

Appeals Form

Instruction: Part A is to be completed by the Participant (Appellant). Once this has been completed, please hand this to you Trainer / Assessor or scan and email to info@medilearn.com.au

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

Instruction: Part B is to be completed by MediLearn. Once this has been completed, please send any required communication to the Participant advising them of next steps and any actions required of them.

Part B			
Appeal Review			
Are there grounds for appeal	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Documentation Review			
Documentation supporting compelling and compassionate circumstances provided	<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
Appeal Outcome			
Appeal Outcome	<input type="checkbox"/> Successful <input type="checkbox"/> Not Successful		
Comments / Reasons:			
Action if appeal is successful:			
By who:		When:	
Participant (Appellant) notified of outcome:	<input type="checkbox"/> Yes Date: ___/___/___ <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Meeting		
Authorised person:		Date:	
Signature:			