

Notice of Intention to Appeal



GST Reg No. 11-081-415;

ABN 68 000 439 047

To be completed by the Applicant and forwarded to the Legal Officer, Hearings and Complaints as specified below:

PLEASE USE BLOCK LETTERS

Name of Applicant
.....

Address of Applicant
.....

Address for service of documents *(if different from above)*
.....

Phone No **Fax No** **Email**

Date of Original Decision:
.....

Date of Reconsideration:
.....

I apply to the RANZCP to have the following decision Appealed –

1. The decision was made by:
 - (a) Name of Board or Committee
 - (b) Date of decision

2. Grounds for Appeal:

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Signature of the Applicant

_____ Date _____

The relevant fee must accompany this application.

A fee of \$ AU/NZ 4,000 (GST inclusive) charged in the applicable currency, is payable in relation to all applications for Appeal to RANZCP. Current fees for applications are set out on our website at www.ranzcp.org. RANZCP fees may increase each year.

PAYMENT OPTIONS :

1. **Cheque/Money Order:**
Made Payable to: RANZCP

2. **Credit Card (MasterCard & Visa Only):**

Payment by credit card can be made by completing the details and forwarding this notice to
Accounts Receivable, Finance
Facsimile +61 3 9642 5652
or to the postal address 309 Latrobe Street, Melbourne 3000

Card Type:	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
Card Number :	Expiry Date:
Name on Card:	Amount \$AU/NZ \$ 4,000.00
Signature:	

Lodge this completed form, any attachments and the applicable fee by:

Mail or deliver to: The Royal Australian and New Zealand College of Psychiatrists 309 La Trobe Street Melbourne VIC 3000	Email to: Callie.Kalimniou@ranzcp.org	Fax to: The Office of the President and CEO Fax Number: + 61 3 9642 5652
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For further information in relation to this form please contact Callie Kalimniou, Administration Officer, Complaints and Appeals Management on the following:

Telephone: + 61 3 9601 4984

Facsimile: + 61 3 9642 5652

Email: Callie.Kalimniou@ranzcp.org