



Request for Appeal of a Decision

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|---|--|---------------|--|
| Surname: | | Title: | |
| First Given Name: | | | |
| Course title: | | | |
| Trainer / Assessor: | | | |
| Date of decision: | | | |
| What was the decision: | | | |
| Reason for your request: | | | |
| Occurrences leading up to this request: | | | |
| What outcomes are you seeking or expect: | | | |
| Can we improve our system to avoid these situations in the future: | | | |

By signing this form, I certify that the information provided is true and correct.

Signed: _____

Date: ____ / ____ / ____

Send completed form electronically to
KIK Academy CEO louise.nobes@kik.org.au
KIK Academy Training Manager garima.kumar@kik.org.au