

Application for Reconsideration of Decision

Please refer to the [Reconsideration, Review and Appeal of Decisions Policy](#).

Please send this form and any supporting documentation to: RRA@racma.edu.au within the timeframes specified in the Policy.

First Name:

Surname:

Email:

Phone:

RACMA ID (if applicable).....

Entity the application is on behalf of (if applicable).....

Original decision

Please outline the original decision you would like reconsidered.

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Date you received that decision:

Does the decision relate to Oral Examination? Yes No

Grounds for application

Outline your concerns about the original decision, linking them to the grounds in the Policy¹.

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¹ Refer to section 4.2 of the Policy.

Remedy

State what remedy you are seeking.

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Evidence

List documents and evidence you are submitting in support of the grounds for application.

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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: