**REQUEST FOR APPEAL OF DECISION**

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| **Please complete the form and email to:** [**admin@binnacletraining.com.au**](mailto:admin@binnacletraining.com.au) |

You will receive a confirmation receipt within 48 hours from the time the appeal is received.

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| Name | Click or tap here to enter text. | | |
| School / Company | Click or tap here to enter text. | | |
| Trainer/Assessor (if applicable) | Click or tap here to enter text. | | |
| Program (if applicable) | Click or tap here to enter text. | | |
| Email Address | Click or tap here to enter text. | **Contact Number** | Enter text. |

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| Date of Decision | Click to enter a date. |
| What was the decision? | |
| Click or tap here to enter text. | |
| Reason for your request | |
| Click or tap here to enter text. | |
| Occurrences leading up to this request | |
| Click or tap here to enter text. | |

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| What outcomes are you seeking or expect? |
| Click or tap here to enter text. |
| Can we improve our system to avoid these situations in the future? |
| Click or tap here to enter text. |

By signing this form, I certify that the information provided is true and correct.

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| **Signature** |  | **Date** | Click to enter a date. |

This form is provided in accordance with Standard 6, clause 6.2 of the *Standards for Registered Training Organisations (RTOs) 2015* and in accordance with the *National Vocational Education and Training Regulator Act 2011*