



## Request for Re-Assessment Form

Learner Name:

Date:

Company/Worksite:

Contact Phone Number

Please complete this form by describing why you think the Assessment Decision was unfair or inaccurate. List any additional evidence you may have to support your claim for competence and submit this evidence along with your Request for Re-Assessment.

UNIT NAME, UNIT CODE	LIST YOUR COACH, VERIFIER AND MANAGER*	PLEASE DESCRIBE WHY YOU THINK THE ASSESSMENT DECISION IS UNFAIR OR INACCURATE	DESCRIBE ANY ADDITIONAL EVIDENCE TO SUPPORT YOUR REQUEST FOR RE-ASSESSMENT

Corporate Partners may wish to contact your coach, manager or verifier for this unit to gather further evidence of competence to support your Request for Re-Assessment.

Effective date: 1<sup>st</sup> July 2008

Review Date: July 2011

Approved by: Ray Edwards

Replaces: New – Competitive Manufacturing documents

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