

BCITO's Learner Assessment Appeal process applies for any appeal made by a learner about the assessment process or outcomes including concerns that they have been assessed inconsistently or incorrectly against the criteria for the BCITO programme in which they are enrolled.

Assessment appeals are distinct from complaints about service, conduct, behaviour, or organisational decisions. Assessment appeals relate specifically to assessment decisions and academic outcomes and will be managed under this policy. Where an issue is determined to be a learner complaint rather than an appeal, it will be managed under the BCITO Learner Complaints Policy.

Learner Assessment Appeal Process

If a learner wishes to appeal an assessment decision, they should first follow the informal appeal process, where they contact their Training Advisor to discuss the appeal and the reasons for the assessment decision. The learner may choose to discuss this first with their employer, or the Training Advisor's Area Manager.

If the concern cannot be resolved, a formal appeal may be lodged using the appeal form within this document. Appeals must ideally be lodged within 30 days of the assessment event.

Once an appeal is received by BCITO, it is recorded and forwarded to the Area Manager for the relevant region. The Area Manager will investigate the appeal and arrange any appropriate action.

Please ensure all requested information is completed. This will help the appeal to be processed as quickly as possible.

All assessment appeals can be filled out and:

- **mailed to:**

BCITO
PO Box 2615
Wellington 6140
Attention: Quality Assurance Manager

- **or scanned and emailed to:**

quality@bcito.org.nz

Attention: Quality Assurance Manager

Assessment Appeal Form

Learner full name: _____

Learner email address: _____

Unit/Skill Standard number: _____

Industry Sector: _____

Learner NZQA ID

Option 1: NZQA NSN number: _____ or:

Option 2: Date of birth: _____

Learner phone number(s): _____

Date of assessment: _____

Assessment method: (workbook, online, workplace): _____

Date this appeal was first raised: _____

Assessor (Training Advisor): _____

Where the assessment took place: _____

Please write a detailed description of the reason for this appeal:

(Please state the reasons why you think the assessment was unfair. Support your reasons with detailed evidence and submit copies of this with this form).

Apprentice signature:
