

APPLICATION TO HAVE AN INSPECTOR'S DECISION INTERNALLY REVIEWED

- Use this form to ask the Victorian WorkCover Authority to review certain decisions by inspectors, or the lack of a decision, under the Occupational Health and Safety Act 2004, the Dangerous Goods Act 1985 or the Equipment (Public Safety) Act 1994.
- An application for a review can only be made for reviewable decisions by an eligible person. (See page 2 for 'reviewable decisions' and 'eligible persons'.)
- Please read the Instruction Sheet for Internal Review Applications before completing this form.
- Applications should be made within 14 days of the inspector's decision.

PROVIDE COMPLETE INFORMATION

The timeframes for reviewing an inspector's decision start when the Internal Review Unit receives your application. It is important that you provide as much information and detail as you can in your application.

If there is information missing from your application you will be contacted and invited to provide further information.

If the person making this application is not the employer, then the employer will be notified that the review is occurring and may be invited to provide information to the Internal Review Officer.

The Internal Review Officer may seek more information from any relevant person, eg Health & Safety Representative.

APPLYING FOR A STAY OF A DECISION

If you have applied for a review of a decision you may also apply for a stay of that decision. The decision whether to grant a stay must be made within 24 hours. If no decision is made within that time the stay is deemed to have been granted.

NOTIFYING THE INTERNAL REVIEW DECISION

The Internal Review Unit will make a decision on your application

- within 7 days for decisions 8, 9 & 10 as listed in paragraph 2 on page 2
- within 14 days for all other decisions.

You will be advised of the outcome of this application by telephone and in writing.

EXTERNAL REVIEW

You may apply to VCAT for a further review of the matter:

- if you do not receive an internal review decision within the required timeframe, or your application for stay is not granted, or
- if you disagree with the decision made by the Internal Review Unit.

An application to VCAT must be made within 14 days of the decision coming to your notice.

WITHDRAWING AN APPLICATION

If you wish to withdraw this application before a decision is made, contact the Internal Review Unit on (03) 8663 5450.

FOR FURTHER ASSISTANCE

If you have any questions about your application or our review processes, please contact the Internal Review Unit on (03) 8663 5450 or visit our website www.workcover.vic.gov.au

PRIVACY COLLECTION STATEMENT

Personal information collected in connection with this application will be used for the purpose of processing the application and reviewing the original decision. The information may also be used for the purpose of the administration and enforcement of legislation administered by the VWA, the administration and evaluation of the VWA's programs generally, and legal proceedings.

Personal information about you may also be collected from other persons who can provide information relevant to the original decision.

The VWA may disclose such personal information to its contractors and agents, to other regulatory agencies, to a court or tribunal and to any person or organisation authorised by the individual to whom it relates, or by law to obtain it. The fact that you have made an application for internal review, and the basis for making such an application (including any information provided), may be disclosed to other persons affected by the original decision or about whom the information relates.

Collection of this personal information may be required to process the application. If you do not provide any or all of this information, your application may not be able to be accepted or processed.

Individuals have rights to have access to personal information the VWA holds about them. If you wish to access your information contact the VWA Freedom of Information Officer. You can access the VWA Privacy Policy at www.workcover.vic.gov.au.

APPLICATION DETAILS

1. Under which Act are you applying for a review?

- Occupational Health and Safety Act 2004
- Dangerous Goods Act 1985
- Equipment (Public Safety) Act 1994

2. What decision would you like reviewed?

If the decision is not in this list it cannot be reviewed.

The inspector:

- 1 Determined unresolved particulars concerning designated work groups
- 2 Appointed a person to conduct an election of health and safety representatives
- 3 Affirmed or cancelled a provisional improvement notice
- 4 Determined that there was reasonable cause for employees to be concerned about their safety
- 5 Confirmed a provisional direction
- 6 Issued a non-disturbance notice
- 7 Issued an improvement notice
- 8 Certified that the matters related to a direction to cease activity on an improvement notice have been remedied
- 9 Issued a prohibition notice
- 10 Certified that matters on a prohibition notice have been remedied
- 11 Failed to make any of the above decisions, specify which

3. Are you eligible to seek a review?

I am eligible to seek an internal review as:

- An employee who is affected by the decision
- An employer who is affected by the decision
- A person who received a notice
- A health and safety representative who represents a person affected by the decision
- A health and safety representative who issued a provisional improvement notice or directed work to cease
- Any other person whose interests are affected by the decision (only for Dangerous Goods Act 1985 or Equipment (Public Safety) Act 1994)

4. Is this application within the time specified in the Act?

Date of this application / /

Date of inspector's decision / /

If the date of this application is more than 14 days after the inspector's decision, please explain why.

5. Details of applicant

Title

Given name

Family name

Workplace name

Workplace address
 Postcode

Email

Mobile phone

Work phone

Fax

Home phone

Preferred method of contact

6. If you are completing this form on behalf of someone else

Relationship to applicant

Title

Given name

Family name

Workplace name

Workplace address
 Postcode

Email

Mobile phone

Work phone

Fax

Home phone

Preferred method of contact

ABOUT THE INSPECTOR'S DECISION

If you wish to have more than one decision reviewed, photocopy and complete this page for each decision.

7. Name of inspector

8. Date of the visit

 / /

Entry Report reference number

9. Give details of the decision that was or was not made and the notice reference number

10. If applying for a review of a decision under the Dangerous Goods Act or the Equipment (Public Safety) Act as a person whose interests are affected by the decision, in what way do you believe your interests are affected by the decision?

WHAT CHANGE TO THE DECISION ARE YOU SEEKING IN THIS REVIEW?

- Change the compliance date on the improvement notice or change the required date on the non-disturbance notice

Suggested new date

 / /

- Vary the decision or notice. How would you like the decision or notice varied?

- Set aside (cancel) the decision or notice
- Make a decision or issue a notice. What do you think the inspector should have done?

REASONS TO CHANGE THE DECISION

11. Why do you believe the decision should be changed?

Include as much detail as possible - why you think the decision was not appropriate, records of conversations, evidence from experts, etc.

12. If seeking an extension of time to the compliance date, what interim measures will you put in place to reduce the risk to health & safety?

13. What other information would you like the Internal Review Officer to consider?

STAY A DECISION

14. Are you seeking a stay of this decision? If the decision was on another application, include the date of that application.

15. What interim measures will you put in place to reduce the risk to health & safety, or to preserve evidence, while the decision is being reviewed?

16. Why should a stay be granted?

ATTACHMENTS

It is important that you provide as much information and detail as you can in your application.

17. What information are you attaching with your application?

- copies of Entry Reports
- copies of Notices
- please specify other documentation to support your request

DECLARATION

I declare that the information on this form is true and correct to the best of my knowledge.

Signature

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Date of signing

	/		/	
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Print name

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LODGING YOUR APPLICATION

Forward your application for a review or a stay to:

Internal Review Unit
Victorian WorkCover Authority
Ground Floor
222 Exhibition Street
Melbourne VIC 3000

tel: (03) 8663 5450

fax: (03) 8663 5451

email: internalreviewunit@workcover.vic.gov.au

Normal business hours are 8.30am to 5.00pm, Monday to Friday

If you are applying **outside of normal business hours** for a stay, you **must** also telephone **13 23 60** to advise the Internal Review Unit of your application for a stay.