SRI10 REQUEST FOR APPEAL
Please complete using BLOCK letters

If you disagree with the outcome of your assessment, you may lodge a request for appeal. **You cannot apply for an appeal using additional evidence not supplied in the original application.** If you wish to be reassessed considering new evidence, you will be required to lodge a '*SRI08 Request for reassessment*' form.

It is strongly recommended that you lodge a request for a review before you lodge a request for appeal. A review provides further information regarding the outcome of your Evidence Review or Technical Interview/Practical Assessment. You will be required to complete the '*SRI09 Request for Review*' form if you want to have a review done first.

A request for appeal must be lodged within 90 days of the original result. After this period, applications must be lodged in full and paid for again. **The appeal result is final.** Payment can be made by credit card or bank draft; we do not accept cash payments in person, posted or paid into a bank account. You can return this form by post or fax or as a scanned email from an authorised email to tradeassess@vetassess.com.au.

APPLICANT FAMILY NAME (surname):														
APPLICANT GIVEN NAME/S:														
DATE OF BIRTH (dd/mm/yyyy):	/ /	File No:												

I, _____, the above named applicant/the authorised agent for the above named applicant, hereby request an Appeal of this case (select one only):

Stage 1: Evidence review ☐ **AUD $600.00**

Stage 2: Technical interview/Practical assessment ☐ **AUD $600.00**

GROUNDS OF APPEAL

Please attach a document outlining the grounds for your appeal. All supporting documentary evidence must also be attached. The appeal will not take into consideration any new evidence of employment experience, training completed or qualifications not submitted with your original application. In stating the grounds for the appeal you need to demonstrate why the assessment outcome was not valid and/or fair.

I declare that the information provided by me on this forms is true and correct. I also agree to the release of personal information about me for the purpose of processing this application.

Signature _____ *Date:* _____

Please confirm your current postal address and contact information:

TELEPHONE:		MOBILE:		FAX:	
EMAIL:					
POSTAL ADDRESS					

Payment must be made in Australian dollars. Bank cheques/drafts should be made payable to VETASSESS. Please complete the following payment section for Visa or MasterCard credit card payments.

I, _____authorise VETASSESS to debit my credit card in the amount of AUD$_____ for the payment of my Request for Appeal.

Name of Cardholder: _____

Card number | | | | | | | | | | | | | | | | **Expiry Date:** / **Validation code:** | | |

Signature of Cardholder: _____ **Date:** _____

Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies may cause significant delays.

Mail to: Skills Recognition International
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AUSTRALIA
Fax: +613 9655 4899