

Internal Review Application Form

To request a review of decision, please complete the information below and send the completed form to:
GPO Box 1391, Brisbane QLD 4001 or applications@niis.qld.gov.au.

Name of the person who is the subject of this application	NIISQ case number

Do you require an interpreter?	☐ Yes ☐ No
If yes, in which language	

Reviewable decision	
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Decision details

Why do you want the decision to be reviewed?

If you have additional material to support your application, please list below and attach a copy with your application.

Date of receipt of information notice	/ /
If you are making this review application more than 28 days after receipt of the decision please explain why	

Surname/Family name	First name
*Are you the person to which the application relates?	☐ Yes ☐ No
If no, what is your relationship?	
If no, has a copy of the application been provided to the person?	☐ Yes ☐ No
Signature	Date
	/ /

Privacy statement: We are collecting your personal information in order to perform our functions under the NIISSQ Act. We collect, use, disclose and store your personal information in accordance with the *Information Privacy Act 2009 (Qld)*, the *National Injury Insurance Scheme (Queensland) Act 2016* (NIISSQ Act) and the *National Injury Insurance Scheme (Queensland) Regulation 2016* (NIISSQ Regulation). If we cannot collect this information, we may not be able to assist you. It is our usual practice to disclose your personal information to the Permitted Entities prescribed in s14 NIISSQ Regulation and mandated by s19(3) of the NIISSQ Act. Your personal information will not otherwise be released unless the disclosure is permitted or required by law. Further information on how we handle your personal information can be found in our privacy policy including how to access or update your information. You can also contact our Privacy Officer on 1300 607 566 or privacy@niis.qld.gov.au

niis.qld.gov.au