



GENERAL PRACTICE EDUCATION PROGRAMME (GPEP)

Application for Appeal Form

Before completing this application, you should familiarise yourself with the Reconsideration, Review and Appeals policy available on the Policy and Regulations page on the College website.

An application for appeal must be received by the College within ten (10) working days of receipt by the registrar/appellant of the decision or result appealed against.

A standard fee of \$6,000.00 including GST applies to all appeals. The fee is required to be paid to the College upon submission of the application.

Note: Additional costs may apply depending on the nature of the appeal. This will be determined on a case-by-case basis and the registrar/appellant will be informed of the costs by the College.

TO BE COMPLETED AND SIGNED BY REGISTRAR/APPELLANT			
Surname:		MCNZ Number:	
First Names:			
Address:			
Phone:			
Email Address:			

CONTACT DETAILS OF OTHERS ACTING ON YOUR BEHALF (If required).

Note: You are not required to be represented by another party but if you are, please provide their details.

Surname:		MCNZ Number:	
First Names:			
Address:			
Phone:			
Email Address:			

Please provide details of the appeal and attach any relevant supporting evidence:

--

Details of the appeal continued:**Authorisation**

I have read and understood the “Reconsideration, Review and Appeals policy” and I authorise the Royal New Zealand College of General Practitioners to proceed with the appeals process.

Signature:		Dated:	
------------	--	--------	--

Please post the completed form and any supporting evidence to:

Head of Learning (or delegate)
The Royal New Zealand College of General Practitioners
PO Box 10440
Wellington 6143
New Zealand

OR

Email your completed form and any supporting evidence to: rnzcgp@rnzcgp.org.nz