

APPEAL OF A DECISION FORM

Please complete this Appeal of a Decision Form and submit it to the Chief Executive Officer at the following email address: allman.college@willowgrove.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	<p>Details of appeals – please tick</p> <p><input type="checkbox"/> Assessment outcome</p> <p><input type="checkbox"/> Attendance</p> <p><input type="checkbox"/> Notice of Intention to Report</p> <p><input type="checkbox"/> Notice of Intention to Cancel</p> <p><input type="checkbox"/> Other</p> <p>Note: Appeal must be lodged within 20 working days of initial result received.</p>	
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?		
<p>By signing this form, I certify that the information provided is true and correct.</p> <p>Signature:</p>		<p>Date:</p>

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 Administration Manager <input type="checkbox"/> Yes <input type="checkbox"/> No		Allocated CIF no:	
Signature of the CEO:		Date:	