



NOTICE OF APPEAL OF A DECISION OF AN ASSOCIATION APPEALS COMMITTEE

Prescribed Form 4, By-law 9

MEMBER DETAILS	
Full name:	
FFA number:	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

REPRESENTATION	
Do you wish to be represented by a support person of the Club?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to be represented by a lawyer?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	

JURISDICTION
<p><i>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:</i></p> <p>(a) <i>you have exhausted all possible appeal processes with the Association Member; and</i></p>



(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 the Appeals Tribunal have jurisdiction to hear this matter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exhausted all possible appeal processes with the Association Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please state the grounds you wish to reply upon for this appeal by ticking the box(es) which apply to your circumstances:	
<input type="checkbox"/> a party was not afforded a reasonable opportunity to present its case; <input type="checkbox"/> lack or excess of jurisdiction of the General Tribunal, Association Disciplinary Committee or an Association Appeals Committee; <input type="checkbox"/> the decision or Determination of the General Tribunal, Association Disciplinary Committee or Association Appeals Committee was affected by actual bias; <input type="checkbox"/> 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 <input type="checkbox"/> severity, only where the decision or Determination of the General Tribunal, Association Disciplinary Committee or Association Appeals Committee imposed a sanction of at least: <div style="margin-left: 40px;"> <input type="checkbox"/> a Fixture suspension of six (6) or more Fixtures; or <input type="checkbox"/> a time suspension of three (3) or more months; or <input type="checkbox"/> a fine of three thousand dollars (\$3,000) or more; or <input type="checkbox"/> a loss of six (6) or more Competition points; or <input type="checkbox"/> expulsion from a Competition. </div>	

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.

**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 Queensland 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 and contact details (postal address, email address and best contact number) below:



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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.*



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.*