



PAR05: Appeal a Central Desert Training Decision

Central Desert Training Pty Ltd is committed to addressing each Appeal against a decision it has made promptly, fairly and transparently to continuously improve what we do and to uphold trust with users of our services.

If you need assistance to complete this form, please contact us cdtadmin@centraldeserttraining.com.au

Section 1: Please indicate the Central Desert Training Pty decision you are appealing.

(Indicate your response with an X)

NDIS decision		
ISEP decision		
RTO decision	General decision	Appeal against an Assessment decision

Section 2: Your details

Personal details

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	
USI Number (if applicable)	

Do you require an interpreter?

Yes		No		If yes , which language?	
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Do you require support in completing this form, or in submitting your Appeal?

Yes		No	
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If Yes, describe what support you need to be able to submit your Appeal

Are you submitting the Appeal on another person’s behalf? (Indicate your response with an X)

No (go to Section 5)		Yes	
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Section 3: Appeal made on another person’s behalf

Please provide the following details about the person on whose behalf you are acting:

First Name:	
Last Name:	
Postal address:	
Telephone number:	
Mobile number:	
Email address:	

Please provide details of your relationship to the person on whose behalf you are acting:

Are you a legal representative for the person who is appealing the decision?
(e.g. parent of a child under 18 years or guardian – indicate your response with an X)

Yes		No	
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If **yes**, please provide details:

Does the person know you are making an Appeal on their behalf? (Indicate your response with an X)

Yes		No	
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If **no**, please provide the reason why:



Are we able to speak with the person who is wanting to lodge this Appeal ? (Indicate your response with an X)

Yes		No	
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If **no**, please provide the reason why:

Section 4: Other person’s consent for the Appeal made on their behalf

If you are providing this Appeal on another person’s behalf, we require the consent of the other person to obtain and pass on personal information relevant to this Appeal. Please provide evidence of this consent when submitting this form, e.g., signed consent (as provided below) from the person on whose behalf you are acting.

I, (insert name of person giving consent) _____

give permission to (insert name of person receiving consent) to provide or collect relevant information on my behalf to assist with this complaint/compliment or feedback, as necessary.

Signature:		Date:	
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Section 5: Reasons for the Appeal

Tell us the reason(s) for your Appeal against the decision

Complete this section if you are appealing a decision in relation to NDIS, ISEP services or RTO general decision

Detail the original decision
Provide the reasons for your Appeal against this decision



Complete this section if you are Appealing an Assessment decision.

Tell us the reason(s) for your Appeal against an Assessment decision

Add more rows if you are appealing decisions made against multiple units of competency.

Unit Code	Unit Title	Summary of the reasons for the Assessment decision Appeal

Section 8: Privacy

Central Desert Training Pty Ltd is committed to protecting your privacy. We collect and handle personal information that you provide on this form for the purpose of investigating and responding to your complaint.

Central Desert Training Pty Ltd will only use your information in accordance with relevant privacy and other laws.

Section 9: Declaration

I declare the information I have provided in this Appeals form is true and accurate

Signature:		Date:	
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Office Use only	
Date Appeal Received:	
Appeal received by: Name & Title	
Appeal entered in Appeals Register	