

# Review application form

## Apply for a review of our decision

As an office that handles complaints, we understand the unique value of hearing concerns about how a matter was handled and responding to any suggestions for improvement.

We see applications for a review of a decision as a way of identifying new ways to make our processes better for everyone in the future.

Any review of a decision made by our office is conducted by a staff member who was not involved in making the decision in question.

## How to complete this form

This form will assist you to apply for a review of a decision made by our office. This may include a decision made about:

- a complaint to the National Health Practitioner Ombudsman
- a privacy complaint to the National Health Practitioner Privacy Commissioner.

If you disagree with the Commissioner's decision about your FOI review application, an appeal can be made to the relevant state or territory tribunal.

We have designed this form to be accessible for as many people as possible. Where the form offers a choice between multiple options, indicate your selection with an 'x'.

You can contact us via telephone, email or post with any questions or to return this form.

**Telephone:** 1300 795 265 (interpreter services: 131 450)

**Email:** <[complaints@nhpo.gov.au](mailto:complaints@nhpo.gov.au)>

**Mail:** GPO Box 2630, Melbourne, VIC 3001

## Before you apply for review

### Have you raised your concerns with the staff member who managed your matter?

If you are not happy with a decision we have made or with the way our services were delivered, we recommend raising these concerns directly with the staff member who managed your matter. They may be able to quickly and effectively address your concerns and consider new information related to your matter.

### Are you making this application within three months of the decision you would like reviewed?

We request that all applications for a review of a decision are made within three months of the decision date. We will only consider granting an extension of time to make an application for an internal review in exceptional circumstances.

## About you

Please only provide information that you would like us to use when contacting you.

It is not practical for us to accept anonymous or confidential applications for a review of a decision.

## Your contact details

This section is for your own contact details. If you would like to nominate another person or organisation to act on your behalf, you will be given an opportunity to enter their contact details later.

Mr		Miss		Ms		Mrs		Dr		Professor		Mx		Other	
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If Other, please specify	
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Full name	
Mailing address	
Contact number	
Email address	
Date of birth (dd/mm/yyyy)	

## Do you require a translating and interpreting service?

Yes		No	
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If Yes, please specify the language	
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## How would you prefer us to contact you?

Phone		Email		Post		Other	
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If Other, please specify	
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## Are any of the following scenarios applicable to you?

I wish to nominate a person to act on my behalf	
I wish to nominate an organisation to act on my behalf	
I am acting on behalf of an organisation	
I am acting on behalf of another person	

If you selected one of these options, please continue below.

If none of these are applicable to you, please go to [‘The decision you would like reviewed’](#).

## Alternative contact details

If you have indicated that another person or organisation is relevant to this matter, please enter their contact details.

Mr		Miss		Ms		Mrs		Dr		Professor		Mx		Other	
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If Other, please specify	
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Full name	
Mailing address	
Contact number	
Email address	
Date of birth (dd/mm/yyyy)	

What is the nature of the relationship between you?

Please specify	
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Do they require a translating and interpreting service?

Yes		No	
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If yes, please specify the language	
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## The decision you would like reviewed

We request that, as an initial step, you raise your concerns with the NHPO staff member who managed your matter. If you have not done this, please see [‘Have you raised your concerns with the staff member who managed your matter?’](#).

What is the name of the NHPO staff member who made the decision you would like reviewed?

Name of NHPO staff member	
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What was the decision made by this staff member that you would like reviewed?

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What is the date on the correspondence for this decision?

Date (dd/mm/yyyy)	
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What date did you receive the correspondence for this decision?

Date (dd/mm/yyyy)	
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If you have not spoken to the NHPO staff member who managed your matter or complaint, please let us know why.

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## Please describe why you would like the decision reviewed

You may wish to include answers to the following questions:

- why do you disagree with the decision?
- is your concern about a specific part of the decision?
- are you concerned about the process involved in making the decision or about the decision itself?
- is there any new information you would like to share about your matter that may affect the decision?

How would you like your application to be resolved? For example, 'I would like you to consider new information about my complaint.'



Please attach a copy of any other relevant information or evidence to support your application.

## Have you raised these concerns with another agency or organisation?

Yes		No	
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If **Yes**, please continue below.

If **No**, go to '[Privacy statement](#)'

Name of agency/organisation	
Date of complaint or enquiry	



Please attach copies of relevant documents.

## Are they currently dealing with your concerns?

Yes		No	
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## Privacy statement

Our office collects, holds, uses and discloses personal information when carrying out functions under the Health Practitioner Regulation National Law (as in force in all states and territories of Australia), the *Ombudsman Act 1976* (Cwlth), the *Privacy Act 1988* (Cwlth) and the *Freedom of Information Act 1982* (Cwlth).

Once any personal information comes into our possession, we take reasonable steps to protect that information from unauthorised or inappropriate access, use, modification, disclosure, or other interferences.

Personal information will only be used for the intended purpose. We will usually disclose the information you give to us to Ahpra or the relevant National Board and, if necessary, to others who have information relevant to your matter. We may also collect your personal information from other people or organisations when handling your matter.

More information can be found in our Privacy Policy, available at the [National Health Practitioner Ombudsman website](https://nhpo.gov.au) <<https://nhpo.gov.au>>.

## Declaration, acknowledgement and consent

I declare that all the information I have provided in this complaint form is true and correct.

I acknowledge that I must advise the office of the National Health Practitioner Ombudsman (NHPO) if my circumstances change and update the office with any details that are relevant to my application.

I authorise the NHPO to share information about this application with Ahpra and/or the relevant National Board, and I confirm my consent for the NHPO to send copies of correspondence to Ahpra and/or the relevant National Board about my application.

I confirm that I have read the privacy statement for this form.

Signature	
Full name	
Date	

To receive this document in another format phone 1300 795 265, using the National Relay Service 13 36 77 if required, or [email our complaints team at the National Health Practitioner Ombudsman](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>.

Authorised and published by the National Health Practitioner Ombudsman, 50 Lonsdale St, Melbourne.

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[Email National Health Practitioner Ombudsman](mailto:complaints@nhpo.gov.au) <complaints@nhpo.gov.au>

[National Health Practitioner Ombudsman website](https://nhpo.gov.au) <https://nhpo.gov.au>

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