MELBOURNE COLLEGE

STRICTLY CONFIDENTIAL and PRIVATE

Submit form NO less than 5 working days from time of cause of complaint or appeal occurring.

Student Complaint and Appeal Application Form

This form is to be used by students to lodge a formal complaint and/or appeal. Before completing this form students are advised to read Melbourne College of Hair and Beauty (MCOHB) Complaints and Appeal Policy and Procedure.

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to admin@MCOHB.edu.au otherwise we may not be able to contact you with important information.

Applicant Details:

Student ID:	Date	Date of Birth:					
Family Name (as per e	nrolment registra	ation):					
Given Name (as per en	rolment registra	tion):					
Phone:	mobile phone:				student email:		
Course enrolment D	etails:						
Course code:		Course title:					
Course start date:	Course finish date:						
Type of grievance:	Complaint	Appeal	🗖 Inte	ernal	🗆 Exte	ernal	
Reason for complaint	: 🗖 Training	Admin ser	vices	🗖 Fina	ance	□ Student support	
□ Facilities/equipment	□ Staff	Other stud	ent				

If complaint is about a Staff member or another student please Name the staff member or other student. N.B. Any information you provide in this application is kept in strict confidence and is only shared with the relevant RTO staff that are required to assess your application.

Name of staff member or other student:

Melbourne College of Hairdressing Beauty Therapy & Natural Medicine Pty Ltd Trading as Melbourne College of Hair and Beauty Level 1, 1 Star Crescent, Docklands, VIC, Australia 3008 Tel: +61 3 9650-1056 Web: WWW.MCOHB.COM.AU RTO No: 21943 — CRICOS: 02886G **Reason for appeal:** Disagree with complaint decision Disagree with ESOS decision

Type of ESOS decision: Reject Deferral application Reject Suspension application

□ Reject Transfer to another provider □ Reject withdrawal from course programme

□ Intention to Report to Home Affairs for visa breach □ Cancellation of Enrolment and/or CoE

Type of administrative decision: timetable days Cancellation of Enrolment Assessment outcome decision

Other reason (Please specify): Please state your complaint or appeal details including dates, times and other people involved

Please state your proposed course of action or desired outcome to resolve this complaint or appeal:

Student declaration:

□ I have read and fully understood the Complaints and Appeals Policy and Procedure.

□ I understand that completing this form does not guarantee an outcome that I may be satisfied with.

□ I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing time of the application. I understand that the course delivery, timetable, training plan & duration maybe affected & the flexibility of the timetable may not be available. I also accept that to amend or change Confirmation of Enrolment (COE) will incur a fee of \$100.

□ I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the *National Code of Practice for Providers of Education and Training to Overseas Students 2018* (CRICOS Standards) and Standard 6 (Complaints and appeals) of the *Standards for RTO's 2015* within 5 working days of my complaint application not being approved.

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ESOS related appeals

□ International student appeals must be lodged within 20 working days plus 2 working days for postage handling of notification of an Intention to Report the student to Department of Home Affairs in order to be considered by the RTO. A non ESOS appeal is to be lodged within five (5) working days after a complaints decision has been made, or the completion of an assessment.

N.B For international students: If your complaint and or appeal is unsuccessful MCOHB will report the change to your enrolment and CoE to the Department of Home Affairs which may affect the status of your visa. If you require more information as to how this action may affect your visa status, contact the Department of Home Affairs.

Student signature:

Date of application:

Office use: N.B Applications MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation if applicable.

Required evidence attached YES NO

Examples of required evidence: Notice from Home Affairs refusing visa application, airline tickets departure & return if student is required to return home, medical certificate, finance notice of nonpayment of tuition fees, Offer from another provider to support transfer application.

Approved:	🗆 YES	🗖 NO
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Reason for approval/non-approval decision?

Director of Studies/delegate sig	nature:	Date:							
Printed Name:									
Date request received:	Receiv	Received by: (MCOHB staff member name)							
MCOHB staff member position:									
Student file updated:	□ YES	□ NO	Date up	odated:					
MCOHB staff member who updated student file:									
Staff member name:									
Students' education agent notifi	ed:	□ YES	□ NO						
If Yes: Date notified:	Method educat	ion agent notified	d:	Letter	🛛 email				

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