

Application for Review Form

Review, Reconsideration and Appeal Policy and Procedure



Making an application for review

This form can be used to make an application for review to the RANZCP in accordance with the [Review, Reconsideration and Appeal Policy and Procedure](#) ('the Policy'). Part One of the Policy applies to applications for Review. We recommend that you read the Policy before completing and submitting your application for information about the review process and your rights throughout that process.

The Policy sets out the requirements that an application for review must meet before it can progress through the steps of the review process. This application form is structured to assist you to meet those requirements.

However, if your application does not meet the necessary requirements, a staff member from the RANZCP's Legal Services Department will contact you to offer general information and assistance in relation to meeting the application requirements. Please note that the RANZCP Legal Services Department is not able to provide you with legal advice in relation to your application. Should you require legal advice, please seek your own independent legal advice.

There is no fee associated with making an application for review.

Privacy statement

Any information that you provide in this form will be collected and used for the purposes of your application for review, as well as any subsequent application for reconsideration or application for appeal which you may make in relation to the same original recommendation for exclusion or decision. If you choose not to provide certain information in this form, it may result in your application for review not meeting the application requirements as set out in the Policy and, consequently, your application not being able to be processed.

For further information in relation to how the RANZCP will store, use and disclose your information, please refer to the RANZCP's [Privacy Policy](#).

If you have any queries while completing this form, please contact legalservices@ranzcp.org for information.

Your details

Full Name: _____

RANZCP Membership ID number (if applicable): _____

Email address: _____

Phone number: _____

I am a (please tick):

- Fellow Trainee/Associate Member
 Specialist International Medical Graduate Affiliate Member
 Other: _____

Details of the original recommendation for exclusion or decision

Committee which made original decision or recommendation for exclusion:

Date of the original decision or recommendation for exclusion:

Description of the original decision or recommendation for exclusion:

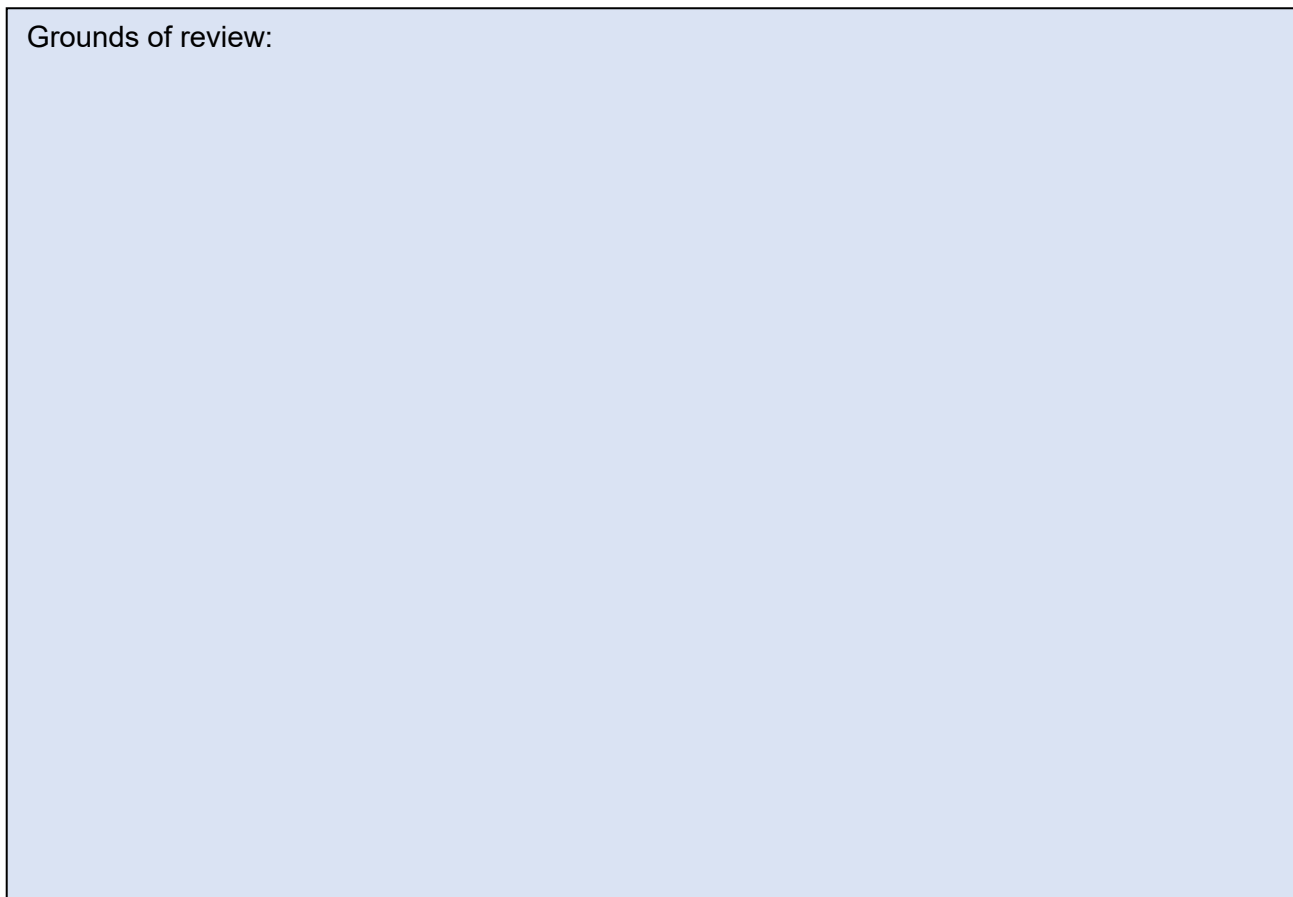
The Policy requires that applications for review are made within two (2) months of the date that you were notified of the outcome of the original recommendation for exclusion or decision. If you were notified of that outcome more than two (2) months ago, please set out your request for an extension of the application deadline and reasons for the request:

