

REQUEST FOR AN APPEAL OF DECISION FORM

Details of person applying for an Appeal of a Decision

Surname:		Title:	
First Given Name:			
At EduNex Training I am a:	<input type="checkbox"/> Student	<input type="checkbox"/> Employer	<input type="checkbox"/> Staff Member <input type="checkbox"/> Other
Preferred Contact Method and Details:			
Course Code and Title:			
Trainer / Assessor Name:			

Details of Appeal

Please attach any supportive information or documentation if relevant to your Appeal.	
Date of Appeal:	
The Appeal is related to:	<input type="checkbox"/> Assessment <input type="checkbox"/> Administration <input type="checkbox"/> Other
Provide a summary of your Appeal. Please include any background information that will help our investigation:	
Occurrences leading up to this Appeal:	
What outcomes are you seeking or expect?	

Can we improve our system to avoid these situations in the future?

Appeal Declaration:

I confirm that I have read the EduNex Training Appeals Handling Policy and Procedure.

I understand that in requesting for an Appeal of a Decision;

- My Appeal will be acknowledged and will be forwarded to the CEO for managing the Appeal.
- The information I provide will be treated with appropriate confidentiality and will not be disclosed to a third party unless required for the management of my Appeal or by Law.

By signing this Appeals Form, I certify that the information provided is true and correct.

Signed: _____

Date: ____ / ____ / ____