

# Appeals Form (F8)

For a student appeal to a decision



## PLEASE READ CAREFULLY BEFORE COMPLETING AND SUBMITTING THIS DOCUMENT

### Purpose of this form

This form should be used by a student for reconsideration of an unfavourable decision or finding from the Australian Institute of Food Safety. Your appeal should contain all necessary information as well as any supporting evidence.

### Instructions

Please ensure you have read the form entirely before completing. Submissions will not be actioned unless this form is completed as required. If this form is incomplete when submitted to us, it will not be returned to you. When submitting, please ensure you provide us with the original copy.

- Please use black or blue pen
- Print clearly in block letters

If you require assistance in completing this form, please contact us at [support@foodsafety.com.au](mailto:support@foodsafety.com.au) or by calling 1300 797 020

### Lodgement

Once you have completed this form, please return via email at [support@foodsafety.com.au](mailto:support@foodsafety.com.au) or by mail to:

AUSTRALIAN INSTITUTE OF FOOD SAFETY  
GPO BOX 436  
BRISBANE, QUEENSLAND  
AUSTRALIA, 4001

### Your Privacy

Your personal information is protected by law. The Australian Institute of Food Safety collects and stores the personal information of our students and customers for the purpose of delivering vocational education and training.

Any data collected by the Australian Institute of Food Safety complies with the Privacy Act 1988 (Commonwealth).

## SUBMISSION OF AN APPEAL

An appeal is an application by a student for reconsideration of an unfavourable decision or finding during their time with the Australian Institute of Food Safety. An appeal must be made in writing and specify the particulars of the decision or finding in dispute. Appeals must be lodged within 28 working days of the student being informed of the decision or finding. All Appeals will be taken seriously and a written acknowledgement of the appeal will be issued within 7 days of your submission. Following this you will receive a written response to the appeal within 14 days.

### 1. PERSONAL INFORMATION

FIRST NAME	<input type="text"/>
LAST NAME	<input type="text"/>
DATE OF BIRTH	<input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
STUDENT ID	<input type="text"/>
ADDRESS	<input type="text"/> <input type="text"/>
SUBURB/CITY	<input type="text"/>
STATE	<input type="text"/>
POSTCODE	<input type="text"/>
HOME PHONE	<input type="text"/>
MOBILE PHONE	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

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## 2. TYPE OF APPEAL

I am appealing as I believe my results were unfairly graded

I am appealing due to an administrative error

I am appealing for medical reasons

I am appealing for another reason (provide details below)

## 3. DETAILS OF APPEAL

## 4. SUPPORTING EVIDENCE

Any supporting evidence that you can provide will assist in your appeal. Please provide transcripts of the following if you have them available:

- Evidence of prior correspondence with the Australian Institute of Food Safety staff (i.e. email correspondence)
- Evidence of course enrolment or product purchase (i.e. order confirmation, invoices)

## 5. STUDENT DECLARATION

I hereby certify that the information provided in this submission is true and correct and I authorise the Australian Institute of Food Safety to obtain verification of any evidence included as part of this submission and to reproduce any such evidence for administrative purposes.

I understand that it is my responsibility to provide all necessary documented evidence. I also understand that an applicant who provides an inaccurate, incomplete, fraudulent or misleading submission may have their application returned and appeal denied.

DATE

/   /

SIGNATURE

