

Reconsideration Application Form

Trainee Details

First Name	
Surname	
RANZCOG ID Number	
Phone Number	
Email*	
Date of Submission	

*RANZCOG Trainee email preferred (if applicable)

Reconsideration, Review and Appeal of Decisions Policy

Click to view the [Reconsideration, Review and Appeal of Decisions 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 reconsideration, the need for relevant supporting documentation (as applicable), and possible outcomes. Please complete the following acknowledgement:

I have read and understood the RANZCOG *Reconsideration, Review and Appeal of Decisions Policy*.

Decision that is the subject of this Reconsideration Application

Date of Original Decision	
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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"/> State, New Zealand Training Accreditation Committee (please indicate below which state) | <input type="checkbox"/> Subspecialty Committee (please indicate below which subspecialty i.e. CREI) |
| <hr/> | |
| <input type="checkbox"/> Other (please specify) | |
| <hr/> | |

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

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

Card Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on Card		
Card Number		
Expiry Date		CSV
Amount Paid (AUD)	\$380.00	
Signature		
This invoice becomes a tax invoice for GST purposes ABN 34 100 268 969		