

APPEALS LODGEMENT FORM

Cornzal Workforce Development acknowledges the clients' right to lodge an appeal when they are dissatisfied with the training and /or assessment services and experiences that have been provided by Cornzal Workforce Development or any third party providing services on its behalf.

Cornzal Workforce Development will ensure that clients have access to a fair and equitable process for lodging appeals, and that it will manage the appeal with fairness and equity.

Please read the Complaints and Appeals Policy for more information.

Personal Details							
First Name:	Enter Text		Surname:	Enter Text			
Contact:	Enter Text		Email:	Enter Te	ext		
Postal Address:	Postal Address: Enter Text				Postcode: Enter Text		
Client Group:			☐ Parent/Guardian				
☐ Employer			☐ Apprentice or Trainee				
☐ Student			☐ Other: Enter Text				
☐ Individual	☐ Individual						
Enquiry Type:	□Ар	☐ Appeal ☐ Suggestion					
Preferred Method of Co	Preferred Method of Contact:		☐ Phone	9			
Appeal Details							
Nature of Appeal:			☐ Inappropriate Assessment task/process				
☐ Incorrect Assessment Decision			☐ Faulty, Inappropriate or Lack of Equipment				
☐ Bias of the Assessor			☐ Inappropriate Assessment Conditions				
☐ Lack of Competence of Assessor			Other: Enter Text				
☐ Incorrect Information provided regrading Assessment							
Course and Unit:							
Enter Text							
Module Details:	Module Details:						
Enter Text							
Details of Apppeal:							
Enter Text							
Have you discussed this with your Assessor ?							
☐ Yes ☐ No							
How would you like to see this matter resolved?							
Enter Text							

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○ Tower A, Level 2, Suite 15, 1 Springfield Lakes Boulevard, Springfield Lakes, Qld 4300

RTO Code: 31663

Our Vision: Transforming individuals, solutions for business

Our Mission: To develop a skilled workforce by delivering innovative blended training



Suggestion Details					
Detail of Suggestion: Enter Text					
Declaration					
☐ I have read and understood the Cornzal Workforce Development Complaints and Appeals Policy and I declare that the complainant may be contacted in an attempt to resolve the issue. I agree that Cornzal Workforce Development may conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter.					
Student Signature:	Date: Enter Text				

Once this form is completed, please return to Cornzal Workforce Development.

Email: rtoadmin@cornzal.edu.au | Phone: 07 3556 3801



VERSION CONTROL

VERSION CONTINUE						
Version Control Table						
Date	Summary of Modifications	Modified by	Version	Date of Implementation	Next Review Date	
19/12/2022	Document Creation	Admin Cornzal	v. 1.0	Date 19/12/2022	Date 19/12/2023	

RTO INFORMATION		
Document Name	Appeals Lodgement Form	
RTO/Company Name	Cornzal Workforce Development	
RTO Code	31663	
Manager	Quality and Compliance Manager	