



Australian Government

Comcare

APPLICATION FOR INTERNAL REVIEW

Complete this form to apply for an internal review of decision under the *Work Health and Safety Act 2011* (WHS Act) or *Work Health Safety Regulations 2011*.

Please read the *Internal Review of Decisions: Guidance for applicants* information sheet prior to completing this form.

It is your responsibility to ensure you have completed the required fields and supplied all required documents. Incomplete applications may be returned to you and may result in delays in the review process. The review timeframes only apply from the date when all required information is received.

SECTION A—TYPE OF APPLICANT

Are you making this application:

- ☐ as an individual applicant?
- ☐ on behalf of a company, government department or other body corporate?

Provide your details below—if you are the *applicant's legal representative* you will also need to provide your details.

SECTION B—DETAILS OF APPLICANT

Name of applicant

Name of contact person (if not the same as applicant)

Postal address

Telephone/Facsimile

Email

Can we send the decision by email? ☐ Yes ☐ No

SECTION C—DETAILS OF DECISION TO BE REVIEWED

(Tick boxes as applicable)

1. Under which Legislation are you applying for review?

- ☐ WHS Act 2011
- ☐ WHS Regulations 2011

2. Which decision would you like reviewed? (If the decision is not on this list it cannot be reviewed by Comcare)

(a) An inspector's decision under the WHS Act in relation to the:

- ☐ Failure of negotiations—section 54(2)
- ☐ Training of health and safety representatives—section 72(6)
- ☐ Health and safety committees—section 76(6)
- ☐ Review of a provisional improvement notice—section 102
- ☐ Issue of an improvement notice—section 191
- ☐ Extension of time for an improvement notice—section 194
- ☐ Issue of a prohibition notice—section 195
- ☐ Issue of a non-disturbance notice—section 198
- ☐ Issue of a subsequent notice—section 201

(b) ☐ A decision of Comcare in relation to a licence, an accreditation, a registration, an induction, an authorisation, a determination or exemption to any of the WHS regulations (refer to Internal Review Guidance for Applicants to see full list)

3. (a) Date the decision was made or the notice was issued

(b) Name of Inspector issuing notice or decision

(c) Notice number (if applicable)

4. Which of the following applies to you as being eligible to seek review?

- ☐ A worker whose interests are affected by the decision, or their representative
- ☐ A person conducting a business or undertaking whose interests are affected by the decision
- ☐ The person with management or control of the workplace
- ☐ A health and safety representative who represents a worker whose interests are affected by the decision
- ☐ A person who received a notice
- ☐ A health and safety representative who issued a provisional improvement notice or directed work to cease
- ☐ A person prescribed by the Regulation 676 as eligible

If the above categories of eligible persons do not apply to you, please provide the grounds/reasons for which you claim to be an eligible person

5. If this application is lodged outside the prescribed time limit (see section 224 or regulation 678 for the timeframes) you must provide a reasonable explanation for the delay before it will be accepted. Please give your explanation:

6. Decision you want reviewed

☐ Attached is a copy of the decision to be reviewed, OR

☐ Provide a description of the decision to be reviewed:

7. Why you think the decision should be reviewed (you may attach other information to support your request)

8. Are you seeking a stay of the decision? ☐ Yes ☐ No

If yes, why should the operation of the decision be stayed during the determination of the review? (Note: this is not applicable to decisions made under the Regulations)

SECTION D—DECLARATION

I declare that, to the best of my knowledge, the information provided in this application and supporting documentation is true and correct in every particular.

Name

Date

Signature—applicant, or applicant's legal representative

SECTION E—LODGING YOUR APPLICATION

This form must be lodged with Comcare by email, fax or post together with any supporting documentation. You can do this via:

- a) email to—statutory.oversight@comcare.gov.au (providing you have scanned this form and any attachments)
- b) post to—Comcare, Attention: Statutory Oversight Team, GPO Box 1993, Canberra ACT 2601

If you have any questions about completing this form, please telephone Comcare on 1300 366 979 or visit www.comcare.gov.au.

Note to applicant

Comcare will use the information provided by you in conjunction with your application for the purpose of assessing and administering an internal review. The information may also be used for other purposes permitted by the *Work Health and Safety Act 2012*.

If you do not provide all of the information required, your application may be returned to you for completion.

Please be advised that the review timeframes only apply from the date when all required information is received.

Privacy information

Your privacy is important to us. We will only collect, use or disclose your personal information in accordance with the *Privacy Act 1988*. If Comcare does not collect personal information from you for the purposes of its legislated functions or related functions, we may not be able to respond appropriately.

Comcare is the Commonwealth agency authorised by the *Work, Health and Safety Act 2011* (WHS Act) to collect personal information relevant to the exercise of functions and powers under the WHS Act, *Work Health and Safety Regulations 2011* and other legislation, and the administration and evaluation of Comcare's WHS programs. Any personal information collected in these forms will be used for those purposes.

In exercising those functions, we may disclose personal information, subject to confidentiality of information provisions under the WHS Act, to the following bodies and agencies, including but not limited to:

- | | |
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| > Comcare's legal advisers | > enforcement agencies (including police investigating or conducting an interview in connection with the application) |
| > the Safety, Rehabilitation and Compensation Commission | > state and territory Coroners |
| > contractors and agents | > commonwealth, state or territory industry regulators |
| > a court or tribunal | > any other person where there is an obligation under law to do so |
| > state or territory work health and safety regulatory agencies | |

We want to ensure personal information collected, used, stored or disclosed is accurate, up-to-date and complete. Comcare's Privacy Policy contains information on how you can request access to personal information held about you and how to seek correction of that information.

You may make a complaint to us if you consider that Comcare has interfered with your privacy or otherwise breached its obligations under the *Privacy Act 1988*. Our Privacy Policy contains more information about how to make a complaint and how we will respond.

Comcare is not likely to disclose personal information to a person who is not in Australia or an external Territory, unless the information relates to an incident, investigation, injury or illness sustained while overseas, or treatment provided by an overseas practitioner. If disclosure of personal information is made to an overseas recipient, Comcare will comply with obligations regarding disclosure to overseas entities (Australian Privacy Principle 8).

For further information about our information handling practices, for a copy of our Privacy Policy, to request an amendment of your personal information or to make a privacy complaint, please refer to www.comcare.gov.au/privacy, contact us on 1300 366 979 or email privacy@comcare.gov.au

END OF APPLICATION

OFFICE USE ONLY

Internal reference number

Comments