**Assessment Appeals Form**

**Please complete and return to:**

**enrolment@icanlearn.edu.au**

***Educate. Learn. Empower. Lead***

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| **1. PERSONAL DETAILS** | | | | | | | | | |
| Student Number: | | | | | | | | | |
| Title: Mr Mrs Ms Miss Other: | | | | | | | | | |
| Surname | | | | | Given Names | | | | |
| Telephone | | Mobile | | | | | Work | | |
| Address | |  | | | | | | | |
|  | | | | | Postcode | | |
| Email address | |  | | | | | | | |
| **2. COURSE DETAILS** | | | | | | | | | |
| **Current Course** | | Course Code | | |  | | Last year Enrolled | |  |
| Course Title | | | | | | | |
| **Trainer/Assessor** | |  | | | | | | | |
| **3. ASSESSMENT UNIT DETAILS** | | | | | | | | | |
| Please list units relevant to this Assessment Appeal | | | | | | | | | |
| Unit Code |  | | Unit Title |  | | | | | |
| Unit Code |  | | Unit Title |  | | | | | |
| Unit Code |  | | Unit Title |  | | | | | |
| Unit Code |  | | Unit Title |  | | | | | |
| **Assessment Title** |  | | | | | | | | |
| **Assessment Number** |  | | | | | | | | |
| **Q.1** Have you referred to ICAN Learn’s *Complaints and Appeals Policy and Procedures V4.0 22/11/2016* Section 7.2? Yes  No | | | | | | | | | |
| If no, please refer to the abovementioned Policy before continuing to complete and submit this form. | | | | | | | | | |
| If yes, continue to next question | | | | | | | | | |
| **Q.2** Has the Trainer or Assessor discussed the assessment with you? Yes No | | | | | | | | | |
| If no, please do not submit this form until your Trainer or Assessor has discussed your assessment with you. | | | | | | | | | |
| If yes, please provide details of any discussions/meetings/emails/phone calls and include dates | | | | | | | | | |
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| Please provide reasons for the Assessment Appeal as it relates to the unit and the assessment being appealed: | | | | | | | | | |
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| **4. RETURN ADDRESS FOR FORM** | | | | | | | | | |
| Please return completed form to: Postal: FAX:  Email: [enrolments@icanlearn.edu.au](mailto:enrolments@icanlearn.edu.au) Admin: ICAN Learn Att: Admin: ICAN Learn  PO Box 1108 07 4031 5883  North Cairns Qld 4870 | | | | | | | | | |
| **5. OFFICE USE ONLY** | | | | | | | | | |
| Appeal approved? Yes  No | | | | | | | | | |
| If no, please provide reasons | | | | | | | | | |
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| **6. SIGNATURES** | | | | | | | | | |
| **Trainer/Assessor** | | | | | **Student** | | | | |
| Signed | | | | | Signed | | | | |
| Date | | | | | Date | | | | |
| **ICAN Learn Manager** | | | | |  | | | | |
| Signed | | | | |  | | | | |
| Date | | | | |  | | | | |
| **ICAN Learn Administration – Data entry Student records** | | | | | | | | | |
| Appeal form entered SMS | | | | | | Initials | | Date | |
| Appeal from filed on Student file | | | | | | Initials | | Date | |
| Student File document number | | | | | |  | | | |
| **7. INSTRUCTIONS FOR USAGE** | | | | | | | | | |
| 1. This form shall be made available to any student formally requesting an appeal of an assessment decision. 2. The assessment appeal once completed by a student should be returned to the RTO trainer who provided it. 3. Once signed by the trainer the form should be forwarded to the RTO’s management for review and an appeal decision to be made. 4. Once a decision is finalised the outcome of the appeal shall be provided within this form and a copy proved to the student and a copy maintained on the students file. 5. All appeals will be processed within 10 days of the Assessment appeal form being formally submitted. | | | | | | | | | |