OFFICIAL





Appeal of Misconduct Penalty

An individual may appeal against the college's decision of an individual's breach of the <u>Student Code of Conduct</u> or the resolution to address their grievance. The appeal must be in writing and received by the Training Manager within twenty-eight (28) days of the individual receiving the college's decision, penalty or resolution.

STUDENT DETAILS							
Name			Student ID #				
Address			Postcode				
Phone number							
Email							
APPEAL DETAILS							
Training Manager Name							
Date of Notice of Penalty Relating to Breach of Conduct							
 GROUNDS FOR APPEAL Disciplinary action was not taken in accordance with the North Regional TAFE's Student Code of Conduct and Student Behavior Management Policy, or The disciplinary action taken is unjust. 							
	Briefly describe the reasons for the appeal:						
STUDENT DECLARA	TION						
I have listed the grounds for my appeal and have attached supporting documentation (if applicable)							
Signature			Dat	Date			
OFFICE USE ONLY (complete and forward to Training Manager)							
Date Received:		Forwarded to:		Date:			
	A						

OFFICIAL



An appeal shall be reviewed by an Appeals Committee including a Executive Director (ED) as chairperson, Governing Council Member/or Representative, Industry Member and an enrolled Student Representative nominated by student association or independent community member to determine appeal outcomes in consultation with individuals they deem necessary. Relevant cultural sensitivities should be considered when forming the student appeals committee from time to time.

If the appellant student has a recognised disability, the chairperson of the student appeals committee may seek guidance and advice as required. If it is known that the appellant student has an advocate, the advocate will be contacted to assist in relation to the hearing of the appeal.

A decision with respect to an appeal must be made and communicated to the individual making the appeal within twenty-eight (28) business days of the college receiving the appeal.

APPEAL COMMITTEE (to be completed by Chairperson -Executive Director)				
Chairperson - Executive Director Name				
Governing Council Member/or Representative Industry Member Name				
Enrolled Student Representative Name (nominated by student association or independent community member)				
Relevant cultural sensitivities have been considered and addressed considered when forming the student appeals committee.	If yes, please explain			
Advocate to assist student with recognized disability Name (if relevant)				
An actual or perceived bias or conflict of interest exists	If yes, please complete Committee Declaration of Interest form			
Date appeal reviewed				
Date of interview with student and lecturer				

APPEAL REVIEW OUTCOME				
Was disciplinary action t Conduct and Student Be	🗆 Yes 🗆 No			
Was disciplinary action unjust?		🗆 Yes 🗆 No		
Other factors?		🗆 Yes 🗆 No		
REVIEW DECISION	□ Appeal dismissed. The original decision stands □ Appeal upheld and changed	d disciplinary action		
REASON FOR DECISION				

Form



OFFICIAL



TRAINING MANAGER to complete						
Student notified of outcome within twenty-eight (28) days of receipt of appeal		Email Letter Phone	Date:			
APPEAL OUTCOME AGREEMENT						
	Name	Signature	Date			
Student						
Training Manager						

