Queensland Government

valid for lodgement until 30 June 2025

Department of Child Safety, Seniors and Disability Services

Application for Internal Review

For use by an affected person to apply for an internal review of a decision.

Who can complete this form?

A person affected by any of the following decisions can apply for an internal review of that decision:

- Exclusion decision
- Refusal to end an interim bar following receipt of relevant application
- Refusal to end a suspension following receipt of relevant application
- Refusal to cancel an exclusion following receipt of relevant application

Important notice: The relevant decision above remains in effect and offence provisions apply if you do not comply with your obligations under the *Disability Services Act 2006*.

Are you eligible to apply for an internal review?

You must apply **within 28 days** of receiving the notice of the decision or, if you have not received the notice of decision, within 28 days of becoming aware of the decision. If you do not meet these timeframes, you will be asked below why you believe an extension should be provided to you.

How to complete this form?

- This form can only be completed by an affected person to apply for an internal review
- Please print clearly, use BLOCK letters and indicate with a tick where required
- Delays in processing your application will occur if you do not complete the application correctly

All sections marked with ◢ MUST be completed or your application can not be processed.

How will you use my information?

Your information will be used in accordance with the Disability Worker Screening Privacy Notice and Information Management Policy.

What happens next?

Your application for an internal review will be considered by the Department of Child Safety, Seniors and Disability Services. If you apply outside of the timeframe specified above, consideration will be given as to whether an extension should be provided to you. If an extension is not provided, you will be notified in writing and your application will be discontinued.

You will be contacted if any further information is required from you to assess your internal review application. Notice of the outcome will be provided to you in writing. Your internal review application must be decided within 28 days unless notice is provided to you extending this timeframe for a further 28 days.

Identity and personal information

Legal name:

First name | Middle name | Last name

No middle name (please tick) ☐

Date of Birth:

Mobile number: **Daytime phone number:**

TMR registered email address:

Residential address:

Town/ Suburb | State | Postcode

☐ My residential address is the same as my postal address.

Postal address *(if different from residential address)*:

Town/ Suburb | State | Postcode

Type of decision to be internally reviewed:

☐ Exclusion decision

☐ Refusal to end an interim bar following receipt of relevant application

☐ Refusal to end a suspension following receipt of relevant application

☐ Refusal to cancel an exclusion following receipt of relevant application

What is your decision/application number (if known):

What is the date of the decision (if known):

Why do you want the decision reviewed:

Did you receive notice of the decision:

☐ Yes – If yes, when did you receive notice of the decision:

☐ No – If no, when did you become aware of the decision:

If you did not receive notice of the decision, you can contact the Worker Screening Unit using the details at the end of this form to request a copy of it.

If it has been more than 28 days since receipt of the notice of decision or since you became aware of the decision, please provide brief details of why an extension should be provided to you:

Additional information to support your application

You have the opportunity to attach supporting documentation to this application. You may state anything you consider relevant to the decision on your application for internal review. You must select one of the options below.

- ☐ I have attached supporting documentation to this application
- ☐ I have NOT attached supporting documentation to this application

Declarations

- ☐ I have read and understand the contents of this form
- ☐ I understand the original decision and all associated legal obligations remain in effect and penalties apply for non-compliance
- ☐ The information provided by me on this form and in any supporting documentation I attach is true and correct and I understand it is an offence to provide false or misleading information

Signature

Date of signature

Next steps

Please return your completed form by one of the following methods:

By post: Disability Worker Screening Unit
Department of Child Safety, Seniors and Disability Services
PO Box 10179, Brisbane Adelaide Street QLD 4001

Scan and email: feedback@dsdsatsip.qld.gov.au

By fax: 07 3097 7201