

## Appeals Form

*To be completed by the Participant – Part A*

Participant Details			
<b>Participant Name:</b>			
<b>Address:</b>			
<b>Phone Number:</b>		<b>Mobile Phone Number:</b>	
<b>Email Address:</b>			
<b>Program Code/Title:</b> <i>(Currently Enrolled in)</i>			
Appeal Details			
<b>Details of the decision being appealed</b> <i>(please attach additional pages if needed)</i>			
<b>Grounds for appeal</b> <i>(please attach additional pages if needed and any supporting documentation)</i>			
<b>Participant Declaration</b>	I have read the appeals policy and procedures and agree to follow the process detailed		
<b>Participant Signature:</b>		<b>Date:</b>	

Appeal Review					
<b>Are there grounds for appeal</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Documentation Review					
<b>Documentation supporting compelling and compassionate circumstances provided</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> N/A                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Medical certificate (Original document)  <input type="checkbox"/> Doctor's Letter (Original document)  <input type="checkbox"/> Copy of the Death certificate (Certified copy)  <input type="checkbox"/> Copy of a Police Report (Certified copy)  <input type="checkbox"/> Copy of a Psychologist Letter / Report (Original document)  <input type="checkbox"/> Letter from Sponsor/Workplace/Legal Guardian approving application  <input type="checkbox"/> Other                        _____  <i>(please specify what other supporting document/s you are providing)</i> </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Authentic  <input type="checkbox"/> Verified  <input type="checkbox"/> Attached                 </td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Medical certificate (Original document) <input type="checkbox"/> Doctor's Letter (Original document) <input type="checkbox"/> Copy of the Death certificate (Certified copy) <input type="checkbox"/> Copy of a Police Report (Certified copy) <input type="checkbox"/> Copy of a Psychologist Letter / Report (Original document) <input type="checkbox"/> Letter from Sponsor/Workplace/Legal Guardian approving application <input type="checkbox"/> Other  _____ <i>(please specify what other supporting document/s you are providing)</i>	<input type="checkbox"/> Authentic <input type="checkbox"/> Verified <input type="checkbox"/> Attached	
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Appeal Outcome					
<b>Appeal Outcome</b>	<input type="checkbox"/> Successful <input type="checkbox"/> Not Successful				
<b>Comments / Reasons:</b>					
<b>Action if appeal is successful:</b>					
<b>By who:</b>					
<b>Participant notified of outcome:</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;">Date: ___/___/_____</td> <td style="width: 25%;">Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting</td> <td style="width: 25%;"></td> </tr> </table>	<input type="checkbox"/> Yes	Date: ___/___/_____	Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting	
<input type="checkbox"/> Yes	Date: ___/___/_____	Via <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting			
<b>Authorised person: Signature:</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%;"><b>Date:</b></td> </tr> </table>		<b>Date:</b>		
	<b>Date:</b>				