Please use this form to appeal a decision related to your course.

# 1. Student Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| \*Family Name: |  | Date of Birth: |   |
| First Name: |  | **Place of Birth:** |  |
| Gender: |  | **Nationality:** |  |
| Postal Address: |  | **State / Postcode:** |  |
| Telephone: |  | **Mobile:** |  |
| Email: |  |
| What is your preferred method of contact? [ ]  Phone [ ]  Email  |

# 2. Student Course Details

|  |  |  |  |
| --- | --- | --- | --- |
| Student ID Number: |  | Name of Course: |  |
| Name of Institution: |  | **Course Code:** |  |
| Campus and/or Address of Institution: |  | Course start date:  |  |
|  dd/mm/yyyy |
| Planned Course completion date: |   |
|  dd/mm/yyyy  |
| Year of Study: |  | e.g 1st, 2nd etc |

# 3. Nature of your appeal

My complaint relates to:

|  |
| --- |
|[ ]  Unsatisfactory Course Progress |
|[ ]  Unsatisfactory Course Attendance |
|[ ]  Other issue – details below

|  |
| --- |
|  |

 |

Is this your first application for external review for this matter? [ ]  Yes [ ]  No

If no - please provide details of previous external review application:

|  |
| --- |
|  |

My reason for making this appeal is:

|  |
| --- |
|[ ]  There is an error in the records of my course progress or attendance  |
|[ ]  I was not provided with the education providers policy and procedure with regards to course progress or course attendance  |
|[ ]  I did not receive any warning or advice that my progress or attendance was unsatisfactory |
|[ ]  I did not receive Outcome of Internal Review documentation |
|[ ]  My internal appeal was rejected but I did not receive an adequate explanation for why it was rejected |
|[ ]  I was not provided with the opportunity to appeal the decision using the provider’s Complaints Handling process  |
|[ ]  The person who heard my appeal was not independent of the original decision making |
|[ ]  I have another reason for seeking an independent review – please specify: |

# 4. Internal Review Details

|  |  |
| --- | --- |
| Date of Outcome of Internal Review: |  |
| Are you applying for external review within 20 working days of date of your Outcome of Internal Review? [ ]  Yes [ ]  No  |
|  |

# Terms and Conditions

1. Mediation Institute will only collect information that is necessary to properly review your application for external review.
2. Your information will be treated with confidence and only used for the intended purpose.
3. By signing this application, you agree to:
4. Participate in the independent review process in good faith and work towards a mutually acceptable resolution of the issues raised in this appeal.
5. Supply information in this application and throughout the independent review process, that is true, complete, correct and up-to-date in every detail.
6. Not give false or misleading information, supply false or forged documentation or attempt to pervert the course of the independent review. Should this behaviour be detected your application for independent review may be refused and any such information or documentation may be referred to external agencies, including the Australian Federal Police for further investigation.
7. Be bound by any agreement that is voluntarily reached in mediation or other processes followed in this independent dispute resolution process.
8. Sign documents produced at the conclusion of the review process to signify agreement and the conclusion of the independent review process. You agree that such agreement is final and not reviewable.
9. Indemnify the independent review panel member and any Mediation Institute staff members against any complaints, suits of action, legal proceedings, liability whatsoever arising out of the process and proceedings in relation to the independent review and agreement made as part of the independent review.
10. Authorise Mediation Institute and the independent reviewer to make any enquiries necessary to verify your claims and any information supplied in this application in relation to independent review.
11. The agencies and organisations to which information may be disclosed include:
	* federal, state or territory government agencies, including the Department of Immigration and Citizenship (DIAC), Department of Education, Employment and Workplace Relations (DEEWR) and
	* federal, state or territory law enforcement agencies including the Australian Federal Police (AFP);
	* state or territory housing authorities (including private landlords);
	* local government authorities;
	* financial institutions;
	* educational institutions; and
	* private businesses (including telecommunication and internet service providers, insurance companies).
12. have read and understood the information supplied to you in this application.
13. Confirm that the information contained in this form is true, correct and accurate.
14. Authorise Mediation Institute and the independent reviewer and/or mediator access to information held by your Education Provider:
* Your Student File
* The results of any previous internal investigation or dispute resolution process conducted by your education provider

Information included in your student file includes your personal information, academic results, attendance record and other information needed to determine compliance with your student visa or other conditions relevant to this appeal.

Your signature below indicates that you understand that such information may be disclosed to third parties, such as the External Reviewer, Department of Education, Employment and Workplace Relations (DEEWR), and Department of Immigration and Citizenship (DIAC) and other agencies.

Signed: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

# Checklist

I have attached the following documents in support of my application for external review:

[ ]  Photo Identification e.g. Copy of my Student ID card / Driver’s License / Passport

[ ]  Copy of Outcome of Internal Review from education provider

[ ]  Have you signed this form?

Please send this form and any supporting documents to office@mediationinstitute.edu.au