

**APPLICATION FOR REVIEW OF A DECISION**

Before completing this application you should familiarise yourself with the **Reconsideration, Review and Appeals Process By-law,** available on the Governance page of the RACP website.

**Section 1 - Applicant details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | Given name(s) |  |
| Home address |  |
| Postal address*if different from home* |  |
| Email address |  |
| Telephone contacts | Mobile |
|  | Work |
|  | Home |

**Section 2 - Contact details of others acting on your behalf (if required)**

**Note**: You are not required to be represented by another party but if you are, please provide their details.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | Given name(s) |  |
| Postal address |  |
| Email address |  |
| Telephone contacts | Mobile |
|  | Work |
|  | Home |

**Section 3 - Details of the Decision you wish to have reviewed.**

**Note:** Any person dissatisfied with the Decision of a College Body may elect to move directly to the Review Process.

|  |  |
| --- | --- |
| Decision that you are asking the College to review |  |
| Date of the correspondence advising you of the Decision |  |
| College Body that made the Decision |  |

State the reason/s why review of the Decision is sought. Include relevant correspondence from the College.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

What decision do you want the College to make and why?

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Section 4 - Signature of the Applicant**

|  |
| --- |
|  / / |

Applicants will be notified that a payment is pending and can be managed via their MyRACP account following receipt of the application for review of a decision. The review process cannot commence until the fee is paid

This application must be received by the College within the timeframe specified in the **Reconsideration, Review and Appeals Process By-law.**

The application may be submitted by post or in person to:

Chief Executive Officer
The Royal Australasian College of Physicians
145 Macquarie Street
SYDNEY NSW 2000
AUSTRALIA

OR

scanned and sent by email to the College email address, being:

[RACP@racp.edu.au](RACP%40racp.edu.au)