



The Royal Australian and New Zealand College of Radiologists®

Appendix A: RECONSIDERATION APPLICATION FORM

Before submitting your application, please read the Reconsideration, Review and Appeal of Decisions Policy published on the College website.

Personal Details:

Title: Mr

First name: Scott

Surname: McLachlan

Email: [REDACTED]

RANZCR ID Number:

Contact phone number: [REDACTED]

What decision are you applying to have Reconsidered?

Withdrawal of Accreditation for Radiation Oncology Training at Central Coast Cancer Centre (Gosford Hospital)

A Reconsideration may be made on one or more of the grounds below. You must detail evidence to support the grounds. Please select the grounds for your application for Reconsideration and provide an explanation of the reasons you are relying upon for your application:

- that an error in law or in due process occurred in the formulation of the original decision:

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

See attached.

- that the relevant approved regulation or policy was not correctly applied:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

See attached

- that procedures required by approved College policies or regulations to be observed in connection with the making of the original decision were not observed:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

- that relevant and significant information, existing at the time of the original decision and which should have been known to the original decision-maker, was not considered or not properly considered in the making of the original decision. For the avoidance of doubt, evidence of any further training or experience by an Applicant during the period between the making of the original decision, (the subject of the Reconsideration, Review or Appeal), and the date of hearing/consideration/assessment of any Reconsideration, Review or Appeal, shall be considered as information that becomes available subsequent to the original decision:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

See attached.

- that irrelevant information was considered by the original decision-maker in the making of the original decision:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

See attached.

- that the original decision was made for a purpose other than for a purpose for which the power was conferred, or by a body that was not empowered to make the decision:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

- that the original decision was affected by actual or perceived bias:**

Please provide an explanation of the reasons you are relying upon for your application e.g. if your grounds are 'that the relevant approved regulation or policy was not correctly applied', provide details of the regulation or policy and outline how it was not correctly applied

Declarations:

- I certify that the information I have provided in and with this application is correct and complete.
- I have read the *Reconsideration, Review and Appeal of Decisions Policy*.
- I understand that providing false or misleading information will result in my application not being accepted and may result in a finding of professional misconduct/professional misbehaviour.
- I hereby authorise RANZCR to contact relevant authorities and any party named in support of my application for Reconsideration for the purpose of verifying any information I have supplied.

Signature:

Scott McLachlan	Digitally signed by Scott McLachlan Date: 2023.07.21 14:28:08 +10'00'
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Date:

21/07/2023

Applications must be submitted via email to: rrad@ranzcr.edu.au

Applications must be emailed with the following subject line: Application for Reconsideration — Applicant's surname — Applicant's RANZCR ID number

Applicants must pay the Reconsideration Fee as outlined under section 4.5 of the Reconsideration, Review and Appeal of Decisions Policy. An invoice for payment of the stipulated fee will be generated within 3 calendar days of receipt of an application (where reasonably practicable).

Please include all supporting information/material you wish to rely upon, ensuring that all attachments are clearly numbered (e.g. attachment 1 of 2 etc.).

Applications will be acknowledged within 14 calendar days of receipt of your application.

Applications which are incomplete or not submitted according to these guidelines will not be considered.