Attachment 4.

Note: This application must be received by the Chief Executive of the College following the advice of the determination of reconsideration (Phase 1).

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Surname**)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:**

**CONTACT DETAILS:** ………………………………………………………………………………………………….……

**SUMMARY OF GROUNDS FOR REVIEW/APPLICATION**

(Detailed and supporting documents, including certified copies of formal documents e.g. medical certificates, should be attached)

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| --- |
|  |

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT AND AUTHORISE THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS TO SEEK AND OBTAIN FURTHER DETAILS IN RESPECT OF ANY MATERIAL SUBMITTED IN SUPPORT OF THIS APPLICATION.

**SIGNATURE: ………………………………………………………………………………DATE:………………………………………**