

This Notice of Appeal form may only be used by the charged person or organisation, subject to the decision of a **Country League Independent Tribunal**

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 APPEAL GROUNDS

Select one or more of the following Appeal Grounds	The decision involved an error of law that had a material impact on the Tribunal's decision	<input type="checkbox"/>
	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"/>
	The classification of the Reportable Offence or Policy Breach or other conduct (as applicable) was manifestly excessive or inadequate	<input type="checkbox"/>
	The sanction imposed was manifestly excessive or inadequate	<input type="checkbox"/>

PART C DECISION SUBJECT OF APPEAL

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

PART D APPEAL SUBMISSION

<p>Detail your submission in support of the Appeal – including direct reference to the appeal grounds selected in Part B above.</p> <p>Additional detail as part of the submission may be attached to this application form.</p>	
Document Date	Document Description

Documents Submitted in Support of Application		

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 \$5500 for Senior clubs / organisations and for Junior clubs / organisations a sum of \$2750 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.