



NATIONAL ARBITRATION TRIBUNAL REGULATIONS

APPLICATION FORM

FOOTBALL FEDERATION AUSTRALIA

Level 22, 1 Oxford Street, Darlinghurst NSW 2010

Locked Bag A4071, Sydney South NSW 1235

Telephone: +61 (2) 8020 4000

Facsimile: +61 (2) 8020 4100



1. APPLICANT / APPELLANT DETAILS

Name: _____

Contact name and title: _____
(if applicant is an entity)

Address for service of notices: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

2. RESPONDENT / APPELLEE DETAILS

Name: _____

Contact name and title: _____
(if respondent is an entity)

Address for service of notices: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

If there are further parties you want to be respondents, please provide their details on a separate page. I have attached further *Respondents*:

Yes [] No []

3. AFFECTED PARTY

Is there another party potentially directly affected by your application?

Yes [] No []

If your answer is yes, please name that party:



Name: _____

Contact name and title
(if affected party is an
entity): _____

Address for service of
notices _____

Telephone: _____

Fax: _____

Email: _____

If there are further parties you wish to be listed as affected parties, please provide their details on a separate page. I have attached a further list of Affected Parties:

Yes [] No []

4. URGENCY

Are there grounds for suggesting that these proceedings should be heard on an urgent basis?

Yes [] No []

If 'yes', please describe below the basis for the urgent hearing of the matter and the requested timeframes:



5. TYPE OF APPLICATION AND DETAILS OF DISPUTE

5.1 First Instance

Briefly state the relevant facts and legal arguments in the space below. You must include a clear statement of the issues you are submitting to the National Administration Tribunal for determination. If necessary, continue in an annexure:

5.2 Appeal

If this is an application to hear an appeal of a Determination of a National Arbitration Tribunal Panel, you must include a copy of the Determination being appealed and confirm the following details:

Date of decision: DD/MM/YEAR

Decision made by: _____

The sole grounds of appeal are as set out in clause 17.1 of the National Arbitration Tribunal Regulations. On what ground/s are you appealing the above decision:

- the party was not afforded a reasonable opportunity to be heard;

- the Determination was affected by bias;

- the Determination was one that was not reasonably open to the Panel having regard to the evidence before it.

In addition, you may also briefly state your grounds of appeal. If necessary, continue in an annexure:

6. DATE DISPUTE AROSE

Insert date on which the event or non-event giving rise to the Dispute took place or concluded (if a series of events), or the date of receipt of the Determination being appealed:

DD/MM/YEAR

7. RELIEF SOUGHT

Please describe the relief you are seeking from the National Arbitration Tribunal. If necessary, continue in an annexure:

8. INSTRUCTIONS FOR LODGING APPLICATION

8.1 Application Fee

The application fee for:

- (a) a first-instance determination of the National Arbitration Tribunal is AUD\$500.00; and
- (b) an appeal of a Determination of a National Arbitration Tribunal Panel is AUD\$2,000.00.

The application fee is non-refundable and must be lodged at the time of making this application. Payment of the application fee can be made by cheque or directly into the FFA bank account.

Bank: National Australia Bank
Bank Address: 255 George Street, Sydney 2000, NSW, Australia
Account Name: Football Federation Australia Limited
Account Number: 562 584 036
Branch/Swift Code: 082-057

I attach confirmation of payment to FFA of the relevant application fee.

8.2 FFA Contact Details

You should address any correspondence, applications or other general queries to the Administrator at the address below:

Football Federation Australia
Level 22, 1 Oxford Street, Darlinghurst NSW 2010
Locked Bag A4071, Sydney South NSW 1235
Ph: (02) 8020 4000
Fax: (02) 8020 4100

9. SIGNATURE OF APPLICANT

I warrant that the information contained in this Application Form is true and correct.

Signed:

Name:

Position:

Date:

DD / MM / YEAR

Your privacy: FFA collects your personal information so we can administer the National Arbitration Tribunal. Your information will be shared with members of the National Arbitration Tribunal. You have a right to access certain personal information that we collect and hold about you. You may contact us at privacy@ffa.com.au. A copy of the FFA privacy policy is available at www.ffa.com.au/privacy.