

Appeal Form

By completing this form, you are requesting to appeal the decision pertaining to your complaint or assessment appeal to Australian Nursing and Training Services Pty Ltd. This form must be submitted to the CEO of Australian Nursing and Training Services Pty Ltd within 7 working days of you receiving the complaint or assessment appeal decision to begin the appeal process. The matter will be deemed closed and settled if no response is lodged within 7 working days.

A written reply will be forwarded to you within 7 working days.

Name:		Date:	
Email Address:		Contact Number:	
Street Address:		Complaint Number:	

You have the right to select a mediator to represent your concerns or you can choose to use Australian Nursing and Training Services Pty Ltd's preferred industry mediator or have no representation.

<i>Please select mediator choice</i>	<i>Selection of <u>Independent</u> Mediator</i>	<i>Tick Choice</i>
Australian Nursing and Training Services Pty Ltd 's mediator:		
<i>(Supply name)</i> Your mediator choice:		
No mediator required:	No representation	

In the box below, please provide as much information as possible, and detail all aspects and concerns in full for your reason to appeal the complaint decision. Extra information can be added along with this form if required.

I hereby declare that all details in this request are true and accurate. All submitted forms must be signed.	Signature:	

OFFICE USE ONLY

Received by:		Date:	
Appeal given to:		Appeal Number:	
Replied by:		Replied Date:	
Action Taken and Outcome:			
Improvement Required?			

Related Standard/s: Clause 5.2, 6.1-6.5

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