



## 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. RACDS members can also access this form by logging in and applying [online](#).

### How to submit:

Applications must be submitted either [online](#) or via e-mail to [info@racds.org](mailto:info@racds.org) with the following subject line:  
**Application for reconsideration/review/appeal – Applicant’s surname – Applicant’s RACDS ID**

### Section 1 – Personal Details

First Name		RACDS ID <i>(if known)</i>	
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

<input type="checkbox"/>	Letter outlining your circumstances and your specific request (e.g., Reconsideration, Review and Appeal etc.) specifying the grounds for your application.
<input type="checkbox"/>	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	\$AU _____	\$NZ _____
	<small>(Please refer to the <a href="#">Fee Schedule</a> on the College website for the applicable fee amount)</small>	
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	

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