

# REVIEW OF A DECISION

## REVIEW AND REGULATION LIST

### PRIVACY STATEMENT

Read our privacy policy at [www.vcat.vic.gov.au/privacy](http://www.vcat.vic.gov.au/privacy)

### GETTING STARTED

Use this form only if you are an individual or a body/organisation/company applying for a review of a decision made under an Act of Parliament that gives VCAT the power to review the decision.

Do not fill out this form if you are referring a matter to VCAT, applying for an Inquiry or applying for a VCAT order. There are different forms for those applications types.

Visit <http://www.vcat.vic.gov.au/adv/disputes/review-and-regulation> for more information

#### Need help?

Email [admin@courts.vic.gov.au](mailto:admin@courts.vic.gov.au) or call 1300 018 228 between Monday - Friday 9am-4:30pm

**Fields marked with an asterisk (\*) must be completed.**

### WHICH ACT/S ARE YOU APPLYING UNDER?

VCAT only has the power to hear a case if an Act of Parliament gives it the power.

You may be assisted by looking at Act specific fact sheets.

Visit <http://www.vcat.vic.gov.au/adv/disputes/review-and-regulation> for more information.

Please enter the Act that you are applying under \*

Please enter the Section of the Act \*

Has there been a previous application made to VCAT related to this matter?\*

No

Yes -Provide VCAT reference number \*

### APPLICATION FEE

Before VCAT can progress your application, you must pay the relevant application fee (unless no fee applies) or VCAT must waive the application fee otherwise payable. To find out the current fee or whether you are entitled to a fee waiver, visit [www.vcat.vic.gov.au/fees](http://www.vcat.vic.gov.au/fees)

### WHO IS MAKING THIS APPLICATION?

The applicant is the person who makes this application. As applicant are you:\*

an individual  a body/organisation/company

If you selected an individual please complete the following details:

Title  Mr  Mrs  Miss  Ms  Other: please specify

First name \*  Last name \*

Do you identify as a person of Aboriginal and/or Torres Strait Islander descent?

No  Yes

## WHO IS MAKING THIS APPLICATION? (CONTINUED)

If you selected a body/organisation/company please complete the following details:

Company name *	
ABN or ACN (if known)	
Contact Person:	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: please specify
First name *	Last name *

## What is your address?

Address *		
Suburb *	State *	Postcode *

## What is the address for service?

The address where documents and notices can be served (delivered) to you

<input type="checkbox"/> Same as Above; or		
Address *		
Suburb *	State *	Postcode *
Email		

## How can VCAT contact you?

Daytime telephone *	Fax
Do you want VCAT notices and correspondence emailed to you?	<input type="checkbox"/> No <input type="checkbox"/> Yes: Please enter Email Address below. (Please use block letters or print clearly)
Email	

## Are you represented by a lawyer, advocate or other representative?

If you nominate a representative, all communication from VCAT, including hearing notices and orders will be sent to the representative. You will not receive communication from VCAT.

You do not have to be represented. Many people successfully represent themselves at VCAT. However you should be aware that most of the regulatory and licensing bodies who conduct hearings in the Review and Regulation List are represented by lawyers. They have a right to be represented under section 62 of the VCAT Act and do not have to ask permission of VCAT to be represented.

No  Yes: complete information below

Name of law firm, organisation or individual *		
DX Address	Reference No.	
Address *		
Suburb *	State *	Postcode *
Name/s of contact person *		
Daytime telephone *	Fax	
Email *		

## WHO IS THE RESPONDENT?

The respondent is the decision maker, who is either the organisation, not the person whose name appears on the letter or the person holding a position. If you are unsure about this, please complete the following to the best of your ability and provide a copy of the written decision. VCAT will be able to clarify who the decision-maker is from the written decision you have attached to the application.

## IS THE DECISION-MAKER?

an individual  a body/organisation/company

If you selected an individual please complete the following details:

Title  Mr  Mrs  Miss  Ms  Other: please specify

First name \*  Last name \*

If you selected a body/organisation/company please complete title or office of the decision-maker:

Body/organisation/company who made the decision \*

Title or office of decision-maker (if known)

## What is the respondent's address and contact details?

Address \*

Suburb \*  State \*  Postcode \*

Name/s of contact person (if known)

Daytime telephone  Fax

Email

## Is the respondent represented by a lawyer, advocate or other representative?

If you nominate a representative, all communication from VCAT, including hearing notices and orders will be sent to the respondent's representative. The respondent will not receive communication from VCAT.

No  Don't know  Yes: complete information below

Name of law firm, organisation or individual \*

DX Address  Reference No.

