



Reconsideration Application Form

Applications for reconsideration, supported by relevant documentation, must be submitted using this application form **within six (6) weeks** of the date of the decision in question.

Contact information

RANZCOG ID:	
Surname:	
Given Name(s):	
Contact Phone Number:	
Email:	
Date:	

Exceptional Circumstances, Special Consideration & Reconsideration Policy

Click to view the [Exceptional Circumstances, Special Consideration & Reconsideration Policy](#).

It is important that applicants read this policy prior to submitting an application for reconsideration of a decision to ensure understanding of the reconsideration process and its requirements, including the grounds for *exceptional circumstances*, the need for relevant supporting documentation (as applicable), and possible outcomes. Please complete the following acknowledgement:

I have read and understand the College's *Exceptional Circumstances, Special Consideration and Reconsideration Policy*.

Decision that is the subject of this Reconsideration Application

Date of original decision



Decision-making body

Please indicate the College body that made the decision that is the subject of this reconsideration application:

- | | |
|--|---|
| <input type="checkbox"/> Education and Assessment Committee | <input type="checkbox"/> RANZCOG Board |
| <input type="checkbox"/> College Training Accreditation Committee | <input type="checkbox"/> SIMG Assessment Committee |
| <input type="checkbox"/> Regional Training Accreditation Committee
(please indicate below which region i.e. Victoria) | <input type="checkbox"/> Subspecialty Committee
(please indicate below which subspecialty i.e. CREI) |

Other (please specify): _____

Special Consideration Application

Did you apply for special consideration on the grounds of *exceptional circumstances* in relation to the matter that is the subject of this application:

- Yes No

Grounds for Reconsideration Application

- Published College policy and/or procedure not followed
- Relevant matters of fact that were not known and/or considered by the decision making body

Circumstances relating to the Reconsideration Application

Please provide a summary of the circumstances relating to this application and the reasons for the request, including all relevant information:

- Additional/supporting information attached



Reconsideration application fee

The current fee for an application for reconsideration of a decision is **AU\$318.00** (inc. GST).

Payment of this fee must be submitted with the request for reconsideration. Please ensure that you have enclosed with a cheque payable to 'RANZCOG' or have completed the following credit card details:

Card Type:	VISA	MASTERCARD
Name on Card:	_____	
Card Number:	_____	
Expiry Date:	_____ / _____	CSV: _____
Amount Paid:	\$318.00	
Signature:	_____	
THIS INVOICE BECOMES A TAX INVOICE FOR GST PURPOSES ABN 34 100 268 969		

NOTE: Applications are to be addressed for the attention of the Chairperson of the College body e.g. Education and Assessment Committee, Training Accreditation Committee, SIMG Assessment Committee, who made the original decision and may be submitted by e-mail or regular mail. All correspondence, including supporting documentation, must be submitted to the relevant Chair via the administrator of that Committee at College House or to the relevant Executive Officer for Regional Training Accreditation Committee applications.

Office Use Only
Received: