

Application for Reconsideration Form

Review, Reconsideration and Appeal Policy and Procedure



The Royal
Australian &
New Zealand
College of
Psychiatrists



Making an application for reconsideration

This form can be used to make an application for reconsideration to the RANZCP in accordance with the [Review, Reconsideration and Appeal Policy and Procedure](#). Part Two of the Policy applies to applications for Reconsideration. We recommend that you read the Policy before completing and submitting your application, for information about the reconsideration process and your rights throughout that process.

The Policy sets out the requirements that an application for reconsideration must meet before it can progress through the steps of the reconsideration process. This application form is structured to assist you to meet those requirements.

However, if your application does not meet the necessary requirements, a staff member from the RANZCP's Legal Services Department will contact you to offer general information and assistance in relation to meeting the application requirements. Please note that the RANZCP Legal Services Department is not able to provide you with legal advice in relation to your application. Should you require legal advice, please seek your own independent legal advice.

There is a prescribed fee of \$1000 AU/NZ to make an application for reconsideration. If you are experiencing financial hardship, you may be eligible to have this fee waived in accordance with the Policy. Please provide the requested information in this form, and any relevant supporting documents. The onus of proof to establish financial hardship lies with the applicant and a decision to waive the application fee is discretionary and resides with the CEO.

Privacy statement

Any information that you provide in this form will be collected and used for the purposes of your application for reconsideration, as well as any subsequent application for appeal which you may make in relation to the same original recommendation for exclusion or decision. If you choose not to provide certain information in this form, it may result in your application for reconsideration not meeting the application requirements as set out in the Policy and, consequently, your application not being eligible to be processed.

For further information in relation to how the RANZCP will store, use and disclose your information, please refer to the RANZCP's [Privacy Policy](#).

If you have any queries while completing this form, please contact legalservices@ranzcp.org for information.

Your details

Full Name: _____

RANZCP Membership ID number (if applicable): _____

Email address: _____

Phone number: _____

I am a (please tick):

☐ Fellow ☐ Trainee/Associate Member

☐ Specialist International Medical Graduate ☐ Affiliate Member

☐ Other: _____

Details of the original recommendation for exclusion or decision

<p>RANZCP Committee which made original decision or recommendation for exclusion:</p> <p>_____</p> <p>Date of the original decision or recommendation for exclusion:</p> <p>_____</p> <p>Description of the decision or recommendation for exclusion:</p>

Details of my previous application for review (if relevant)

Date that application for review was submitted: _____

Date that outcome was received: _____

The Policy requires that applications for reconsideration are made within two (2) months of the date that you were notified of the outcome of your application for review. If you were notified of that outcome more than two (2) months ago, please set out your request for an extension of the application deadline and reasons for the request:

Grounds of reconsideration

You may wish to set out the details below or attach a separate document to your application.

The grounds that you may rely upon in making your application for reconsideration are set out in section 6 of the Policy. In accordance with section 5.3 of the policy, it is your responsibility to establish the grounds for reconsideration. You may wish to set out your grounds below, or attach a separate document.

Grounds for reconsideration:

Request for Waiver of Fee

The onus of proof to establish financial hardship lies with the applicant and a decision to waive the application fee is discretionary and resides with the CEO.

In accordance with the Policy, the RANZCP may request additional documentation to assess an applicant's request for a fee to be waived.

Please attach supporting documents in support of a request to waiver along with your application. For further information, please contact RANZCP Legal Services prior to submitting your application for appeal.

- ☐ I would like to request for a fee waiver due to financial hardship and I have attached relevant supporting documentation to support this request.

Ground(s) for request:

- ☐ Serious medical condition
- ☐ Serious financial hardship
- ☐ Reduced hours of work
- ☐ Other extenuating circumstances

Details of reason(s) for request

Providing false or incorrect information may be deemed conduct that in the opinion of the RANZCP Board is unbecoming of a Member or as prejudicial to the interests of the RANZCP, and result in consequences to a Member's membership pursuant to Article 5.2.1 I of the Constitution.

The RANZCP is committed to supporting all members experiencing personal or professional difficulties. Support is available through the [RANZCP Member Support Program | RANZCP](#) or by contacting the RANZCP Confidential Member Advice Line .

Acknowledgements

I confirm that:

- ☐ I have previously made an application for review (if relevant and required by the Policy) and received an outcome in relation that application;
- ☐ I am submitting the following with this application form:
 - Applications or other documentation related to the original recommendation for exclusion /decision;
 - outcome letter setting out the original recommendation for exclusion /decision;
 - Correspondence relevant to the outcome of your application for review (if relevant); and

- relevant written supporting documentation (if relevant).
- ☐ If submitting a request for waiver of the appeal fee, that:
 - the information relating to financial hardship and any supporting documentation is true and correct; and
 - If the request is not successful, in line with the Policy the RANZCP will notify the appellant within 4 weeks of the application being submitted.

I understand and agree that:

- ☐ the RANZCP Legal Services Department may contact me in relation to my application;
- ☐ if my application does not meet the requirements set out in the Policy, I will be notified and my application will not be processed unless and until the requirements are satisfied;
- ☐ if it is determined that my application has been made vexatiously or frivolously, I will be notified, and my application will not be processed;
- ☐ the Independent Reconsideration Panel (IRP) will be provided with the following information in considering my application:
 - this application for reconsideration and any relevant written supporting documentation I provide;
 - any further documentation relevant to the original recommendation for exclusion or decision to facilitate consideration of my application;
 - relevant RANZCP policies and procedures;
 - any other information deemed to be appropriate to include in the IRP's brief to accompany your application, acknowledging that I will be notified of any information which may be adverse to my interests in accordance with procedural fairness.
- ☐ I may request a list of documents being provided to the IRP as part of its brief in relation to my application for reconsideration and a copy of those documents;
- ☐ any information provided in this form will be managed in accordance with the RANZCP Privacy Policy; and
- ☐ in no circumstances will any person, decision-making body or the RANZCP be liable for damages arising from a decision made in accordance with the RANZCP's Review, Reconsideration and Appeals Policy where that decision is considered by the applicant to be adverse to their interests.

I consent to the RANZCP processing the \$1000 AU/NZ prescribed reconsideration fee using the following card details:

Card Type (please select):

- ☐ MasterCard
- ☐ Visa

Card Number: _____

Expiry Date: _____

Name on Card: _____

Full name: _____

Signature: _____

Date: _____

REVISION RECORD

Contact:	Legal Officer		
Date	Version	Approver	Description
02/2022	1	Board B2022/2 R34	New document
08/2023	2	President's Meeting	Edits to document regarding requests for financial hardship
NEXT REVIEW: 2027			
