

Request an appeal or review

- skills assessment



GENERAL INFORMATION

This form is to be used by applicants seeking an appeal or review against a skills assessment, or optional additional service, outcome. The request must be made within 28 days of receiving the outcome and the process will take approximately 6 weeks to complete.

Requests should be addressed to the Manager and lodged via email to **assessments@acwa.org.au**. Alternatively, you can mail this form to: PO Box 42, Flinders Lane VIC 8009, Australia. Once the payment has been processed, the Manager will send you an acknowledgement email.

APPEAL

Request an appeal when you believe an incorrect decision was made based on the information and evidence submitted in your original application. No new evidence can be submitted although you can attach a letter explaining why you believe the outcome was incorrect.

- The outcome will be determined by an appeal panel
- No new evidence can be submitted
- An appeal costs \$750
- If the original outcome is upheld, the fee is non-refundable. If it is overturned, the fee will be refunded.

REVIEW

Request a review if you believe you can provide additional evidence to support a successful outcome for your original application.

- The outcome will be determined by the same assessing officer as the original application
- New evidence or supporting documentation must be submitted
- A review costs \$500
- No matter the outcome, the fee is non-refundable.

REQUEST DETAILS

What are you requesting?

Appeal Review

ACWA file reference number

Is this application being submitted via an agent? If yes, an agent authorisation form is required.

Yes No

Grounds for request

Request an appeal or review - skills assessment



APPLICANT DETAILS

Full name

Date of birth (DD/MM/YY)

Phone number

Email address

Postal address

Address line 1	
Address line 2	
State	Postcode
Country	

PAYMENT*

Please select the relevant option below.

*Refer to page 1 for applicable fees

Visa

Mastercard

Card number (____ / ____ / ____ / ____)

Expiry (__ / __)

Name on card

DECLARATION

I declare that the above information I have provided in relation to this request is true and accurate to the best of my knowledge. I confirm that I have read and understood the relevant appeal and review policies.

Please tick this box to signify that you accept this declaration.

Name

Date (DD/MM/YY)