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| **ASSESSMENT APPEAL** | | | | |
| **INSTRUCTIONS:**   * Please submit this form within **10 days** of receiving your assessment result. MTC Australia will arrange a different trainer/assessor to mark your work.   **Privacy Statement**  MTC Austalia collects, holds, uses and discloses personal information (including sensitive information) in accordance with the Privacy Act 1988, the Australian Privacy Principles and requirements laid down in MTC’s contracts as a service provider to the Commonwealth Government. You have the right to: access and update or correct the personal information that MTC Australia holds about you, and enquire or complain about the way personal information is being handled. For more details, refer to the MTC Privacy Policy*.* | | | | |
| Student’s Name: | | JSID Number: | | |
| Address: | | | | |
| Phone Number: | | Email: | | |
| Course Name (e.g. Certificate II in Business): | | | | |
| Module/Unit Name: | | | | |
| Assessment Method (please tick) | Written Assignment | | Practical Assessment/Observation | |
| MTC Australia Site: | | | | |
| Date of Assessment: | | | | |
| Assessor’s Name: | | | | |
| Please briefly explain the reason for your appeal. | | | | |
| **Declaration** | | | | |
| *I hereby confirm that the information provided in this Assessment Appeal Form is true and correct.* | | | | |
| **Signature:** …………………………………………………………………………….…… | | | | **Date:** …………………………. |

**PLEASE SUBMIT THIS FORM TO YOUR SITE/PROGRAM MANAGER**

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| --- | --- |
| **OFFICE USE ONLY** | |
| Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Received by (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **OFFICE USE ONLY/ASSESSMENT MARKED BY DIFFERENT TRAINER/ASSESSOR** | |
| Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Reviewed by (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Outcome:**  **--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------**  **Reviewer Signature: --------------------------------------------------------** | |
| **Please forward a copy of this application to the Customer Care Team .** | |
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