



Appeal
Number:

A

Decision Appeal Lodgement Form

Appellants to complete when wishing to appeal about a LITA Training decision, including assessment

Date of lodgement of the Appeal:

Name of Appellant (mandatory):

Ph/Mobile:

Course (if relevant):

Details of the Decision you are wishing to appeal

(Please enter as much detail as you can to assist LITA Training in addressing your concerns. You may attach additional sheets if required)

A. ASSESSMENT APPEAL

Location of Assessment(s):

Name of Trainer/Assessor Involved:

Unit(s) of Competency assessed:

Type of Assessment (please tick the appropriate box/es):

- ☐ WRITTEN QUESTIONS AND ANSWERS
- ☐ EXAMINATION
- ☐ ORAL QUESTIONING
- ☐ PRACTICAL DEMONSTRATION: OBSERVATIONS AND CHECKLISTS
- ☐ CASE STUDIES AND PROBLEM SOLVING: DISCUSSION AND WRITTEN RESPONSES
- ☐ ROLE PLAY OR WORKPLACE SIMULATION
- ☐ PORTFOLIO OF COMPLETED WORK
- ☐ PROJECT
- ☐ THIRD PARTY REPORTS FROM WORK PLACEMENT SUPERVISOR
- ☐ OTHER

Have you talked to your trainer/assessor about this issue?

Yes / No



Appeal Details

(Explain why you believe the assessment outcome was incorrect or other reasons for your assessment outcome appeal)

What, if any, response or action do you seek or expect?

B. OTHER LITA TRAINING DECISION APPEAL:

Location of Decision:

Name of Staff Member Involved (if known):

Appeal Details

(Explain why you believe the decision was incorrect)

What, if any, response or action do you seek or expect?

I declare that I have provided all details in an accurate manner, to the best of my knowledge.

Appellant Name:

Date:

Appellant Signature:

Please tick:

☐ ***I fully completed this Form.***

☐ ***This Form was completed on my behalf by*** _____

Appellant Signature



- ☐ **The appellant has received writing advice of this review outcome and the appellant's right to progress the review to an independent party (copy attached).**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **LITA Training's General Manager has been notified of the decision in the case of assessment decisions.**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **Student records have been amended (if appropriate).**

(Circle) YES NO Initial of Authorised Officer:

Notification of Request for an independent Review received within 5 calendar days by the student.

Yes / No

If no, completed appeal documentation with all evidence submitted to the General Manager to include on Complaints & Appeals File and Continuous Improvement Register.

Date:

Initial of Authorised Officer:

If yes, resolution agency notified and date set for resolution session.

Date and time of session:

Location:

- ☐ **The appellant has received writing advice of this resolution session and the appellant's right to bring a third party (copy attached).**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **Post resolution session, the matter was resolved and a copy of the independent's decision is attached.**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **Appellant has received formal notification of this final decision (copy attached).**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **Student records have been amended (if appropriate).**

(Circle) YES NO Initial of Authorised Officer:

- ☐ **Completed appeal documentation with all evidence submitted to the General Manager to include on Complaints & Appeals File and Register and Continuous Improvement Register.**

(Circle) YES NO Initial of Authorised Officer: