



# ASAR

Australian Sonographer  
Accreditation Registry

## Form 5-2

### Application for an Appeal – Decision of ASAR Council





# ASAR

Australian Sonographer  
Accreditation Registry

Australian Sonographer Accreditation Registry Limited  
(02) 8850 1144, registry@asar.com.au, www.asar.com.au

## APPLICATION FOR AN APPEAL

NB – Use this form for Individual Appeals eg, CPD

ASAR Number

Name

Address

Phone

Mobile

Date of original decision

(DD.MM.YY)

Specific grounds for appeal

Do you wish to:

Appear in Person

Appoint a Representative (legal/otherwise)

Make written submission



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## Appeal Information – Decision of ASAR Council

Any person aggrieved by a decision of the Registry may, within thirty days after the receipt of communication of that decision, lodge an appeal with the Registry accompanied by such fee as may be prescribed by the Registry. Upon receipt of a notice of appeal accompanied by the prescribed fee, the Registry will refer the appeal to a Tribunal selected by ASAR Council. The Tribunal will consist of one academic councillor, one professional body councillor and one impartial expert advisor. The Tribunal will determine the appeal as soon as practicable thereafter.

At the conduct of any appeal, the appellant:

- (a) May appear before the tribunal in person and/or
- (b) May be represented by a person, who will (or will not) be legally qualified, and/or
- (c) May make written submissions.

A decision by the tribunal shall be in writing and shall set out the reasons for the decision. If a decision is in favour of the appellant, the application fee lodged with the notice of appeal shall be refunded to the appellant (within 30 days of this decision).

Prescribed Fee: Appeal of an ASAR Council Decision is AUD \$550.00 (includes 10% GST)

A decision by the tribunal shall be final and binding on both the Registry and the appellant.

Return this completed form with the prescribed fee to: [registry@asar.com.au](mailto:registry@asar.com.au)

### Declaration

I have read the Appeal Information and hereby agree to the Conditions and Costs.

I am attaching with this Appeal form, the application fee of AUD \$550.00 for the appeal against the decision taken by ASAR.

I also understand that the decision of the Tribunal will be final and I abide with that decision.

Name of the Applicant

Signature of the Applicant  
(on behalf of the institution)

Date of filing application

(DD.MM.YY)



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## How to submit this form

Please follow this simple guide to submit your form

1. Save form to your local drive
2. Fill out the form on screen or print the form and fill it out by hand
3. Choose your method of submission:

→ Send via fax to: 02 8850 1177

→ Send by Post to: The Secretariat  
Australian Sonographer Accreditation Registry Limited  
PO Box 8323  
Baulkham Hills BC  
NSW 2153, Australia