Address \*

Suburb \*  State \*  Postcode \*

Name/s of contact person

Daytime telephone  Fax

Email

## REASONS FOR APPLICATION

Please briefly state your reasons for making this application \*

## REASONS FOR APPLICATION (continued)

VCAT can stay (put on hold) the operation of a decision until it has made a final decision about whether to grant the review. Are you applying for a stay of the decision?

No  Yes: Please briefly state your reasons for seeking a stay \*

Date of decision:\*  /  /

Time limits usually apply for making applications for review. If you do not know the time limit applicable to your application, please visit the VCAT website application types. In most cases, VCAT can extend the time for making the application. You will need to provide a reason for not making your application within the correct time period. The date of the reviewable decision will be on your decision letter.

Are you applying for an extension of time?

No  Yes: Please briefly state the reason why your application was late \*

## HEARING ARRANGEMENTS

If you are concerned about security at the hearing, or if any party needs an interpreter or special assistance please complete this section and contact VCAT before the hearing. VCAT will make the necessary arrangements at no cost to the parties. If you feel security is required, you will need to complete and attach Security Request form available from the website. Do you or any other person appearing at the hearing need special assistance?

No  Yes – specify what special assistance is needed below

hearing loop

interpreter – who needs an interpreter?

First name

Last name

Language or dialect

other (e.g. assisted access) - please specify

## DOCUMENTS

YOU MUST ATTACH TO THIS APPLICATION:

Copy of reviewable decision

## PAYMENT DETAILS

To find out the current fee, visit [www.vcat.vic.gov.au/fees](http://www.vcat.vic.gov.au/fees)

## ACKNOWLEDGMENT

Name of person completing this application:

First name \*

Last name \*

I understand and acknowledge that:

to the best of my knowledge, all information provided in this application is true and correct. \*

it is an offence under section 136 of the Victorian Civil and Administrative Tribunal Act 1998 to knowingly give false or misleading information to VCAT. \*

Date

dd

/

mm

/

20 yy

Signature

## HOW CAN YOU LODGE THIS APPLICATION?

### Post to:

Review and Regulation List  
GPO Box 5408  
Melbourne VIC 3001

### Delivering it in person to:

Ground Floor, 55 King Street  
Melbourne VIC 3000  
8:30am - 4:30pm Monday to Friday

### Email:

admin@courts.vic.gov.au

## WHAT HAPPENS NEXT?

After you lodge this application, it will be processed and given a VCAT reference number.

VCAT will then send you correspondence concerning the next steps concerning your application. Make sure you read that correspondence carefully. It will probably give you notice that you need to attend a directions hearing, compulsory conference or hearing at VCAT and/or may contain some other instructions.

The correspondence will contain a VCAT reference number. That number will start with a "Z" and end with the year the application is lodged (e.g. Z123/2016). Please use that reference number in all correspondence and all documents relating to the case.

VCAT will send a copy of your application and all attachments to the respondent/s you have named. VCAT will also give the respondent information about the future steps in the case; the same or similar to the information in the correspondence you will receive.

## ABOUT VCAT FEES

VCAT fees are charged according to three levels:

- **corporate fees** for businesses and companies with a turnover of more than \$200,000 in the previous financial year, corporate entities and government agencies
- **standard fees** for individuals, not-for-profit organisations, and small businesses and companies with a turnover of less than \$200,000 in the previous financial year. Companies must provide a statutory declaration to support this claim
- **concession fees** for people who hold the Australian Government Health Care Card. You must provide a copy of your card with your application.

To find out if you need to pay an application fee and how much it costs, visit the fees page at [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au)

## FEE RELIEF

We can reduce or not charge (waive) a VCAT fee in certain circumstances.

Some people are automatically entitled to a full fee waiver. You can also apply for fee relief if paying the fee would cause you financial hardship.

Visit [www.vcat.vic.gov.au](http://www.vcat.vic.gov.au) for more information about fee relief.

Are you applying for fee relief?

No - complete **Fee payment** section

Yes - complete **Fee relief form** and attach it to this application form

## FEE PAYMENT

Complete this section unless you are applying for fee relief or no fee is payable.

Choose the fee level:

Standard     Corporate     Concession

Fee amount charged: \_\_\_\_\_

### CARD DETAILS

Cards Accepted: \*     VISA     MasterCard

Cardholder Name: \*   

Card Number: \*   

Card Expiry: \*     mm /  yy

Signed: \*    \_\_\_\_\_

Date: \*     dd /  mm /  yyyy

REMOVE THIS PAGE WHEN SENDING A COPY OF THIS APPLICATION TO OTHER PARTIES