**Request for Appeal of a Decision**

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| --- | --- | --- | --- |
| **Surname**: |  | **Title:** |  |
| **First Given Name:** |  |
| **Course title:** |  |
| **Trainer / Assessor:** |  |
| **Date of decision:** |  |
| **What was the decision:** |  |
| **Reason for your request:** |  |
| **Occurrences leading up to this request:** |  |
| **What outcomes are you seeking or expect:** |  |
| **Can we improve our system to avoid these situations in the future:** |  |

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Upon completion of the form, please upload into the complaints and appeals area on the student hub. If you are not current student, please email the form to director@clet.edu.au

This form is provided in accordance with Standard 6, clause 6.2 of the *Standards for Registered Training Organisations (RTOs) 2015* and in accordance with the *National Vocational Education and Training Regulator Act 2011*

This form supports RTO policies and procedures that support the principles of natural justice and procedural fairness.

The policies and procedures are available in the student online course management system and on the RTO website