RTO No. 46394

Appeal Management Form

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:			
Supporting Documents Provided: (e.g., emails, assessment feedback, medical evidence, etc.)			
Can we improve our system to avoid these situations in the future:			

Important Information and Privacy Notice:
All appeals are managed in accordance with the organisation's Appeals Management Policy and Procedure.

- Appeals will be assessed fairly, confidentially and in a timely manner.
- Students will be notified of the outcome in writing.
- Students will not be disadvantaged or subject to any form of victimisation for lodging an appeal in good faith.
- Students have the right to request an independent review if they are not satisfied with the outcome.
- All information provided will be handled in accordance with applicable privacy legislation and used only for the purpose of managing this appeal.

Declaration:

I confirm that the information provided is true and correct. I understand that this appeal will be assessed in accordance with the organisation's Complaints and Appeals Policy and Procedure.

Signed: _____ Date: _____ / _____ / _____

SDG College 's Action
Assessed by (Authorised Staff): **Name:** **Position:** **Date:** **Assessment Outcome:** ☐ **Upheld** ☐ **Not Upheld** **Reason for Decision:** **Date Outcome Provided to Student:**

Final Review (if applicable): **Name:** **Position:** **Signature:** **Date:**		
CI Register No:	**To be followed up by:**	
Sign:		**Date:**

SDG College Pty Ltd ensures that all appeals are managed in accordance with principles of procedural fairness, transparency and timely resolution in line with the Outcome Standards for RTOs 2025.