



APPLICATION FORM CRC APPEAL

Name: _____

Company: _____

Address: _____

Telephone No: _____ Facsimile No: _____

I would like to personally address the CHC Board at the hearing

Attached are background papers for discussion at the hearing

I would like to personally address the CHC Board and present the
attached papers for discussion at the hearing

Lodgement of Appeal attracts a \$250 non-refundable application fee.

Payment Details

Please find enclosed my cheque (made payable to the Complementary Healthcare Council)
for \$ _____ ; or

charge my credit card:

Card Type: _____

Name on Card: _____

Signature: _____

Card No.# _____

Card Expires: ____/____

Mail to: CRC Secretariat, PO Box 104, Deakin West, ACT 2600; or

Email: trixi.madon@chc.org.au

CRC Reference No: **IF00** _____ OR **F00** _____

Date complaint heard by CRC: _____

APPEAL CHECKLIST

- Appeal application form completed. Payment details given, and application form lodged with CHC Secretariat
- Presentation papers are attached
- I have read the CHC Code of Practice - Appeal Provisions Clause 7.8
- Should the CHC Board refer the matter to an Expert Panel, the Expert Panel will comprise independent Technical, Legal and Industry representatives; the TGA, and will be chaired by the Chair of the CRC. The CHC Board / Expert Panel has five options in considering the Appeal:
 1. Uphold the Appeal
 2. Reject the Appeal
 3. Amend the CRC decision as it sees fit
 4. Defer a decision pending provision of further information
 5. Refer the matter to a Trade Practices Lawyer for adjudication
- I agree to abide by the CHC Board decision.

Name: _____

Company: _____

Date: _____