



AUSTRALIAN PARACHUTE FEDERATION Request for Internal Review (RfR)

MP5

CONFIDENTIAL

DATE:

This form provides a Member with a means of requesting that a Review Officer review the imposition of a Rules-Regulations Infringement Notice (RIN), or a decision made, or disciplinary action imposed upon them by an Authorised Person under the Rules and Regulations. It must be provided to the APF Office, within seven days of the RIN (or disciplinary action) being imposed upon the Member. It must be accompanied by the appropriate fee.

MEMBER DETAILS

NameAPF No:

Address

Phone.....Email

DETERMINATION AND GROUNDS FOR REVIEW

This Request for Internal Review is based on a determination made by an Authorised Person who has responsibility for disciplinary matters under the Rules or Regulations.

- A legible copy of Rules-Regulations Infringement Notice is attached.
- Grounds for the review are fully described, based on the facts of the matter (Refer MPPM Part 4.3).
- Any new evidence being brought forward is clearly described as “new evidence” not previously considered in the matter.
- Any alleged conflict of interest or claim of unfair bias that the Member states has affected the determination is fully explained in the attached documentation.
- The Member solemnly states that this request for a review is not vexatious, frivolous or malicious.

Provide Addition Details *(Attach separate documentation as appropriate, ensuring sufficient detail to substantiate your claim for Grounds)*

Administrative fee: \$500 (This fee may be refunded if the Review is successful in accordance with *Misconduct Policy and Procedures Manual Part 4.5*)

Please complete the following fields, then email this form to the APF Office with your payment.

MasterCard Visa Cheque Money Order Life Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry date:	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	--------------	----------------------	----------------------

Name on Card: Amount approved:

VALIDITY OF APPEAL and DEFERRAL OF DISCIPLINARY ACTION

This section to be completed by Review Officer or Alternates as appropriate.

Validity

Upon considering this review, the following conclusions have been reached:

- As Review Officer, I have considered this request for a review and believe it does not meet the requirements for a review.

or

- As Review Officer, I have considered this request for a review and believe it has merit. I therefore refer it to an Internal Review Panel

Provide Details

Deferral of Disciplinary Action

The Review Officer may determine that all or part of any action imposed upon a Member, be postponed until an Internal Review Panel Hearing is conducted.

I have considered the RfR and the evidence provided and determine that:

- All or part of the disciplinary action imposed on the Member be varied or set aside until an Internal Review is conducted, as detailed below;

or

- Imposed disciplinary action remain in effect until the Review is conducted.

Provide Details

Print Name (Review Officer)..... Date/...../.....

Signature.....