:	
Date of appeal:			
<p>Please note: If this is an appeal of an assessment decision, you can challenge the assessor's decision based on the following:</p> <ul style="list-style-type: none"> • The assessment was not conducted in accordance with the assessment plan provided to you. • The assessor was influenced by bias or improper action. • The assessor failed to afford you, the candidate, natural justice or reasonable adjustment in the means and methods of assessment. • The decision failed to take into account relevant considerations or was otherwise unreasonable. 			
<p>If this is an appeal of an assessment decision, please specify the following:</p> <p>Unit Title: _____ Code: _____</p> <p>The appeal is based on: (tick one only)</p>			

<input type="checkbox"/>	I believe that the process of assessment has been unfair or unduly influenced
<input type="checkbox"/>	Medical reason (attach supporting documentation)
<input type="checkbox"/>	An administrative error or irregularity has occurred that is relevant to the assessment process
<input type="checkbox"/>	Other reason not listed above

Nature of the Appeal

Please describe the details of the appeal. Please attach supporting documentation where required.

Details of any other parties involved: (include full name and position)

Name:		Position:	
Name:		Position:	
Name:		Position:	

Outcomes you are seeking from this process:

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By signing this form, I certify that the information provided is true and correct.



Signed:	Date:
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Office Use Only	
Date received:	Received by:
Indicate outcome of process and action taken.	