



Appeal Form

Introduction

The Federal Safety Commissioner (Accreditation Scheme) Amendment Rules 2023 provide for the internal review of decisions made by the Federal Safety Commissioner (FSC). The decisions that can be reviewed are the following decisions:

- A decision to refuse to accredit a person;
- A decision to determine a period of less than 6 years' accreditation;
- A decision to impose a condition of accreditation;
- A decision to suspend an accredited person's accreditation; and
- A decision to revoke an accredited person's accreditation.
- Any other decision that is not listed above is not reviewable under the Rules.

This form should be read in conjunction with the fact sheet: How to Appeal a Decision of the Federal Safety Commissioner.

This form should be filled out by the person wishing to appeal a reviewable decision (the applicant) made by the FSC under the Rules. The applicant may provide additional documents as attachments for any question in the form.

Please send this form to ofsc@dewr.gov.au or by post to:

Office of the Federal Safety Commissioner Location Code: C15NC GPO Box 9828 CANBERRA ACT 2601

Applicant Details

Title:	Mr Ms Mrs Miss Mx Other
Name:	
Company:	
Postal Address:	
Telephone:	Email:

App	eal						
Quest	ion 1:	What decision are you appealing?					
	A decis	ion not to accredit (go to Question 3).					
	A decision to determine a period of less than 6 year's accreditation (go to Question 3).						
	A decision to impose a condition of accreditation (go to Question 2).						
	A decis	A decision to suspend an accredited person's accreditation (go to Question 3).					
	A decision to revoke an accredited person's accreditation (go to Question 3).						
	Other (go to Question 2).						
Quest		Please list the details of the condition or conditions, or any other decision, that you are r filling in the information, go to Question 3).					
Quest		When did you receive notice of this decision? Please provide the date in the following onth/Year, eg 25 December 2019. (After filling in the information, go to Question 4).					
Quest	ion 4:	Did the FSC make this decision in relation to your company?					
	Yes (go to Question 6)						
	No (go to Question 5)						
Quest	ion 5:	To whom does the decision apply? (After filling in this information, go to Question 6).					

Question 6: W	hat are your reasons	for appealing the decisi	ion? You may wish to	attach additional				
documents to this form.								
PLEASE SIGN H	1ERE							
Signature:			Date:					