

# Assessment Appeal Form

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G



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

Student Number: \_\_\_\_\_

Course: \_\_\_\_\_

Evolution Hospitality Institute seeks to prevent appeals by ensuring that students are satisfied with their course program and outcomes. However, you have the right to appeal any assessment decision made by Evolution Hospitality Institute if you:

- believe that the assessment is invalid and/or
- feel that the process was invalid, inappropriate or unfair.

Before making an appeal, we ask that you discuss the matter with the trainer in an attempt to reach a decision. If you are still not happy, you are then entitled to lodge this form **within seven (7) days of the initial discussion**.

## I wish to appeal the outcome of an assessment.

Unit: \_\_\_\_\_ Code: \_\_\_\_\_ Assessment Method: \_\_\_\_\_ Outcome: \_\_\_\_\_

I undertook this assessment on \_\_/\_\_/\_\_ and was assessed by \_\_\_\_\_ (Trainer name)

Please explain the reasons for your appeal:

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

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

Please submit this form to Reception or the Student Welfare Officer. Your appeal will be passed on to the Director of Studies, who will be in touch with you to arrange a meeting. A third party will be appointed in an attempt to resolve the issue. Any decision recommended by this third party is not binding to either party in the dispute.

If you are still not satisfied another registered provider in the same curriculum area will be appointed to arbitrate and reassess participants if necessary. If no satisfactory solution is reached you can appeal to the NSW Vocational Education and Training Accreditation Board (VETAB).

You have the right to a support person to be involved at all times during the appeal process.

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## ADMIN USE ONLY

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Form passed on to DoS or SWO

Meeting with student (can be immediately) - date: \_\_/\_\_/\_\_ time: \_\_\_\_\_ venue: \_\_\_\_\_  
attending: \_\_\_\_\_

Recommendations:

\_\_\_\_\_  
\_\_\_\_\_

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**I am satisfied** with the outcome of this appeal

**I am not satisfied** with the outcome of this appeal

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

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

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Director of Studies: \_\_\_\_\_ signed: \_\_\_\_\_ date: \_\_/\_\_/\_\_

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## ADMIN USE ONLY

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If student not satisfied, arrange reassessment with another RTO (please complete reassessment form)

Reassessment outcome

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**I am satisfied** with the outcome of this appeal

**I am not satisfied** with the outcome of this appeal

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

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

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Signed: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Director of Studies: \_\_\_\_\_ signed: \_\_\_\_\_ date: \_\_/\_\_/\_\_

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## ADMIN USE ONLY

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Update student records, notes in student file

If no satisfactory outcome reached, give student VETAB contact details to further appeal

Outcome:

\_\_\_\_\_  
\_\_\_\_\_

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