

APPEAL OF A DECISION FORM

Please complete this Appeal of a Decision Form and submit it to the RTO Manager either in person or at the following email address: info@wtcedu.com.au

We will acknowledge your Appeal Request in writing and advise of the next steps in the process.

Name:		Student ID no:
Course:		Date of incident:
Appeal	Details of appeals – please tick <input type="checkbox"/> Assessment outcome <input type="checkbox"/> RTO decision <input type="checkbox"/> Other Note: Appeal must be lodged within 14 working days of initial result received.	
What is the decision that you wish to appeal?		
What are the reasons for your request?		
What outcomes are you seeking or expect?		
Are there any areas in which we can improve our systems in the future?		
By signing this form, I certify that the information provided is true and correct. Signature:		Date:

Office Use Only		
Receiving staff member Date		
Appeal outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	
Date student advised of outcome..... Detail action taken:.....		
Continuous Improvement Form (CIF) raised: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date CIF raised:	
CIF raised by:		
Signed:	Date:	
CIF received by the RTO Manager <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocated CIF no:	
Signature of the CEO:	Date:	