ASSESSMENT APPEAL FORM

IMPORTANT - All appeals MUST be lodged within 4 weeks of the date of publication of the results.

SECTION COST CENTRE
*Cost centre MUST be provided by study section

STUDENT DETAILS

Student ID  Date Of Birth  Title (eg: Mr/Miss/Mrs/Ms/Dr)

First Name  Second Name

Surname

Postal Address

Home Phone  Work Phone or Fax  Mobile Phone

Postcode

APPEAL DETAILS

Module/Unit Number  Module/Unit Name

Assessment Description  Grade

Grounds for Appeal (Please attach a separate sheet if more space is required.)

Note: the assessor’s decision can be challenged on the basis that: the assessment was not conducted in accordance with the assessment plan provided to the candidate; the assessor was influenced by bias or an improper purpose in reaching the decision; the assessor failed to afford the candidate natural justice in the means and methods of assessment; the decision failed to take into account relevant considerations or was otherwise unreasonable; there was a conflict of interest between the assessor and the candidate; the decision maker did not adequately address the standards outlined in the unit of competency.

Payment Details

Payment Required: $25.00 - Payment or proof of payment MUST be attached.
Cheques to be made payable to: West Coast Institute of Training
Please note: The $25 appeal charge will be refunded should the candidate achieve an outcome of ‘competent’ upon re-assessment.

Student Declaration

I have listed the grounds for my appeal and have attached supporting documentation (if applicable)

Student Signature  Date