



Instructions to the Student:

An appeal may be lodged when a student does not agree with either an assessment decision or the process used to conduct an assessment.

All appeals can only be lodged by the student who undertook the assessment. A student may only make one appeal for each assessment that they complete.

Students must submit their appeal within 10 working days of receiving their assessment mark.

Please complete the form, sign and email to Support@childhood.org.au.

Section 1 – Appellant’s Details	
Name of Appellant:	
Appellant Contact Phone Number:	
Appellant Email Address:	
Current Course Enrolled:	<input type="checkbox"/> Graduate Certificate in Developmental Trauma <input type="checkbox"/> Certificate IV in Youth Justice
Course Cohort (if known):	

Section 2 – Appeal Details	
<i>Please select below, which type of appeal you are making:</i>	
I am appealing a	<input type="checkbox"/> Administrative WITHDRAWAL from my course
	<input type="checkbox"/> Decision made through Recognition of Prior Learning (RPL)
	<input type="checkbox"/> Decision made through Credit Transfer (CT)
	<input type="checkbox"/> Rejection of an RPL or CT Application
	<input type="checkbox"/> UNIT result of ‘Not Yet Competent (NYC)’
	<input type="checkbox"/> ASSESSMENT task result of ‘Not Yet Satisfactory (NYS)’

Section 3 – Appeal Description

Please describe on the following page, the decision/s you are appealing and be sure to clearly identify any applicable assessment task related to your appeal.

You may wish to refer to your learning management system for the correct task naming convention.
For example (Module 3 – Knowledge Questions and Case Study).

Please enter as much detail as you can below to assist ACF in addressing your concerns.
You may attach additional evidence with this form if required.

Have you already spoken with your coordinator/trainer/assessor about this issue?	<input type="checkbox"/> NO <input type="checkbox"/> YES
What response or action are you seeking or expecting?	
List and describe any other pieces of evidence attached to this Form:	
Any other relevant information you wish to disclose:	

Section 4 –

ACF STAFF ACKNOWLEDGEMENT – AS REQUIRED

If assisting a student to complete this form, please read the following statement, sign, ensure the student has signed and receives a copy of the completed form, before emailing to Support.

I confirm that I have provided assistance to the student in completing this appeal, ensuring the information was recorded accurately based on the student's account.

ACF Staff Name:		Staff Role:	
Email:		Work Phone:	
Staff Signature:		Date:	

APPEALANT'S ACKNOWLEDGEMENT

Please confirm all details above are accurate and read the following statement before signing.

I confirm that the information I have provided in this appeal form is true and accurate to the best of my knowledge. I understand that by submitting this appeal, I am initiating a formal review process and may be contacted to provide additional information or attend a meeting to support the investigation of my appeal. I understand that lodging an appeal does not automatically guarantee a change in the original decision or outcome. I also understand that information will be treated confidentially and that I am encouraged to firstly refer to the RTO's Feedback, Complaints and Appeals Policy on ACF's website if I have any questions or concerns around the appeals process.

Student Signature:		Date:	
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Please email this form to Support@childhood.org.au