



Notice of Appeal – 8.1 Region Appeal

This Notice of Appeal form may be used by a Person or Club to lodge an Appeal.

PART A APPLICANT DETAILS

Appeal By	Player <input type="checkbox"/>	Club <input type="checkbox"/>	Controlling Body <input type="checkbox"/>	Other Person <input type="checkbox"/>
Applicant Name	Role			
Club (if applicable)	League			

PART B DECISION SUBJECT OF APPEAL

Select one or more of the following Appeal Grounds	A) Transfer refusal by Source Club where dispute cannot be resolved [section 8.1 of the AFL Victoria Country Rules]	<input type="checkbox"/>
	B) Age Dispensation Appeal [section 8.3 of the AFL Victoria Country Rules]	<input type="checkbox"/>
	C) Any other matter referred by AFL Victoria Community Football Manager	<input type="checkbox"/>

Decision Date	Decision By
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Provide a description of the Decision that is subject of this Appeal.

PART C APPEAL GROUNDS (Only relevant to an appeal of B & C from Part B above). Age Dispensation Appeal may only select options 1 or 2 below.

Select one or more of the following Appeal Grounds	1) The decision involved an error of law that had a material impact on the Tribunal's decision	<input type="checkbox"/>
	2) The decision was so unreasonable that no Controlling Body or Tribunal acting reasonably could have come to that decision having regard to the evidence before it	<input type="checkbox"/>
	3) The classification of the Reportable Offence or Policy Breach or other conduct (as applicable) was manifestly excessive or inadequate	<input type="checkbox"/>
	4) The sanction imposed was manifestly excessive or inadequate	<input type="checkbox"/>

PART D APPEAL SUBMISSION

Detail your submission in support of the Appeal including specific reference to the grounds of the appeal under which this is lodged.

Additional detail as part of the submission may be attached to this application form.

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Documents Submitted in Support of Application	Document Date	Document Description

PART E PAYMENT & DECLARATION

Payment Made	Yes <input type="checkbox"/>	Ensure proof of payment is attached to this application and outlined in Part D above
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Your Name		Declaration	In signing this <i>Notice of Appeal</i> , I, and any party that I am representing (e.g., a Club), agree to be bound by the decision of the Appeal Board.
Signature			
Date			

Payment or evidence of payment to AFL Victoria Country of the sum of \$750.00 for costs of the appeal, which sum shall be dealt with in accordance with section 26.4 (d) & (e) of the National Community Football Policy Handbook.

For the purpose of transferring any Appeal fee to AFL Victoria, please use the below details:

**Name NAB
Australian Football League**

BSB: 083-054

Account Number: 16-228-6902

Reference: ‘Appeal - Player Surname & Club Name’

Following the transfer of the appropriate fee, proof must be attached to this application form e.g., a copy of online remittance advice or screen shot of transaction to the below email within the required timeframe.

Joel Lovett (Football Operations Coordinator) – joel.lovett@afl.com.au

This appeal form must be submitted by the Appellant lodging with the Controlling Body, by no later than 5:00pm on the day following the relevant decision of the Tribunal or Controlling Body.