Instructions

BreastScreen AUSTRALIA
A joint Australian, State and Territory Government Program

Appeal Application

OFFICE USE ONLY

	dd/mm/yyyy
Date of receipt by SCU	
Date of receipt by NQMC	

Reset

A BreastScreen Australia Service and/or SCU has the right to appeal a decision made by the NQMC in relation to their accreditation status.
The appeal must be:

- made in writing and for a Service, be forwarded through the SCU to the Chair of the NQMC and for an SCU be forwarded directly to the Chair of the NQMC.
- with the NQMC within four weeks of the Service and/or SCU receiving formal notification of the decision.

Who is making this appeal?

Multi-service BreastScreen		Single Service BreastScreen
☐ SCU only	☐ Service only	☐ SCU and Service

DETAILS OF SERVICE AND/OR SCU

Name of Service and/or SCU

This appeal is:

Against the decision of the NQMC not to accredit the Service and/or SCU ☐

Against the level of accreditation granted by the NQMC ☐

Grounds for appeal

Please indicate on what grounds you are appealing the decision. Please provide the reasons why accreditation reconsideration is sought. *(Refer to Section 3.5 in the Handbook)*

Do you have any other relevant information to support your appeal? No ☐ Yes ☐ ▶ Provide details below or attach relevant documentation

AUTHORISATION

SERVICE (complete only if appeal is by a Service)

As head of the Service, I authorise this appeal. ☐

Name _____ Date dd/mm/yyyy

SCU authorisation: This appeal is: Supported/Endorsed ☐ Not Supported ☐

On behalf of the SCU, I authorise the dispatch of this form. ☐

Name _____ Date dd/mm/yyyy

SCU (complete only if appeal is by a SCU)

Completed by:

On behalf of the SCU, I authorise this appeal. ☐

Name _____ Date dd/mm/yyyy