



# Pioneer SHS

Appeal Details	
Qualification code	
Qualification title	
Units of competency for which appeal is being sought	
Code	Title
Please provide reasons for requesting this appeal:	

I declare that the information & documentation given is true and accurate

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Appeals Outcome:**       Upheld       Denied       More evidence required

**Written Notice Provided:**    Yes    No

For office use only		
Processed by:	Signature:	Date:
<input type="checkbox"/> CEO Notified		
<input type="checkbox"/> Recorded in secure Complaints and Appeals Register		
<input type="checkbox"/> Notified in writing within 60 calendar days		
<input type="checkbox"/> Outcome reached		

**Privacy Notice:**

*The information provided on this form will be used to follow up your complaint or appeal. The information may be provided to staff or external bodies who are in a position to remedy your complaint or appeal. The information will be stored securely and you may access or correct any personal information provided at any time by contacting the person to whom you submit this form.*