

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: <input type="checkbox"/> Student (Student number)..... <input type="checkbox"/> Employer of AAT students <input type="checkbox"/> Parent or Caregiver (name of student)..... <input type="checkbox"/> Staff member <input type="checkbox"/> 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?

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:

Managing Director
Australian Agricultural Training
15 Colony Crescent
Dubbo NSW 2830

Or email: phillipward-aat@bigpond.com

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Office Use Only:

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