

# AUSTRALIAN AGRICULTURAL TRAINING REQUEST FOR APPEAL OF A DECISION



Family Name:	Given Name/s:
Address:	Town: Post Code:
Telephone:	Email Address:
Submission Date:	Signature:

**Are you a:**

- Student (Student number).....  Employer of AAT students  
 Parent or Caregiver (name of student).....  
 Staff member  Other (please specify) .....

**APPEAL**

**Please give details of your appeal** (you may wish to attach further documentation)

**Have you discussed your matter with a staff member?**  Yes  No

If yes, please indicate who dealt with the matter - .....

What was the result?

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**If you are seeking a particular outcome, please give details** (you may wish to attach further documentation)

Your appeal will be handled via Australian Agricultural Training Appeal Handling Policy.

**Please return completed form to:**

Training Manager  
Australian Agricultural Training  
15 Colony Crescent  
Dubbo NSW 2830

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**Office Use Only:**

Date received:
Attachments were supplied: Yes      No
Recorded in Complaints and Appeals registry.      Date:
Training Manager Signature: