Australian Health and Management Institute

CRICOS Code: 03595K | RTO Provider ID: 70252



Appeals Lodgement Form

 This form should be completed if you would like to lodge a complaint or would like to make an appeal about a decision taken by AHMI. This form must be lodged within twenty (20) working days of notification of the decision. 					
Section 1 : Personal Details					
Name		Student ID			
Address					
Suburb		Post Code			
Email		Mobile			
Current Course					
Section 2: Appeal Details Reason for Appeal – Choose from below					
Assessment Outcome Unit Name:					
Attendance Record					
Notice of Intention to Report					
Other (please specify)					
Section 3: Appeal Summary – please provide details regarding your appeal					
Section 4: Student Declaration					
I, (Applicant) hereby declare that the information contained in this application is true and correct to the best of my knowledge.					
Signature		Date			

Australian Health and Management Institute

ABN 33 151 238 685

Head Office: 87 Fennell Street, North Parramatta NSW 2151 Australia
Ph: +61 (2) 9687 3323 Email: academic@ahmi.edu.au Website: www.ahmi.edu.au

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Section 5 : Office Use Or	nly				
Assessing Staff Name		Position			
Application Outcome : Approved Declined D					
Appeal discussed with:					
Comments:					
Assessing Staff Name		Position			
Assessing Staff Name		Position			
Proposed actions identified in initial meeting:					
Student advised by : Email Phone In Person					
Student request for 2 nd meeting: Yes No					
(student must request for second meeting no later than five (5) working fays after the initial meeting)					
Proposed actions identified in second meeting:					
Student advised by : Email Phone In Person					
Students response to proposed actions & outcomes					
Student accepts & agrees – file copy in student file					
Student disagrees & unhappy: Student Support will contact student to assist to access Mediation Service or					
Overseas Student Ombud	sman Service.	I			
Staff Signature		Date			

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