

Skills assessment review and appeal form



COMMUNITY
WORK AUSTRALIA

GENERAL INFORMATION

This form is for applicants seeking a review or appeal against a skills assessment, or optional additional service, outcome. Please read Community Work Australia's Review and appeal policy carefully before completing this form.

Requests should be addressed to the Manager and lodged via email to assessments@communitywork.org.au. Once the payment has been processed, you will receive an acknowledgement email.

You can find the current processing timeframe on the Community Work Australia website.

REVIEW

Request a review if you disagree with your original skills assessment outcome and believe you can provide additional evidence to support a successful outcome.

- The outcome will be determined by a senior assessment officer
- New evidence or supporting documentation can be submitted
- A review costs \$500
- No matter the outcome, the fee is non-refundable.

APPEAL

Request an appeal if you are not satisfied with the result of the review assessment. No new evidence can be submitted, although you can attach a letter explaining why you believe the review outcome was incorrect.

- The outcome will be determined by an appeal panel involving an independent assessor
- 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.

REQUEST DETAILS

What are you requesting?

Review Appeal

Community Work Australia application ID

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

Yes No

Grounds for request

Skills assessment review and appeal form



COMMUNITY
WORK AUSTRALIA

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)