



# Application for Review of NAATI Assessment

**Please note this form can not be used if you wish to review a test. If you wish to have a test result reviewed please use the Application for Review of Test Results form.**

Applications for Review must be received within two months of the date on the NAATI letter which informs the candidate of the outcome of the assessment. Please complete all parts of this form and send it to **NAATI PO Box 223 Deakin West ACT 2600 AUSTRALIA.**

**NAATI Number:**  
*(if known)*

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## Part 1 Personal Details

<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <i>please specify</i>									
<b>Given names</b>										
<b>Family name</b>										
<b>Date of birth</b>	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> </tr> </table> / <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> </tr> </table> / <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<b>Gender</b> Female <input type="checkbox"/> Male <input type="checkbox"/> <small>(please tick <input checked="" type="checkbox"/> one)</small>
D	D									
M	M									
Y	Y	Y	Y							
<b>Postal address</b>										
<i>For overseas residents please attach a separate address label in your language</i>	Suburb	State	Post/Zip code							
	City	Country								
<b>Home phone</b>	( )	<b>Business phone</b>	( )							
<b>Email</b>										

## Part 2 Assessment Details

Please indicate the assessment completed by NAATI which you wish to review:

- Completion of a NAATI Approved Australian Course   
  Professional Association Membership  
 Overseas Qualification   
  Advanced Standing

Date of assessment result letter 

D	D
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 / 
 

M	M
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 / 
 

Y	Y	Y	Y
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## Part 3 Reason(s) for Review Request

Please list the reason(s) for your request for review and provide supporting documentation  
(Note: New or additional information must be provided)

## Part 4 Conditions

- Candidates are advised that a review of an assessment may take up to eight weeks or longer depending on the complexity of the review. Candidates should be aware that a review of the assessment provides no guarantee of a positive outcome.
- The result of a review is final. Regardless of whether the candidate agrees or disagrees with the results of the assessment review NAATI will not enter into any further discussion or correspondence about the review.

## Part 5 Declaration

I have read and understood the conditions under which I may have my assessment reviewed. I agree to abide by all the conditions as stated above.

Signature:

Date   /   /

## Part 6 Fees

**All fees and charges are listed in Australian Dollars (\$AUD) and are valid from July 1 2009 to June 30 2010.**

Fees (\$AUD)	Australia*	Other Countries
Review of Overseas Qualification, Professional Association Membership or Advanced Standing	\$253.00	\$253.00
Review of NAATI Approved Australian Course	100.00	100.00

*\*Prices include Australian Goods and Services Tax (GST) where applicable.  
All fees and charges are listed in Australian currency (\$AUD).  
All prices are subject to change without notice.*

## Part 7 Payment Details

NAATI does not accept personal cheques (only AMO, BANK CHEQUES and OVERSEAS DRAFTS)

Amount \$AUD:

**All payments must be made in Australian dollars**

(Please tick  one)

- Australian Money Order   
  Bank Cheque (a cheque purchased from a bank)   
  Overseas Bank Draft  
 Credit or Debit Card   
  Cash (payable at any NAATI office)

Card details (Please tick  one)

- Visa   
  MasterCard   
  Amex

Credit card number

Security number if requested

/

Expiry date

Card holder's name

Card holder's signature

Date   /   /

Approved  Not Approved  Initials:

Date   /   /

Comments:

OFFICE USE ONLY

CC  CHQ  AMO  CSH  DD  EFTPOS

AMOUNT PAID:

ENTERED BY:

DATE:

RECEIPT NUMBER:

TRANSACTION NUMBER: