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 enquire@medilearn.com.au

Part A	
Participant Details	
Participant Name:	
Address:	
Phone Number:	**Mobile Phone Number:**
Email Address:	
Program Code/Title: *(Currently Enrolled in)*	
Appeal Details	
Details of the decision being appealed *(please attach additional pages if needed)*	What is your appeal?
Grounds for appeal *(please attach additional pages if needed and any supporting documentation)*	Assessment Topic: Question Number
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	☐ Yes ☐ No
Documentation Review	

Documentation supporting compelling and compassionate circumstances provided	☐ Yes ☐ No ☐ N/A	☐ Medical certificate (Original document) ☐ Doctor's Letter (Original document) ☐ Copy of the Death certificate (Certified copy) ☐ Copy of a Police Report (Certified copy) ☐ Copy of a Psychologist Letter / Report (Original document) ☐ Letter from Sponsor/Workplace/Legal Guardian approving application ☐ Other _____ *(please specify what other supporting document/s you are providing)*	☐ Authentic ☐ Verified ☐ Attached

Appeal Outcome	
Appeal Outcome	☐ Successful ☐ Not Successful
Comments / Reasons:	
Action if appeal is successful:	

By who:		**When:**	
Participant (Appellant) notified of outcome:	☐ Yes Date: ____/____/_____ ☐ Email ☐ Letter ☐ Meeting		
Authorised person: Signature:		**Date:**	