

# APPEAL APPLICATION FORM

1. This form is to be completed in line with AVTES' Complaints & Appeals policy and procedure. It is suggested that the client read the **Student Information Handbook Extract** before lodging an appeal.
2. All complaints and appeals will be dealt with fairly. The process used by AVTES provides the client with an opportunity to have their appeal dealt with effectively and efficiently.
3. Please fully complete this form where indicated before forwarding same to the **Directors, AVTES, PO Box 1148, Warrnambool 3280** in the reply paid envelope provided.

## Client's Details

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Workplace: \_\_\_\_\_

## Reason/s for Appeal

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Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/200\_\_\_\_



Internal Use Only

Appeal Received		
Responsible Director:	Signature:	Date Received: ____/____/200__
Responsible Parties		
Director:		
Director:		
Panel Members:		
Meeting Details		
Date Held: ____/____/200__	Time:	Venue:
Parties Attending Meeting:		
Appeal Details:		
Recommendation(s)		
Outcome (including rationale) forwarded to client?	<input type="checkbox"/> YES	Date Sent: ____/____/200__
Director's Signature: _____	Date: ____/____/200__	
Resolution Achieved?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, please give appeal date: ____/____/200__