

FORM TITLE: REQUEST FOR A SELECTION APPEALS HEARING



In accordance with the Selection Policy (clause 4), for an Appeals Committee to be convened, this form must be attached to the Selection Policy and accompanied by a sum of \$1,000.

This form must be received within 48 hours of any public announcement of the relevant Selected Parties in accordance with the Selection Policy (clause 4.2.1).

Forms must be received via:

Email: admin@bowls.com.au or
Post: PO Box 52
NORTHCOTE, VIC 3070

Section 1 | Contact information

I am:

- The complainant.
- Member state of the defendant/complainant.

Title: _____ Given names: _____

Surname: _____

Email address: _____

Address: _____

Suburb: _____ Postcode: _____

State/territory: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

- I will be attending the hearing.
- I will not be attending the hearing, but will be represented by _____. I confirm that _____ is not legally qualified.
- I will have a support person at the hearing. The support person's name is _____.
- I will not have a support person at the hearing.

