



Internal Appeal Form

This form is to be used for appeal of CIBT's decision. Please read the *notes on page 2* before completing this form. You must answer all questions.

PERSONAL DETAILS

| | | | | | |
|------------------------|---|-------------------------------|--------------------------------------|-------------------------------|--------------------------------|
| Full name | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: _____ | | | | |
| | Family name: _____ | | | | |
| | Given name(s): _____ | | | | |
| | Female <input type="checkbox"/> | Male <input type="checkbox"/> | Unspecified <input type="checkbox"/> | Date of birth | dd / mm / yyyy |
| | | | Student ID | | |
| Address | _____ | | | | |
| | State: _____ | | Postcode: _____ | | |
| Email | _____ | | | | |
| Telephone / Fax | Landline: () _____ | Mobile: _____ | Fax: () _____ | | |
| | Preferred method for receiving correspondence Please select one | | Email: <input type="checkbox"/> | Fax: <input type="checkbox"/> | Post: <input type="checkbox"/> |

| | |
|--|---------------------|
| Representative If someone will represent you, please fill in these details | Name: _____ |
| | Organisation: _____ |

DECISION

| | |
|--|----------------|
| Date you received CIBT's decision you want reviewed | dd / mm / yyyy |
|--|----------------|

Briefly describe the decision

REASONS FOR THE APPLICATION

| | |
|--|--|
| Why do you claim CIBT's decision was wrong? | Please read the 'Reasons you are making an application' section in <i>page 2</i> before answering this question. |
| | |

SIGNATURE

| | | | |
|------------------|--|-------------|----------------|
| Signature | | Date | dd / mm / yyyy |
|------------------|--|-------------|----------------|



COMPLETING THE APPLICATION FORM

Read below information and the form carefully. If you need more space to answer a question, continue your answer on another sheet of paper and attach it to the form.

APPLICANT/STUDENT

CONTACT DETAILS

The form asks you to give us your address, phone numbers, and any email addresses or fax numbers. Please tell us your preferred method for receiving written information from us by ticking the box. If you have given us an email address and you do not tick a box, we will email the documents to you.

REPRESENTATIVE

You can represent yourself at the CIBT or any person you choose can represent you. If you tell us that you have a representative, we will send the letters and other documents about your case to your representative instead of sending them to you.

DECISION

DATE YOU RECEIVED CIBT's DECISION

Tell us on the form when you received the decision. We need this information so we can check if your application has been lodged within the time limit.

SEND US A COPY OF THE DECISION

If you can, send us a copy of the decision you want us to review

WHO MADE THE DECISION

If you are not sending us a copy of the decision, you need to tell us the name and position of person who made the decision.

REASONS YOU ARE MAKING AN APPLICATION

You must tell us briefly why you want to have the decision reviewed. For example, you may think the decision is wrong and a different decision should be made, or the information you provided was not taken into account, or the law was not applied correctly. We cannot start the review if you do not answer this question.