

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 Details

Qualification Name:

Qualification Code:

Competency Information

Please provide details of the competency/ies which relate to your appeal.

Competency code	Competency Name

Review of assessment results

Recognition First encourages clients to first discuss any concerns or problems with their trainer. If this is not possible, or 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

- You have evidence that the assessment did not comply with criteria published in the qualification outline.
- You have evidence that the criteria published in the qualification outline did not meet the requirements of the relevant training package.
- You have evidence that the assessment did not comply with Recognition First's policies on assessment (i.e. an error in process has occurred).
- Other: Details _____

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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: _____