

# Membership review and appeal form

## GENERAL INFORMATION

This form is to be used by applicants seeking a review or appeal against a membership assessment outcome. Please read Community Work Australia's Review and appeal policy carefully before completing this form.

Requests should be addressed to the Manager and lodged via email to [membership@communitywork.org.au](mailto:membership@communitywork.org.au). Once the payment has been processed, you will receive an acknowledgement email.

Please note: applicants who have been awarded provisional membership but believe they meet the criteria for full membership do not need to fill out this form. Refer to Community Work Australia's Review and appeal policy.

### REVIEW

Request a review if you believe you can provide additional evidence to support a successful outcome for your original application.

- The outcome will be determined by the same assessing officer as the original application.
- New evidence or supporting documentation must be submitted.
- A review costs \$250.
- No matter the outcome, the fee is non-refundable.

### APPEAL

Request an appeal if you believe an incorrect decision was made based on the information and evidence in your original application. No new evidence can be submitted although you can attach a letter explaining why you believe the outcome was incorrect.

- The outcome will be determined by an appeal panel.
- No new evidence can be submitted.
- An appeal costs \$250.
- If the original outcome is upheld, the fee is non-refundable. If it is overturned, the fee will be refunded.

## REQUEST DETAILS

What are you requesting?

Review

Appeal

Grounds for request

# Membership review and appeal form



## APPLICANT DETAILS

Full name

Date of birth (DD/MM/YY)

Phone number

Email address

Postal address

|                |          |
|----------------|----------|
| Address line 1 |          |
| Address line 2 |          |
| State          | Postcode |
| Country        |          |

## PAYMENT\*

Please select the relevant option below.

\*Refer to page 1 for applicable fees

Visa

Mastercard

Card number ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )

Expiry ( \_\_ / \_\_ )

Name on card

## DECLARATION

I declare that the information I have provided in relation to this request is true and accurate to the best of my knowledge. I confirm that I have read and understood the relevant review and appeal policies.

Please tick this box to signify that you accept this declaration.

Name

Date (DD/MM/YY)