



GEN09 – Reconsideration, Review and Appeal Application

This form should be used to submit a request for reconsideration, review or appeal, as outlined in the RACDS [Reconsideration, Review and Appeal Policy](#), available on the College website. Please refer to the policy before submitting this application.

Section 1 – Personal Details

First Name		RACDS ID (if known)	
Last Name			
Other Names			
Email			

If your details have changed, please fill in below

Phone	M		H		W	
Mailing Address						
Principle Work Address						

Section 2 – Application Type

<input type="checkbox"/>	Reconsideration	<input type="checkbox"/>	Review	<input type="checkbox"/>	Appeal
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Section 3 – Attachments

	Letter outlining your circumstances and your specific request (e.g., Reconsideration, Review and Appeal etc.)
	Supporting documentation for your circumstances

Section 4 – Declaration

I hereby apply for consideration of special circumstances in assessment and declare that:

- I have read, understood and agreed to comply with all relevant RACDS policies, and in particular the RACDS Reconsideration, Review and Appeal Policy.
- I certify that the information I have provided in and with this application is correct and complete.
- The application meets the timeframes specified in the Reconsideration, Review and Appeal Policy

Signature _____
(Unsigned applications will not be processed)

Date _____



Section 5 – Payment

Payment Amount **\$AUD:** _____

Please select payment method:

<input type="checkbox"/> Electronic Funds Transfer	Bank	Westpac Banking Corporation	
	Branch Address	60 Martin Place, Sydney NSW 2000 Australia	
	Account Name	Royal Australasian College of Dental Surgeons	
	BSB Number	032 024	
	Account Number	80 1095	
	Bank Swift Code <small>(for accounts outside Australia)</small>	WPACAU2S	
	*Please include your Surname in the reference field of your payment. Failure to do so could result in a delay to your application.		
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard	<input type="radio"/> Visa
	Card Holder Name		
	Card Number		
	Expiry Date		
	CCV		

Applications must be submitted via e-mail to info@racds.org with the following subject line:

Application for reconsideration/review/appeal – Applicant’s surname – Applicant’s RACDS ID
Unless otherwise stated in the RRA Policy, these fees are non-refundable.