



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 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: _____

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).

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).

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).

[illegible]

Signature: _____ Date: _____