

APPLICATION FOR APPEAL - PROFESSIONAL EXAMINATION IN DIETETICS

Before completing this form please ensure you have read all the information available at www.dietitiansaustralia.org.au > Working in dietetics > Process for overseas-educated dietitians > Appeals Process. Please forward your completed application form with your letter of appeal.

DSR Number _____

Family name: _____

Given names: _____

Date of Birth: _____/_____/_____

Day Month Year

Signature: _____ Date: _____/_____/_____

Day Month Year

I request to submit the following appeal based on my MCQ / Oral examination result held
_____ (Month and venue).

I understand and accept that the enclosed application fee is non-refundable.

The completed application form and letter of appeal should be forwarded to:

DSR Administrator
Dietitians Australia
1/8 Phipps Close
DEAKIN ACT 2600
AUSTRALIA

PAYMENT SECTION - Tax Invoice - (ABN 34 008 521 480)

AMOUNT AUD __\$250_____

Cheque/money order/bank draft Mastercard Visa (Note Amex/Diners Club not accepted)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date: _____/_____/_____

Card Holder's Name: _____ Cardholder's Signature _____