

Application for review of decision

QCE credit and studies which contribute to the completed Core

Form 4

Complete this form electronically. Do not print.

This form is submitted on behalf of a student by their main learning provider (MLP) or by the applicant if the student is dissatisfied with the QCAA's decision related to an application made using a Form 1, Form 2 or Form 3.

Please note:

- decisions are made in accordance with guidelines outlined in the [QCE and QCIA policy and procedures handbook \(Section 2.1.3\)](#)
- evidence must be submitted with this form as outlined on pages 1 and 2
- applications for review of decision must be received by the QCAA within 28 days of the date of the decision.

Student details Enter details as recorded in Student Management.

LUI	<input type="text"/>	Date of birth	<input type="text"/>
School (MLP)	<input type="text"/>		
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>Given name/s</small>	<small>Preferred name</small>	<small>Family name</small>
Sex	<input type="text"/>		

Details of decision to review

Outline details of the application that the decision is to be reviewed for.

Application submitted date	<input type="text"/>	QCAA decision date	<input type="text"/>
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Please indicate which decision/s you request the QCAA to review.

<input type="checkbox"/> Amount of QCE credit assigned for studies	<input type="checkbox"/> Relaxation of subjects eligible to contribute to the completed Core (linked subjects)	<input type="checkbox"/> Other
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Outline the reasons you believe the decision was incorrect.

The information you provide on this form is being collected and used in relation to the QCAA's functions and powers prescribed under Part 2 of the *Education (Queensland Curriculum and Assessment Authority) Act 2014*. The information will be accessed by QCAA staff and handled in accordance with the *Information Privacy Act 2009*. Information held by the QCAA is also subject to the *Right to Information Act 2009*.

Evidence to support above reasons

List the evidence you will attach to this application for review and provide a comment.

Principal/Principal's delegate declaration

I declare that the information in this application is complete and correct. This information has been checked with the student and they and their parent/carer are aware of this application.

Principal/Principal's delegate name

Date

Contact details

Phone

Email

Submitting this application

1. Complete this form electronically. Do not print and scan this form.
2. Save the completed application form ('save as' with an appropriate filename).
3. The Principal/Principal's delegate must email this form and evidence file (as attachment) from their school email address to **rocc@qcaa.qld.edu.au**.

A decision regarding the outcome of this application will be sent by return email.

Enquiries

If you have questions about:

- submitting this application, email **rocc@qcaa.qld.edu.au**
- QCE eligibility, email **QCEforschools@qcaa.qld.edu.au**.