Logo

Description automatically generated

NSW Health

Registered Training Organisation

**Appeal Form**

|  |  |  |
| --- | --- | --- |
| Your Details | | |
| Date |  | |
| Your Name |  | |
| Contact Details | Phone | |
| Address | |
| Email | |
| Program Enrolled In  *(For Current and Past Students Only)* |  | |
| Please provide reasons and grounds for your appeal in as much details as possible. You may attach additional pages and supporting evidence as needed. | | |
| Signed: | | Date: |

***FOR OFFICE USE ONLY:***

|  |  |  |
| --- | --- | --- |
| Date Received | Date Acknowledged | Date of Response |
|  |  |  |

Please email completed and scanned form to: [**HSNSW-RTO@health.nsw.gov.au**](mailto:HSNSW-RTO@health.nsw.gov.au)