



GRIEVANCE APPLICATION FORM

Prescribed Form 1

APPLICANT DETAILS

Date:	
Full Name:	
FFA Number:	
Postal Address:	
Email Address:	
Contact Number:	

RESPONDENT DETAILS

Full Name:	
FFA Number:	
Postal Address:	
Email Address:	
Contact Number:	

If there are further parties who are Respondents, please provide their name and contact details (postal address, email address & contact number) below:

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AFFECTED PARTY DETAILS

Is there another party potentially affected by your Grievance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If there are other parties potentially affected, please provide their name and contact details (postal address, email address, contact number) below:

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REPRESENTATION

Do you wish to be represented by a support person of the Club?

Yes No

Do you wish to have legal representation?

Yes No

If you wish to be represented by a support person and/or legal representative, please provide their name and contact details (postal address, email address and contact number) below:

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DATE THAT THE GRIEVANCE AROSE

Grievance Date:

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If you wish to, provide a chronology/timeline of events below:

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SUMMARY OF THE GRIEVANCE

Please provide a brief summary of the relevant facts and legal arguments, including by reference to any applicable Rules and Regulations of FFA, NNSWF and/or Zone/Competition Administrator.

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RELIEF SOUGHT

Please describe the relief that you are seeking from the General Tribunal.

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SUPPORTING DOCUMENTS

You must provide copies of the Applicant's written notice, the Respondent's written reply (if any), this subject Grievance Form, any supporting evidence and payment Application Fee (following section).

Have you provided all supporting documents for the General Tribunal to consider the Grievance?

Yes

No

PAYMENT OF APPLICATION FEE

An application Fee must be paid at the time of lodging this Grievance. Payment can be made via the details provided below:

Payment options:

Please pay by EFT to the following account:

Bank: Newcastle Permanent

Account Name: Northern NSW Football

Account BSB: 650-000

Account Number: 505152608

Please use Invoice number provided as payment reference

SIGNATURE

I certify that the information provided above is true and correct.

Signature:

Description of signatory:

Date:

Notes:

1. *This Grievance Form (and relevant supporting documents) must be submitted within seven (7) working days after issue of your written notice to the Respondents.*
2. *Your Grievance will be heard by an independent tribunal appointed by Northern NSW Football.*
3. *If Northern NSW football does not receive a properly completed Form (and relevant supporting documents) by the time specified in paragraph 1, along with the \$1000 Application Fee, you waive your right to have your Grievance heard by Northern NSW Football.*