Grounds of review

You may wish to set out the details below or attach a separate document to your application.

The grounds that you may rely upon in making your application for review are set out in section 6 of the Policy. In accordance with section 5.3 of the policy, you are required to establish the grounds of review. You may wish to set out the grounds of review below, or attach a separate document to your application.

Grounds of review:



Acknowledgements

I confirm that I am submitting the following with this application form:

- applications or other documentation related to the original recommendation for exclusion /decision;
- outcome letter setting out the original recommendation for exclusion/decision; and
- relevant written supporting documentation.

I understand and agree that:

- the RANZCP Legal Services Department may contact me in relation to my application;
- if my application does not meet the requirements set out in the Policy, I will be notified and my application will not be processed unless and until the requirements are satisfied;
- if it is determined that my application has been made vexatiously or frivolously, I will be notified, and my application will not be processed;
- the ERC will be provided with the following information in considering my application:
 - this application for review and any relevant written supporting documentation I provide;
 - any further documentation relevant to the original recommendation for exclusion or decision to facilitate consideration of my application;
 - relevant RANZCP policies and procedures;
 - any other information deemed to be appropriate to include in the ERC's brief to accompany your application, acknowledging that I will be notified of any information which may be adverse to my interests in accordance with procedural fairness;
- I may request a list of documents being provided to the ERC as part of its brief in relation to my application for review and a copy of those documents;
- my application will be considered on the basis of written submissions only and I will not be required or permitted to attend the ERC's meeting;
- any information provided in this form will be managed in accordance with the RANZCP Privacy Policy; and
- in no circumstances will any person, decision-making body or the RANZCP be liable for damages arising from a decision made in accordance with the RANZCP's Review, Reconsideration and Appeals Policy where that decision is considered by the applicant to be adverse to their interests.

Full name: _____

Signature: _____

Date: _____

REVISION RECORD

Contact: Legal Services Department

Date	Version	Approver	Description
02/2022	1	Board B2022/2 R35	New document
08/2023	2	President's Meeting	Edits to document regarding requests for financial hardship

NEXT REVIEW: 2027