

Accreditation decision reconsideration request form



GP Training

Applicant details

Title

First Name

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Surname

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Email

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RACGP No. (if applicable)

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Telephone

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Mobile

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Practice name / supervisor name

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What decision are you applying to have reconsidered?

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A reconsideration may be made on one or more of the grounds below:

Please select the ground for you application reconsideration

- The original decision was inconsistent with RACGP policies
- The provided information was not appropriately considered at the time of the original decision

Applications have the onus of proof to establish the ground(s) for a reconsideration.

All information provided to the original decision maker prior to the original decision will be considered.

Please explain the reason for your application

Declaration

- I have read, understood and agreed to comply with all RACGP policies
- I certify that the information I have provided in and with this application is correct and complete.

Applicant name

Date

Signature of Applicant

The RACGP's Privacy Statement reflects Federal and State privacy legislation and is available [here](#).

Applications must be submitted via email to educationaccreditation@racgp.org.au with the following subject line Application for reconsideration – Practice/supervisor name

Applications must be submitted within 10 business days of the assessment outcome being sent.
