

Application for Review 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).....

Application for a review of a decision requires prior completion of a reconsideration process unless otherwise allowed.

Date you received the reconsideration decision:

Evidence

List additional documents and evidence you are submitting in support of the grounds for application which was not previously considered during the reconsideration process.

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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: