



Application for reconsideration or review

Refer to [regulation 30](#) before completing this form.

Personal details

College ID

First name _____

Surname _____

Summary of request

Please explain your reason for this request.

Supporting documentation

Please list the documents you are providing to support this request.

Signature _____

Date _____

Supervisor support

Do you endorse this request?

Yes

No

Comments

I have discussed this application with the trainee and reviewed the supporting evidence.

Supervisor _____

Signature _____ Date _____

Application for reconsideration or review (notes)

This application form is to be used by trainees who wish to initiate a formal reconsideration or review process under regulation 30 for a training decision that they are dissatisfied with, and adversely affected by. The request must take the form of a letter to the CEO outlining the reasons for your request and include the preceding application form and any additional information that will be relevant to the decision. Application of reconsideration must be made within six months of the original decision. Application for review must be made within three months of receipt of notice of such reconsideration decision. For full details on the process, refer to regulation 30

The key steps in making this application are as follows:

1. Complete and print the application form, noting the specific decisions for which you are seeking reconsideration or review and the reason for your request;
2. Prepare your letter to the CEO and print copies of evidence to support your application. (Evidence should not include any patient identifying information and needs to conform with relevant health information privacy legislation);
3. Arrange a meeting with your current supervisor of training (SOT) and present your letter, application form and supporting evidence. At this meeting your SOT will review this information and indicate if they endorse or do not endorse your application;
4. Send your application (including letter to the CEO, application form and supporting evidence) to the College using the address below:

Please send your completed form to the college:

Email: assessor-requests@anzca.edu.au

Or

CEO c/o ANZCA Training

PO Box 6095

Melbourne, VIC 3004

Australia.

For further information, please email or contact us at +61 3 9510 6299