

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:

Post:

Master Plumbers Association of SA Inc.
PO Box 219
TORRENSVILLE PLAZA SA 5031

Fax: 08 8292 4040

Email: admin@mpasa.com.au

***Please note: Appeals must be made within 30 days of the Assessment outcome**

CONTACT INFORMATION

Student Name: _____

Organisation or School: _____

Address: _____

Suburb: _____ **State:** _____ **Post Code:** _____

Mobile Phone: _____ **Work/Home:** _____

Email: _____

Association with Master Plumbers Association of SA Inc.

- Current Student Former Student Parent/Guardian of 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:

- Assessment outcome Unfair / Unethical Assessment process
 Insufficient support Other _____

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 you 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 actions 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 appeal

Evidence which supports your issue is very important as it may reduce the time required in order to find a suitable resolution.

MPA Policy

It is the policy of MPA that all complaints and appeals received will be treated privately, confidentially and fairly. Appellants have the right to have an independent person review the case or attend meetings during the resolution process. It is our aim to resolve appeals within 7 days of receiving the notification of an appeal. For further information, please view our Complaints and Appeals policy, available on our website.

Submission of Appeals Form

I (full name) _____ confirm that I wish to lodge the above appeal. I declare that all of the information above and attached (if applicable) is true and correct.

Signed: _____ Date: _____

Parent/Guardian Signature _____ Date: _____
(if appellant is under 18 years of age)

FORMAL APPEALS FORM - Office Use Only

MPA Staff to complete:

The form below must be completed once a Appeals form is received to ensure all procedures have been followed correctly and that the required outcomes are achieved.

Date Form Received:		Recorded in RTO Register:	
Received and Recorded by:			

MPA Appeals Process Checklist:

- Form has been received within 30 days of final assessment
- 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:** _____

Appeal Status

- Issue Resolved** **Issue Requires further investigation / correspondence**
- Recorded progress and resolution in RTO Register (if applicable)
- Improvement Items recorded and actioned (if applicable)

Form completed by: _____ **Date:** _____

Please ensure this form is scanned to the system and all information is recorded in the RTO Register.