



**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 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, Housing and Digital Economy (CHDE) or delegate to decide the application.

The completed form and any supporting documents are to be forwarded to Regulatory Services, Department of Communities, Housing and Digital Economy, GPO Box 690, Brisbane 4001. For enquiries, telephone 07 3013 2666 or Email: [RegulatoryServices@chde.qld.gov.au](mailto:RegulatoryServices@chde.qld.gov.au)

### Privacy Statement – Please Read

Information on this application form is collected for purposes related to determining and implementing a decision and will be given to other person where necessary to assess and resolve the issue raised. 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 36 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)			
Office Bearer Name			
Office Bearer Position			
Address (Registered Provider)			Post Code
Contact phone (Business)			Mobile
Email Address			
Do you require an interpreter or other assistance?	(Please circle)	Yes	No
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:		
<b>Application for Review Details</b>			
State the decision you are applying to have reviewed			
Name and office of decision maker			
Date of the decision			



# APPLICATION FOR REVIEW

Provide details of all grounds upon which you seek a review of the decision and attach any documents which support your application for review.

*It is important to provide the Department with enough information to support your application for review. If there is not sufficient space, please attach additional information to this sheet.*

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I am an office bearer of the applicant for review and I am authorised to, and hereby –

- make this application on behalf of the applicant; and
- consent to departmental officers contacting and disclosing information relating to this application to the person/s and their agency (if applicable) named above as assisting with this application.

Office Bearer’s signature:  Date:

Office Bearer’s signature:  Date: