



## APPEAL NOTIFICATION Schedule

Learner Name: .....

Address: .....

Course being undertaken: .....

Does this appeal relate to a particular unit/course/ or qualification? If so, please state the name of unit/course/qualification as well as the trainer's name

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Please state the nature of your appeal

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Who is a party to the appeal?

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Related evidence you wish to put forward

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Date: \_\_\_\_\_ Location: \_\_\_\_\_ where the assessment occurred

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What steps have been taken in an attempt to resolve this issue?

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What action would you like to see occur?

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Any other comments you would like to make?

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Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Related documents:**

- Complaints/Grievances Policy doc 4.1
- Complaints/Grievances Notification Schedule doc 4.2
- Complaints/Grievances Policy Flowchart 4.3
- Appeals Process Policy doc 4.4
- Appeals Notification Schedule 4.5
- Appeals Process Flowchart 4.6