

Appeals Form

You will receive a written notification of receipt of your appeal within two (2) working days of lodgement. This form must be lodged within twenty (20) working days of the decision or finding being informed to the person. The handling of an appeal will commence within ten (10) working days of the lodgement of this form. We shall inform you of the outcome, in writing, within twenty (20) working day. Please refer to the Appeals Handling Policies and Procedure for detailed information on our website www.magill.edu.au

Personal Details					
Surname:		tudent Number f applicable):			
Given Name:	Er	mail:			
Phone Number:		·			
Address:					
Background Information of Appeal					
Please tick only one from the option below. If you have more than one appeal, please use a separate form.					
Date of Assessment Outcome/Decision Hand Down/Refusal/Intention to Report Issue:/					
Academic Outcome Year Term Block Name of Trainer Unit of Competency					
☐ Unfavourable Decision on Plagiarism ☐ Unfavourable Decision on Misconduct					
☐ Intention to Rep	port. Please specify Non-payment Unsatisfact	ctory course progress			
☐ Refund Refusal ☐ Holiday Request Refusal					
☐ Release Reques	st (Transfer to Other Institute) Refusal Other				
	Details of Ap	peal			
DETAILS IN YOUR O	OWN WORDS:				
• Please note that providing as much detail as possible will assist us in investigating your appeal. If necessary, you may attach extra pages or evidence to this form. Please provide clear explanation why you request for appeal.					

Magill College Pty Ltd Trading as Magill College Sydney

ABN: 67 090 050 990 CRICOS Provider Code: 01994M RTO No: 91367



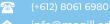
George Street Campus (Head Office): Level 4, 695-699 George Street, HAYMARKET NSW 2000

Sussex Street Campus: Level 4, 388-390 Sussex Street, SYDNEY NSW 2000



Other Interested Parties				
Supporting Documents Attached				
Please list all extra documents attached to this form.				

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Declaration

I declare that the information provided by me in this appeal along with any supporting documentation submitted (where applicable), is true, complete and accurate to the best of my knowledge and belief. I understand that the information I have provided will be used by Magill College Sydney solely for the purpose of investigating and resolving the appeal in accordance with the College's policies and procedures.

I acknowledge that providing false or misleading information may compromise the integrity of the process and could lead to the complaint being dismissed or other appropriate action being taken.

I understand that I may be contacted for further clarification or invited to attend an interview to provide additional details or respond to questions relating to this matter. I agree to cooperate fully with the investigation and will make myself reasonably available for any follow-up during the investigation process.

I also acknowledge that Magill College Sydney will maintain confidentiality in the handling of my complaint and will only disclose information to relevant personnel involved in the resolution process with written consent and/or to external agencies (if required by law). I understand that I also have the right to access external appeals process if I have chosen to access the internal complaints and appeals process and am not satisfied with the outcome of this decision. The external appeals body, Commonwealth Ombudsman, can be contacted on 1300 362 072 (Australia) or +61 2 5117 3600 (International) or via website https://www.ombudsman.gov.au/. If the result of the internal appeal favours the decision of Magill College Sydney, I will have ten (10) working days after the day on which I am considered to have received the notification of result to access the external appeals process. I shall notify Magill College Sydney in writing of their decision with an appeals lodgement record to pursue an external appeal no later than five (5) working days after the conclusion of this ten-day period.

Name of Appellant:						
Signature:		Date:				
OFFICE USE ONLY						
Receiving Officer Full Name:		Date Received:				
Signature (Receiving Officer):						
Name of Appointed Decision- Maker:		Position:				
Acknowledgement Sent Date:						
Investigation Commencement Date:						
Decision Finalisation Date:						
Signature:						

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