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Review Form

# Introduction

The *Federal Safety Commissioner (Accreditation Scheme) Amendment Rules 2023* 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 [ofsc@dewr.gov.au](mailto:ofsc@dewr.gov.au) or by post to:

**Office of the Federal Safety Commissioner**

**Location Code: C15NC**

**GPO Box 9828**

**CANBERRA ACT 2601**

## Applicant Details

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

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

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

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

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

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

