Client Appeals Form



If you have any concerns about your assessment, such as fairness or validity of the assessment, this form can be used to lodge an appeal against the decision. All appeal information will be treated as confidential.

Before you complete this form you MUST discuss the assessment with your trainer/assessor.

Client Information	:			
Name:				
Address:				
Phone:				
Email:				
Qualification Deta	ils			
Qualification Name:				
Qualification Code:				
Competency Infori	mation			
Please provide details	of the competency/ies which relate to your appeal.			
Competency code	Competency Name			
Review of assessm	ent results			
Recognition First enco	urages clients to first discuss any concerns or problems with their trainer. If			
•	you are not comfortable doing this, a senior assessor from Recognition First is			
available to mediate a	meeting with you, your trainer and a support person of your choosing.			
If you believe that	the issue has not been resolved.			
Grounds of appeal				
\square You have evidence to \square	that the assessment did not comply with criteria published in the qualification			
	that the criteria published in the qualification outline did not meet the			
	elevant training package.			
•	that the assessment did not comply with Recognition First's policies on			
assessment (i.e. an err	or in process has occurred).			
\square Other: Details				

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Supporting documentation/evidence

Please provide details of the action you have taken to seek a review of the result with your trainer. Please state your case against the grounds of appeal you have selected, providing the reasons for your submission and a list of the evidence you have provided to support your case. The information you provide will be used by the Director to determine the outcome of your appeal. All timely appeals will be considered fully complete upon submission. If you need to support a timely appeal with further evidence which cannot be provided within the appeal submission period, you must immediately contact the Recognition First main office for advice.								

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Declaration

I declare that the information provided in this application is accurate. I have read and I understand the information about the appeals process presented on this form and confirm that:

- 1. I have received a final assessment result and my appeal submission is lodged to ensure delivery within 20 calendar days of the initial review.
- 2. I have completed or attempted a review of the assessment result with my trainer and have provided evidence and details of the action I have taken to seek a review of the result.
- 3. I have selected the applicable grounds of appeal and have provided evidence and details to support my ground of appeal.
- 4. This appeal submission is complete unless I have obtained approval from the Recognition First Director to lodge evidence outside the appeal submission period.
- 5. I understand that if I do not meet the eligibility criteria my appeal submission will not proceed.

Name:	 	 	
Signature:			
Date:			