

APPLICATION FOR REVIEW

For review of reviewable decisions under Part 6 of the *Housing Act 2003* and for administrative appeals of other decisions

Form 2 – Registered Providers

This form is to be used for an application under Section 65 of the *Housing Act 2003* (the Act) for review of a decision under Section 63(b) to (f) of the Act relating to registered providers.

The application must be made by completing this approved form and be supported by enough information to enable the Director-General of the Department of Communities or delegate to decide the application.

The completed form and any supporting documents are to be forwarded to the Housing Appeals and Review Unit, Department of Communities, GPO Box 806, Brisbane 4001. For enquiries, telephone **1300 364 560**.

Privacy Statement – Please Read

Information on this application form is collected for purposes related to deciding this review and implementing review decisions. The Department may also use this information for its housing-related research, policy or planning functions. Apart from information about registered providers that is recorded on the public register under Section 32 of the Act, personal information will only be disclosed to third parties with your consent or in accordance with the Queensland Government's *Information Privacy Act 2009*.

Name of Applicant Entity (Registered Provider)		
Address of Applicant (Registered Provider)		
Office Bearer Name		
Office Bearer Position		
Contact details for Applicant	Telephone:	(business) (mobile)
	E-mail Address:	
Do you require an interpreter or other assistance?		
If yes, what language or type of assistance?		
If you would like another person to assist you (for example, advisor or peak housing body), please complete this section. By providing details in this section and signing this application form you authorise and consent to the Department and its officers contacting the person/s named, disclosing information relating to this application to the person/s and their agency (if applicable) and for the person/s to make representations on your behalf.		
Name of person assisting		
Agency (if applicable)		
Contact Address		
Contact for person assisting	Telephone:	(business) (mobile)
	E-mail Address:	
Application for Review Details		
State the decision you are applying to have reviewed		
Name and office of decision maker		
Date of the decision		

