



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 Mrs Ms Miss Other: _____

Family name: _____

Given name(s): _____

Female Male Unspecified

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:

Fax:

Post:

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 *page 2* 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.