



**PARTICIPANTS APPEAL REPORT**

**Advance Profitplan  
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**CONFIDENTIAL DOCUMENT**

Name of Participant:

Company Name:

Address:

Telephone :

Email:

Name(s) of Assessor:

Course / Unit / Qualification:

Course Date:

Reason for Appeal

**(Please attach any additional information to the back of this form)**

Have you requested the assessor/s to reconsider their decision?

YES / NO

Signature

Date

**OFFICAL USE ONLY**

Date Received:

Received By:

Forwarded To:

**APPEAL REVIEW / ACTION**

Who is to carry out Review of Appeal: \_\_\_\_\_

When is Review to be finalised by: \_\_\_\_\_

<b>Review</b>
Facts of Appeal based on review:
Is Appeal Justified: Yes <input type="checkbox"/> No <input type="checkbox"/> Why
Describe Action to be taken as result of review:
Has the appeal been discussed with the applicant: Yes <input type="checkbox"/> No <input type="checkbox"/> Define why not:
Send formal notification to Applicant: (Use this form) Date sent:
Any Improvements Needed to the Course / Assessment Process / Management System Yes <input type="checkbox"/> No <input type="checkbox"/> (List what)

Person Doing Review of Appeal: \_\_\_\_\_  
Name
Signature
Date

Managers Comments: Support Outcome Yes  No  Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Manager: \_\_\_\_\_  
Name
Signature
Date

Filing	<input type="checkbox"/> Course File	<input type="checkbox"/> Copy sent to Applicant	<input type="checkbox"/> Central Incident File
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