# Application for review of a decision

[*Guide, Hearing and Assistance Dogs Act 2009*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-004) (the Act)

**How to complete this form**

You can complete this form on your computer using Adobe Acrobat Reader and some browsers, or you can print it.

If you have a printed form:

* Use black or blue pen.
* Print in BLOCK LETTERS.
* Tick your selection in the check boxes.

Electronic signatures are acceptable if you are not printing the form.

Applications should be made within 28 days of receiving the decision notice. If you require an extension, request it urgently from the contact person noted in your decision notice.

**Appealing decisions**

When certain decisions are made by the department or an approved trainer or training institution, trainers, training institutions and handlers have a right to request a review if they do not agree with the decision.

**Decisions**

There are a number of decisions under the Act that can be reviewed. These are called reviewable decisions and include:

|  |  |
| --- | --- |
| **Reviewable decision** | **Interested person**  (the applicant must be an interested person, as outlined below) |
| Impose conditions on an approval under section 17 | Applicant for approval as an approved trainer or training institution |
| Refuse to grant an approval under section 17 | Applicant for approval as an approved trainer or training institution |
| Immediately suspend an approval under section 26 | Approved trainer or training institution |
| Cancel an approval under section 29 | Approved trainer or training institution |
| Refuse to issue a handler’s identity card under section 42 | Handler |
| Immediately suspend a handler’s identity card under section 47 | Handler |
| Cancel a handler’s identity card under section 48 | Handler |

**Decision review process**

The review process includes an internal review where the chief executive of the department will:

* review the original decision within 28 days after receiving the application
* make the review decision to:
* confirm the original decision
* amend the original decision
* substitute another decision for the original decision
* advise the interested person, by notice in writing:
* of the review decision and their reasoning
* that the interested person may appeal against the review decision to the Queensland Civil and Administrative Tribunal (QCAT), within 28 days after receiving the notice
* how the interested person may appeal.

**Note: If the application is not decided within 28 days after receipt, the chief executive is taken to have made a review decision confirming the original decision.**

## Privacy statement

The department is collecting information to undertake a review of a decision.

Your information will be managed in accordance with the privacy principles in the [*Information Privacy Act 2009.*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) Personal information will not be disclosed to any other third party without your consent, unless required by law or for other authorised purposes. Find further information here.

**I have read and understood the privacy statement:**

☐ Yes

☐ No

## Part A: Contact details

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

### If on behalf of a corporation

Corporation name: Click or tap here to enter text.

ACN: Click or tap here to enter text.

Address: Click or tap here to enter text.

## Part B: Reviewable decision (from table on page 1)

Reviewable decision: Click or tap here to enter text.

Reason/s for the review application: Click or tap here to enter text.

## Part C: Documentation for consideration at review

Attach all documentation (before and after the date of the notice) to support your application.

List documentation attached: Click or tap here to enter text.

## Part D: Declaration

**All information in this application is true to the best of my knowledge.**

If the interested person is a corporation, it must be signed by a person who has authority.

Signature:

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

**If there is insufficient space for all the requested information, please attach additional pages with the information, which must also be signed by the applicant.**

## Part E: Return

**Return this form via:**

* **email to** [**ghad@qld.gov.au**](mailto:ghad@qld.gov.au)

OR

* mail to ‘Attention Manager, Guide, Hearing and Assistance Dogs Team’

Department of Child Safety, Seniors and Disability Services   
Locked Bag 3405  
Brisbane QLD 4001

**For further information:**

**Phone: 13 74 68**

TTY: 133 677

Email: [ghad@qld.gov.au](mailto:ghad@qld.gov.au)

Postal: Locked Bag 3405, Brisbane QLD 4001

Website: [www.qld.gov.au/ghad](http://www.qld.gov.au/ghad)