

APPEALS FORM



Send your completed form to info@buildinginstitute.edu.au or hand it to any Building Institute NSW staff member. If you would rather make your appeal by phone, call 1300 412 359. Please see our Appeals Policy for more information.

1. Your Details

Full name	
Student number (if known)	
Phone	
Email	
Postal address	
Course or training product	
Preferred way to contact you	

I am lodging this appeal on behalf of the appellant, and the appellant has consented (attach their written consent).

Name of the appellant: _____

Relationship to the appellant: _____

2. The Decision You Are Appealing

☐	Type of decision
☐	Assessment result (unit or assessment task)
☐	Recognition of prior learning (RPL) decision, including a suitability outcome
☐	Credit transfer decision
☐	Refusal of a reasonable adjustment or an extension
☐	Finding of academic misconduct
☐	Fee, refund or hardship decision
☐	Disciplinary decision (warning, suspension or cancellation of enrolment)
☐	Outcome of a complaint
☐	Other (please describe)

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Date of the decision	
Who made the decision (if known)	
Unit code and title (assessment, RPL or credit transfer appeals)	
Have you discussed the decision with Building Institute NSW staff?	☐ Yes ☐ No
If yes, when?	

3. Your reasons

Please outline the situation for your appeal. You may want to say what evidence was not considered, what process was not followed, or what has changed. Attach extra pages if needed.

4. The outcome you are seeking

For example: a review of the assessment, a re-assessment by a different assessor, credit for a unit, a refund, or a different outcome.

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5. Supporting Documents

☐	Document attached
☐	
☐	
☐	
☐	
☐	
☐	

6. Support and Access

Do you need an interpreter? If yes, which language? (Free through TIS National on 131 450)	
Will you have a support person or advocate with you? If yes, their name	

7. Privacy

Building Institute NSW collects the information on this form to manage your appeal and it is used and disclosed only for that purpose. See the Privacy Policy for more information.

8. Declaration

I have read and understood Building Institute NSW Appeals Policy

I confirm that the information in this form is true and correct to the best of my knowledge.

Name:	
Signature:	
Date:	

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9. Office Use Only

Date received	
Entered in the Complaints and Appeals Register	
Acknowledgement sent	
Allocated to independent decision-maker	
Conflict of interest check completed (decision-maker had no involvement in the original decision)	
Outcome (upheld, partly upheld, dismissed)	
Date written decision sent	
External review requested (date) and outcome	
Improvement action recorded in the Continuous Improvement Register	

10. Building Institute NSW Administration Use Only

Name:	
Signature:	
Date:	