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| **OFFICIAL USE ONLY**  DATE RECEIVED   |  |  |  | | --- | --- | --- | |  |  |  |   FILE REF   |  | | --- | |  |   PROJECT REF   |  | | --- | |  |   COMPLETE FORM  Administering district   |  | | --- | |  |   ENTERED BY [SIGNATURE]   |  | | --- | |  |   DATE   |  |  |  | | --- | --- | --- | |  |  |  |   **GUIDE**  **1. Applicant Details**  The applicant is the person or legal entity that is seeking review of a decision that has affected them.  The registered address is legally required for the service of documents.  It is the address of a person or entity and cannot be a post office box.  Enter the Australian Company Number (ACN) or Australian Business Number (ABN) of the incorporated company or the Association Number (AN) of the incorporated association; or the title and section of the legislation that gives the statutory corporation its legal status.  Note: the ACN or ABN must be provided for applications must under the *Nature Conservation Act 1992*. | Request for internal review of a QPWS&P decision | |
| **Important information for applicants**  Use this form to apply for the internal review of a reviewable decision made by QPWS&P in relation to a commercial activity permit, organised event permit, stock grazing permit, or another reviewable decision under the *Nature Conservation Act 1992*, *Recreation Areas Management Act 2006, Forestry Act 1959* or the *Marine Parks Act 2004*.  **Not all decisions are reviewable. If you are unsure if a decision that affects you is reviewable, contact** [**parkaccess@des.qld.gov.au**](mailto:parkaccess@npsr.qld.gov.au)**.**  Your application for internal review of a decision will be assessed on the information provided in, and attached to, this form. Applicants should ensure sufficient information is provided with this form for an effective internal review of the relevant decision. 1. Applicant Details **Entity Name**   |  |  |  | | --- | --- | --- | | registered legal entity name | | | | trading name (if applicable) | | | | registered address | | post code | | telephone | faScimile | mobIle | | e-mail address | | | | postal address (if different) | | post code | | ACN/ABN/AN or title and section of legislation | | | | preferred contact method (please tick)  Mail  E-mail | | | | |
| **2**. **Authorised Signatory**  Do not sign here. The signature block is on page 4.  **3. Contact person** |  | 2. Authorised Signatory  |  |  |  | | --- | --- | --- | | authorised signatory full name | | title | | position in corporation | | | | telephone | facsimile | mobile | | e-mail address | | | | postal address (write “as above” if the same as registered address) | | post code |  3. Contact Person (if different from signatory)  |  | | --- | | full name | | telephone | |
| **4. Decision to be reviewed**  Please provide a brief description of the decision you want QPWS&P to review.  For example, are you unhappy with a condition placed on an approved permit? Have you been refused an authority, such as a commercial activity permit?  This might include for example - the date of the application, the type of authority applied for, the application or customer reference number, the name of any contact or pre-lodgement officer you may have met with. |  | 4. What decision do you want QPWS&P to review?  |  | | --- | | Please provide a brief description. addittional information may be attached. | |
| **5. Grounds for Review**  There are a number of grounds of review that QPWS&P can consider. Indicate which of these grounds apply to the decision.  Provide a brief description of why the decision should be reviewed |  | 5. Grounds of Review **What are the grounds of review?**  Exceptional circumstances exist  A policy or procedure was not followed  Decision was made contrary to law  Decision did not consider appropriate matters  Other:   |  | | --- | | Please provide a brief description. addittional information may be attached. | |

# 6. Application Assessment - Additional Information

**It is important that you provide enough information to enable the reviewing officer to make a decision. The decision will be reviewed against a range of matters required by the relevant legislation, including the assessment criteria and procedures that applied to the original decision. Please provide a statement including any additional information that will assist in reviewing the decision, including for example:**

* Details of the original application and decision to be reviewed
* Facts supporting your request for review – what is it about the decision you are unhappy with?
* What is the outcome you are seeking and why would this be more appropriate or preferable?
* If you are making a late request for internal review, what are your grounds for extending the timeframe?

**Relevant supporting documentation may be attached.**

# 7. Privacy Statement – Please Complete

Information supplied may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*. Information may be disclosed to third parties for research and auditing purposes.

The Department of Environment and Science is collecting the information on this form to assess your application for internal review. This information is required to allow the application to be duly considered and will only be access by authorised employees within the Department. Your information will not be disclosed to any other parties unless authorised or required by law.

Please contact the Privacy Team at [privacy@des.qld.gov.au](mailto:privacy@ehp.qld.gov.au) for any further queries.

I, as the contact person, consent to the disclosure of personal information for the purposes of enabling the Department to assess this application appropriately.

**YES  NO**

# 8. Applicant’s certification

I have read and understand the public liability, indemnity, release and discharge requirements of the Department and I agree to comply with and be bound by these conditions.

I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the *Oaths Act 1867*.

I understand that information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

APPLICANT’S SIGNATURE

|  |
| --- |
|  |

DATE

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| --- |
|  |

Please return your completed application to:

**By mail: Queensland Parks and Wildlife Service and Partnerships**

**Park Access Team**

Department of Environment and Science

PO Box 15187

City East QLD 4002

400 George Street

BRISBANE QLD 4001

**By e-mail:** [parkaccess@des.qld.gov.au](mailto:parkaccess@npsr.qld.gov.au)

**Enquiries:**

Email: [parkaccess@des.qld.gov.au](mailto:parkaccess@npsr.qld.gov.au)

Website: [www.des.qld.gov.au](http://www.npsr.qld.gov.au)