



# Appeal Form

## Introduction

The *Building and Construction Industry (Improving Productivity) (Accreditation Scheme) Rules 2019* (the Rules) provide for the internal review of decisions made by the Federal Safety Commissioner (FSC). The decisions that can be reviewed are the following decisions:

- A decision to refuse to accredit a person;
- A decision to determine a period of less than 6 years' accreditation;
- A decision to impose a condition of accreditation;
- A decision to suspend an accredited person's accreditation; and
- A decision to revoke an accredited person's accreditation.
- Any other decision that is not listed above is not reviewable under the Rules.

This form should be read in conjunction with the fact sheet: ***How to Appeal a Decision of the Federal Safety Commissioner.***

This form should be filled out by the person wishing to appeal a reviewable decision (the applicant) made by the FSC under the Rules. The applicant may provide additional documents as attachments for any question in the form.

Please send this form to the following address:

**The Federal Safety Commissioner**  
**Location Code: C10MT2**  
**GPO Box 9880**  
**Canberra ACT 2601**

## Applicant Details

Title:  Mr  Ms  Mrs  Miss  Mx  Other \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



## Appeal

**Question 1: What decision are you appealing?**

- A decision not to accredit (go to Question 3).
- A decision to determine a period of less than 6 year's accreditation (go to Question 3).
- A decision to impose a condition of accreditation (go to Question 2).
- A decision to suspend an accredited person's accreditation (go to Question 3).
- A decision to revoke an accredited person's accreditation (go to Question 3).
- Other (go to Question 2).

**Question 2: Please list the details of the condition or conditions, or any other decision, that you are appealing.** (After filling in the information, go to Question 3).

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**Question 3: When did you receive notice of this decision? Please provide the date in the following format: Day/Month/Year, eg 25 December 2019.** (After filling in the information, go to Question 4).

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**Question 4: Did the FSC make this decision in relation to your company?**

- Yes (go to Question 6)
- No (go to Question 5)

**Question 5: To whom does the decision apply?** (After filling in this information, go to Question 6).

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Australian Government

Attorney-General's Department  
Office of the Federal Safety Commissioner



**Question 6:      What are your reasons for appealing the decision? You may wish to attach additional documents to this form.**

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**PLEASE SIGN HERE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_