Appeal form

Please complete the relevant sections and attach supporting documents where required. Contact Elite Edge Training Academy if you need help completing this form.

Use this form to request a review of an assessment or another decision that adversely affects you. An appeal should normally be submitted within 20 business days after you receive the decision.

Your details

Full name	
Student ID	
Course	
Email	
Telephone	

Decision being appealed

☐ Assessment decision
☐ Enrolment or progression decision
☐ Reasonable adjustment decision
☐ Other
☐ Complaint outcome
☐ Refund decision
☐ Disciplinary decision

Date you received the decision	
Unit code and title, if applicable	
Person who made the decision, if known	
Late appeal reason, if more than 20 business days	

Describe the decision you are appealing.

Why should the decision be reviewed?

What outcome are you seeking?

☐ I have attached supporting evidence.

☐ I would like assistance, reasonable adjustment or a support person.

Declaration

I confirm that the information provided is true and complete to the best of my knowledge. I understand that relevant information may be shared with the independent reviewer where necessary.

Name	
Signature	
Date	

Office use only

Date received	
Register reference	
Acknowledged within two business days	☐ Yes Date: _____
Original decision maker	
Independent reviewer	
Reviewer conflict check	☐ Completed
Target completion date	
Outcome	☐ Upheld ☐ Partly upheld ☐ Not upheld ☐ Reassessment ☐ Other

Decision and reasons

Written outcome sent	Date: _____
Independent review option explained	☐ Yes ☐ Not required

Records updated	
Closed by and date	

Document control

Document name	Appeal form
Relevant requirement	Outcome Standard 2.8
Version	v1.1
Document owner	Chief Executive Officer
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