



## Attachment

### Application for Appeal of Decision of a College Committee of Officer

NAME: .....

*(Surname)*

ADDRESS: .....

.....

CONTACT DETAILS: .....

Is this application for appeal of a decision of a Committee relating to  
**Examination/Other?** *(strike out that which is not applicable)*

Does this application for appeal follow notification of the outcome of an application  
for Reconsideration?

**Yes/NO** *(strike out that which is not applicable)*

### SUMMARY OF GROUNDS FOR REVIEW/APPLICATION

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

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:.....