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| **PART A** | APPLICANT DETAILS |

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| Appeal By | Player |  | Club | |  | Controlling Body | |  | Other Person |  | |
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| Applicant Name |  | | | Role | | |  | | | |
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| Club (if applicable) |  | | | League | | |  | | | |

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| **PART B** | DECISION SUBJECT OF APPEAL |

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

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| **PART C** | APPEAL GROUNDS |

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| Select one or more of these Appeal Grounds  [NOTE: If multiple grounds are selected, the submission under Part D must address each of these] | The decision involved an error of law that had a material impact on the Tribunal’s decision |  |
| 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 |  |
| The classification of the Reportable Offence or Policy Breach or other conduct (as applicable) was manifestly excessive or inadequate |  |
| The sanction imposed was manifestly excessive or inadequate |  |

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| **PART D** | APPEAL SUBMISSION |

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| Detail your submission in support of the Appeal (or attach submission to this Notice of Appeal)  [NOTE: If you have selected more than one “Appeal Ground” in Part C, detail your submission in respect of each Appeal Ground nominated] |  | |
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| Detail the relief you are seeking from the Appeal Board. |  | |
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| Documents submitted in support of the Notice of Appeal | Document Date | Document Description |
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| **PART E** | DECLARATION (by Player) |

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| In signing this *Notice of Appeal* I acknowledge that: | | | |
| 1. I agree to be bound by the decision of the Appeal Board; 2. I must not make any unfair, unreasonable or excessive public criticism of an Appeal Board decision or of any Appeal Board member or any other matter relevant to the Appeal Board or a determination made by it; | | | |
| 1. If the Appeal is successful, the Controlling Body may, in its absolute discretion, may refund the Appeal Fee in part (e.g. 50%) or whole; 2. If the Appeal is unsuccessful, the Appeal fee will not be refunded. | | | |
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| Applicant Signature |  | Date |  |

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| **PART F** | APPEAL FEE & PAYMENT |

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| Ensure the following details are completed prior to lodgement of the Notice of Appeal. | | | | | |
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| Appeal Fee Amount (as advised by the Controlling Body) | $ | Appeal Fee Paid |  | Evidence of Payment Attached |  |