

## RTO APPEALS FORM

If you wish to lodge a formal appeal of training undertaken with Master Plumbers Association of SA Inc please complete this form and return to: Master Plumbers Association of SA Inc. PO Box 219 Fax: 08 8292 4040 TORRENSVILLE PLAZA SA 5031 Email: admin@mpasa.com.au **CONTACT INFORMATION** Student Name: Organisation or School: Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_ Post Code: \_\_\_\_ Mobile Phone: \_\_\_\_\_ Work/Home: \_\_\_\_\_ Association with Master Plumbers Association of SA Inc. ☐ Current Student ☐ Parent/Guardian of Student ☐ Former Student ☐ Representative of a Student ☐ Staff Member ☐ Other \_\_\_\_\_ \*If this appeal is being made on behalf of a person under the age of 18, it is a requirement that the individual provides their permission and signature on this form. **Appeal Information** Please specify the reason you are submitting an appeal: ☐ Training Provided ☐ Assessment of RPL or Credit Transfer

□ Other \_\_\_\_\_

☐ Assessment of Training



## **RTO APPEALS FORM (continued)**

Appeal Information		
Please specify below the training details which refer to this appeal:		
Course Title:		
Date Started: Completion:		
Trainer / Assessor:		
Please provide a full, detailed description of your appeal below: (you may add another page if required)		
Actions Taken		
Please detail any actions <b>you</b> have undertaken in order to resolve the issue, prior to submitting this form:		
☐ Advised Trainer /Assessor of Issue ☐ Advised MPA or Staff of Issue		
☐ Other (please specify)		
Please detail the outcome/correspondence of your previous actions to resolve the issue:		



## **RTO APPEALS FORM (continued)**

Resolving the issue	
Why do you believe this issue could not be resolved as per the a	ctions taken above?
What actions do you believe are required in order to resolve the	? issue? 
Do you have any other comments or requests in regards to your	appeal that you wish to raise?
Supporting Evidence Please provide any supporting evidence which relates to your app Evidence which supports your issue is very important as it may rea suitable resolution.	
MPA Policy It is the policy of MPA that all complaints and appeals received will fairly. Appellants have the right to have an independent person reversolution process. It is our aim to resolve appeals within 7 days of For further information, please view our Complaints and Appeals p	view the case or attend meetings during the freceiving the notification of an appeal.
Submission of Appeals Form	
I (full name)appeal. I declare that all of the information above and attached	confirm that I wish to lodge the above (if applicable) is true and correct.
Signed:	Date:
Parent/Guardian Signature(if appellant is under 18 years of age)	Date:



## FORMAL APPEALS FORM - Office Use Only

follo	-	eted once a Appeals form is received to ensure all procedures have been required outcomes are achieved.    Recorded in RTO Register:	
Received and Recorded by:		Recorded in NTO Register.	
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MPA	Appeals Process Checklis	t:	
	Form has been date stamped and recorded in RTO Register Form has been scanned to System Appeal has been recorded in RTO Register Appellant has been notified in writing that appeals form has been received Date: Form has been provided to Training Manager and Executive Officer All involved individuals have been notified of appeal		
	Meeting has been arranged with involved parties  Meeting date (if applicable):		
	Resolution recommendation established  Details:		
	Appellant has been advised of recommendation to resolve issue    Date:		
Appe	eal Status		
	Issue Resolved	Issue Requires further investigation / correspondence	
	Recorded progress and r	esolution in RTO Register (if applicable)	
	Improvement Items reco	orded and actioned (if applicable)	
Form	Form completed by: Date:		
Pleas	se ensure this form is scan	ned to the system and all information is recorded in the RTO Register.	