

*An application for review must be lodged within 30 days of a reviewable decision.
There are no application fees for a request for a review of a decision.*

APPLICANT DETAILS:

Preferred Title: Mr Mrs Miss Ms Other

Surname: _____ First Name(s): _____

Address of correspondence: _____

Email: _____

Telephone: _____ Mobile: _____ (BH): _____

Preferred method of contact: Telephone Email Mail

Privacy: Personal information supplied in the course of an application may be used or disclosed in order to deal with the application and any review or complaint arising from the application.

ARE YOU MAKING THIS REQUEST ON BEHALF OF AN ORGANISATION? YES NO

Name of Organisation/business: _____

Your position/office in the Organisation: _____

DETAILS OF DECISION

I seek a review of the following decision:

- Reject an application for correction of an entry in the assessment record
- A regulatory order
- Information to be released under the Information Act 2002

Application date: _____ Decision date: _____

I seek a review of the decision because:

