

Before submitting your application, please read the [RACGP Reconsiderations and Appeals Policy](#) and the [RACGP Reconsiderations and Appeals Guidance Document](#).

## Personal Details

Title	First name	Surname	
Email			RACGP no.
Telephone		Fax number	Mobile number

**What decision are you applying to have reconsidered?**

A reconsideration may be made on one or more of the grounds below.  
Please select the grounds for your application for reconsideration:

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The original decision was inconsistent with RACGP policies

Provided information was not appropriately considered at the time of the original decision

Applicants 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](#), and in particular,  
i. [RACGP Reconsiderations and Appeals Policy](#)

I certify that the information I have provided in and with this application is correct and complete.

I understand that the submission of plagiarised, false or misleading information will be handled as per the [Educational Misconduct Policy](#).

I understand that the failure to disclose any restrictions on, or changes to, my medical registration to the RACGP will be handled as per the [Educational Misconduct Policy](#).

Signature

Date

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

Applications must be submitted via email to **education.appeals@racgp.org.au** with the following subject line:  
Application for reconsideration — Applicant's surname — Applicant's RACGP no.

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

Upon receipt of this form an invoice will be issued for payment.

**Applications which are incomplete or not submitted according to these guidelines will not be considered.**