Appeals Form

Personal Details:	
Full Name:	
Position of Appellant:	
Phone No:	
Email:	
Address:	
If the Appellant is a student, please provide the following details	
Student ID:	
Course Name:	
USI no:	
Date:	

Appeal details
Note: An application for review must be received within 21 working days of being notified of the decision.

Grounds for Appeal (tick one or more):
☐ New evidence is available that was not considered
☐ Policy or procedure was not correctly followed
☐ The decision was unfair or unreasonable
☐ Other (please specify): _____

Date to which this appeal refers to: _____
Reason for the appeal:

- ☐ Assessment outcome
- ☐ Academic Progress Outcome
- ☐ Feedback/Complaint Outcome
- ☐ Discipline/misconduct
- ☐ Any outcome of any application for request
- ☐ Any disciplinary action taken against you.
- ☐ Other (please specify below)

Appeal Summary

(Please give a detailed explanation of the appeal/ request for review. In your response, please specify the grounds on which you are seeking a review of the decision, outline your reasons in a clear and concise manner, and include any additional evidence you believe should be taken into consideration. Specify the outcome you are seeking and attach all relevant supporting documents. Finally, explain how you believe this matter can be effectively resolved)

Declaration

Appellant's information will remain confidential, protected and will only be utilised in accordance with FCA's Privacy Policy)

☐ All the information provided in this form is correct and accurate to the best of my knowledge.

☐ I am happy to attend any meeting with relevant persons required to resolve the issue.

☐ I understand that if I am dissatisfied with the decision after the internal appeal procedures, I can seek assistance from an external complaints/appeals handling body, i.e., Commonwealth Ombudsman, free of cost.

☐ I acknowledge that any feedback I have provided will be considered in the Future Culinary Academy (FCA) continuous improvement processes and may contribute to improvements in services or operations.

Signature: _____Date: _____

***OFFICE USE: (*marked items to be filled up by staff or appeal handling party)**	
***Receiving staff member:**	
***Date:**	
***Method of lodgment**	☐ Email ☐ Mail ☐ In Person
***Name of the members empaneled to resolve the issue**	

***Actions proposed by the panel/ determined resolution**	
***Implementation of Proposed action by:**	☐ Continuous improvement Request. ☐ Counselling by the relevant persons. ☐ Change of any service or member. ☐ External Counselling agency ☐ Referred to: ☐ Other (Please specify)
Feedback logged in Continuous Improvement Register:	**☐ Yes ☐ No**
Improvements/changes implemented:	
Date of Resolution	Xx/xx/xxxx
***Outcome**	☐ Successful ☐ Unsuccessful
***Method to communicate the outcome with the appellant**	☐ Email ☐ Mail ☐ In Person
***Response of appellant**	☐ Agrees and accepts the decision made by the panel (The student signs the acceptance, and the record is placed in the student's admin file) ☐ Disagrees and unhappy (FCA will contact the student to help him/her access services of the Commonwealth Ombudsman)

Declaration by Appellant (Please read and tick before signing it):

- ☐ I acknowledge that the outcome of the appeal lodged by me has been informed to me.
- ☐ I acknowledge that any feedback I have provided has been recorded and may be considered in FCA's continuous improvement processes.
- ☐ I agree with the decision made by the panel, and I am happy to accept it.

OR

- ☐ I disagree with the decision made by the panel and would like to escalate it to an external body, and I have been advised of all the required information in this regard.

Signature: _____

Date: _____

Future Culinary Academy's representative

Name: _____

Signature: _____

Date: _____