

Assessment Appeal Form

Assessment Appeal Form	
Instructions for use of Assessment Appeal Form:	
This form shall be available to any student formally requesting an appeal of an assessment decision. The assessment appeal once completed by a student should be returned to Heed Health Education's trainer and assessor who was involved in assessing the student assessment via email. Once signed by the trainer the form shall be forwarded to Heed Health Education's management for review and an appeal decision to be made. Once a decision is finalised the outcome of the appeal shall be provided within this form and a copy provided to the student and a copy maintained on the students' file. All appeals will be processed within ten (10) business days of the Assessment Appeal Form being formally submitted.	
Student full name:	
Course Name:	
Course Commencement Date:	
Trainer and assessor name:	
List units (Unit code and name) relevant to this appeal	Please advise the reason for the appeal as it relates to the unit and the assessment being appealed.

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Student Signature:	
Date of appeal lodgement by student:	
Trainer and assessor’s comments:	
Trainer and assessor’s signature:	
Date when trainer and assessor lodged this form with Heed Health Education’s management:	
Appeal Outcome:	
CEO’s Signature:	
Date of appeal outcome:	
Has the student been advised of the appeal outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date the appeal outcome was communicated to the student:	
How was the appeal outcome communicated to the student (email, in person, etc.)	