

NOTICE OF APPEAL OF A DECISION OF AN ASSOCIATION APPEALS COMMITTEE

Prescribed Form 4, By-law 9

details (postal address, email address and best contact number) below:	MEMBER DETAILS			
Club name (if any): Contact details: Postal address Email address Best contact number ASSOCIATION APPEALS COMMITTEE DECISION Date of Association Appeals Committee Decision Is a copy of the decision of the Association Appeals Committee attached? REPRESENTATION Do you wish to be represented by a support person of the Club? Yes No Do you wish to be represented by a lawyer? Yes No If you wish to be represented by a support person and/or lawyer, please provide their name and contact details (postal address, email address and best contact number) below:	Full name:			
Contact details: Postal address Email address Best contact number ASSOCIATION APPEALS COMMITTEE DECISION Date of Association Appeals Committee Decision Is a copy of the decision of the Association Appeals Committee attached? REPRESENTATION Do you wish to be represented by a support person of the Club?	FFA number:			
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REPRESENTATION Do you wish to be represented by a support person of the Club?	Date of Association Appeals Commit	ttee Decision		
REPRESENTATION Do you wish to be represented by a support person of the Club?	Is a copy of the decision of the	Association Appeals Committee	☐ Yes	□ No
Do you wish to be represented by a support person of the Club? Do you wish to be represented by a lawyer? If you wish to be represented by a support person and/or lawyer, please provide their name and contact details (postal address, email address and best contact number) below:	attached?			
Do you wish to be represented by a support person of the Club? Do you wish to be represented by a lawyer? If you wish to be represented by a support person and/or lawyer, please provide their name and contact details (postal address, email address and best contact number) below:				
Do you wish to be represented by a lawyer? If you wish to be represented by a support person and/or lawyer, please provide their name and contact details (postal address, email address and best contact number) below:	REPRESENTATION			
If you wish to be represented by a support person and/or lawyer, please provide their name and contact details (postal address, email address and best contact number) below:	Do you wish to be represented by a support person of the Club?		☐ Yes	□ No
details (postal address, email address and best contact number) below:	Do you wish to be represented by a lawyer?		☐ Yes	□ No
	If you wish to be represented by a support person and/or lawyer, please provide their name and contact			
JURISDICTION	details (postal address, email address and best contact number) below:			
JURISDICTION				
	JURISDICTION			
The jurisdiction of the Appeals Tribunal is set out in subsection 12.1 of By-law 9. Before initiating this appeal,				
you must demonstrate that: (a) you have exhausted all possible appeal processes with the Association Member: and				



(b)	(b) one or more of the limited grounds of appeal as set out in subsection 11.4 of By-law 9 applies					
	to this	matter.				
Does tl	ne Appea	ls Tribunal have jurisdiction to hear this matter?	☐ Yes ☐ No			
Have y	ou exhau	sted all possible appeal processes with the Association	☐ Yes ☐ No			
Memb	Member?					
Please	state the	grounds you wish to reply upon for this appeal by tick	king the box(es) which apply to your			
circum	stances:					
	a party	was not afforded a reasonable opportunity to present i	ts case;			
	lack or excess of jurisdiction of the General Tribunal, Association Disciplinary Committee or an Association Appeals Committee;					
	the decision or Determination of the General Tribunal, Association Disciplinary Committee or Association Appeals Committee was affected by actual bias;					
	the decision or Determination was one that was not reasonably open to the General Tribunal, Association Disciplinary Committee or Association Appeals Committee having regard to the evidence before same; or					
	severity, only where the decision or Determination of the General Tribunal, Association Disciplinary Committee or Association Appeals Committee imposed a sanction of at least:					
		a Fixture suspension of six (6) or more Fixtures; or				
		a time suspension of three (3) or more months; or				
		a fine of three thousand dollars (\$3,000) or more; or				
		a loss of six (6) or more Competition points; or				
		expulsion from a Competition.				

SUMMARY OF YOUR APPEAL

Please provide a brief summary of the relevant facts and legal arguments that relate to each ground(s) of appeal you wish to rely upon, including by reference to any applicable Rules and Regulations of the FFA, Football Queensland and/or Zone / Competition Administrator / Competition Management Centre.

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RELIEF SOUGHT	
Please describe the relief that you are seeking from the Appeals Tribunal.	
AFFECTED PARTY DETAILS	
Your appeal may have consequences for another party. Football Qu	eensland is concerned to ensure the
Affected Party (including Football Queensland) is aware of your appeal and is provided with an opportunity to	
be heard.	
Is there another party potentially affected by your appeal?	☐ Yes ☐ No
If there are other parties potentially affected, please provide their name	e and contact details (postal address,
email address and best contact number) below:	



PAYMENT OF APPLICATION FEE	
An Application Fee must be paid at	the time of lodging this Appeal. Payment can be made via the details
provided below.	
Payment options	Please pay by EFT to the following account
	Bank: NAB
	Account Name: Football Queensland
	Account BSB: 084917
	Account Number: 172755418
	Please use your Club Name as a reference and attach a copy of the
	payment receipt when lodging this form.

SIGNATURE				
I certify that the information provided above is true and correct.				
Signature:				
Description of signatory:				
Date:				

Notes

- 1. This Notice of Appeal (and relevant supporting documents) must be submitted within seven (7) working days of the Association Appeals Committee decision.
- 2. Unless there are exceptional circumstances (to be determined by the Directors of Football Queensland in their absolute discretion), if Football Queensland does not receive a properly completed Notice of Appeal (and relevant supporting documents) and payment of the \$500 Application Fee within seven (7) working days of the Association Appeals Committee decision being issued, you are deemed to have waived your right to appeal the decision of the Association Appeals Committee.

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- 3. You should read and consider sections 11, 12, 13 and 15 of By-law 9 prior to signing and submitting this Notice of

 Appeal to Football Queensland.
- 4. Capitalised words used in this Notice of Appeal are defined in By-law 9.

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