



Appeals Form

Form No: TDF029
Issued: 03/06/2015

Authority
Managing Director

Electronic version current
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Appeals Lodgement Form

CIAR No.

SECTION 1 – Personal Details

| | | | | | | |
|-----------------|--|---------------|-----------------------------|------------------------------|-----------------------------|-------------------------------|
| Name: | | Title: | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Miss |
| Address: | | | | Post Code: | | |
| Email: | | | | Tel/ Mobile: | | |

SECTION 2 – Course / Unit/ Module Details

| | | | |
|---------------------|--|--------------|-----|
| Code/Title : | | Date: | / / |
| Assessor: | | | |
| Task: | | | |

SECTION 3 – Appellant Declaration

I have read and understood the Robson Environmental (Robson) Appeals Policy and acknowledge that Robson will use an independent assessor to resolve this appeal, and that I will be given the opportunity to present my case formally at an interview. Should the appeal progress to an external arbitrator, I agree to pay the arbitrator fee for this appeal; however should my appeal be successful I will receive a full refund of this fee.

| | | | |
|--------------------|--|--------------|-----|
| Signature : | | Date: | / / |
|--------------------|--|--------------|-----|

SECTION 4 – Appeal Details

Please tick the area relating to your grounds for appeal:

- | | |
|--|---|
| <input type="checkbox"/> Incorrect assessment decision | <input type="checkbox"/> Inappropriate assessment task/process |
| <input type="checkbox"/> Bias of the assessor | <input type="checkbox"/> Faulty, inappropriate or lack of equipment |
| <input type="checkbox"/> Lack of competence of assessor | <input type="checkbox"/> Inappropriate assessment conditions |
| <input type="checkbox"/> Incorrect information provided regarding assessment | |

Please outline the situation for your appeal:

Appeal discussed with the Assessor : YES NO

Appeal has been successfully resolved: YES NO

Admin Use Only

| | | | | |
|---|----------------|--|--------------|-----|
| <input type="checkbox"/> Appeal Form Received (Admin) | Initial | | Date: | / / |
| <input type="checkbox"/> Appeal Lodgement recorded (Register) | Initial | | Date: | / / |
| <input type="checkbox"/> Letter of Acknowledgement sent | Initial | | Date: | / / |
| <input type="checkbox"/> Appeal Forwarded to Director | Initial | | Date: | / / |

Note: Use TDF030 Appeals Progress Form to record further actions regarding this Appeal