**External Appeal Form**

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| *Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.* | | |
| Title: Mr / Ms / Miss / Mrs | | **Student Name:** |
| Student Number: | | **Phone:** |
| Course Title: | | **Email:** |
| Group: | | **Date:** |
| Postal Address: | | |
| I have received Perth College of Beauty Therapy’s Decision on my Internal Appeal and wish to appeal externally to: | | |
| Independent Tertiary Education Council Australia (Domestic Students)    Overseas Students Ombudsmen (International Students) | | |
| Internal Appeal Information | | |
| Date of PCBT College receiving my complete Internal Appeal Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of PCBT College’s decision on my Internal Appeal Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Note: You must appeal externally within 10 working days from the date of Perth College of Beauty Therapy’s internal appeal decision. During this time and while the appeal is being considered, you must attend all scheduled classes. | | |
| External Appeal Information | | |
| Independent Tertiary Education Council Australia (ITECA) - Tel: 1300 421 017  Overseas Students Ombudsmen (OSO) – Tel: 1300 362 072 | | |
| Student Declaration: A PCBT College staff member has assisted me in accessing and submitting my external appeal application. I have submitted all required documentation and information in line with ACPET or OSO’s external appeal requirements. All information provided by me in this form is accurate, true and correct. | | |
| Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of submitted External Appeal Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| Office use only. | | | |
| Application Received By | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Action Taken By | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Comments (If there is insufficient space, attach additional sheets).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |