



**Appeal Details**

Qualification code

Qualification title

Units of competency for which appeal is being sought

Code

Title

**Please provide reasons for requesting this appeal:** I declare that the information & documentation given is true and accurate\_\_\_\_\_  
Signature of Student\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent/ Carer\_\_\_\_\_  
Date**Appeals Outcome:**     Upheld     Denied     More evidence required**Written Notice Provided:**     Yes     No**For office use only**

Processed by:

Signature:

Date:

 CEO Notified Recorded in secure Complaints and Appeals Register Notified in writing within 60 calendar days Outcome reached**Privacy Notice:**

*The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.*

VET Student complaints and appeals form

Version 1.0

Version Date: 5<sup>th</sup> August 2020

Review Date: August 2021

Developed By: HOD VET

RTO ID: 30391

Longreach State High School

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