

# FORM 16

## NOTICE OF APPEAL AGAINST DECISION OF A DISCIPLINARY BODY THAT HAS ADOPTED AN INTEGRITY CODE

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### 1. Details of the Person / Organisation Appealing ("the Appellant")

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Person (if Organisation)			
Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Telephone (Wk)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

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### 2. Details of Respondent (name of disciplinary body and organisation that established it)

Body/ Organisation	<input type="text"/>		
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	
Telephone (Wk)	<input type="text"/>	(Hm)	<input type="text"/>
		Mobile	<input type="text"/>
Email	<input type="text"/>		

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### 3. Details of Representative

Please insert the details of your legal representative or other person, if any, who will be representing the Applicant in these Proceedings.

Name of representative	<input type="text"/>		
Firm/company	<input type="text"/>		
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	
Contact person for this application			
Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>		
Telephone (Wk)	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

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#### 4. Interested Parties

Are there any other persons or organisations who or which may be directly affected by, or who has a sufficiently close interest in, the outcome of these Proceedings? If so please insert their contact details. Continue on separate page if necessary.

Name	Title	First Name	Surname
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Street	Suburb	
	<input type="text"/>	<input type="text"/>	
	City	Postcode	
	<input type="text"/>	<input type="text"/>	
Telephone (Wk)	<input type="text"/>	(Hm) <input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>		

Reason person(s) may be affected or have a sufficiently close interest in outcome:

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#### 5. Jurisdiction

Specify the basis on which the appellant has a right of appeal (i.e. give details of the organisation's adoption of an integrity code).

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#### 6. Urgency

Are there grounds for suggesting this appeal should be heard on an urgent basis?  Yes  No

If yes, please describe below the reasons why you consider there is urgency in hearing the appeal.

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## 7. Decision being appealed

Please provide details of the decision which you are appealing against, including which committee or person within the Respondent made the decision, the date it was made, and the nature of the decision.

Please also attach a copy of the decision to this application.

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## 8. Grounds of Appeal

Specify the grounds upon which the appeal is brought. These grounds must either be as set out in the relevant constitution, rules or regulations of the body appealed from or if there are no such grounds in such documents, then they must be in accordance with the Tribunal's own grounds of appeal as set out in Rule 46 of the Tribunal's Rules. Your submissions on these grounds of appeal are to be included in your appeal brief (Form 17).

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## 9. Outcome Sought

Please specify the outcome or relief you are seeking from the appeal.

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## 10. Suspension Application

(a) Are you applying to suspend all or part of the decision appealed from pending the hearing of the appeal:

- Yes - All  
 Yes - Part  
 No

(b) If the suspension application only applies to part of the decision, specify the applicable part:

(c) If there is urgency in deciding of the suspension application, give the reasons why you consider there is urgency in deciding the suspension application:

Signed

Day / Month / Year

### Filing and Service Instructions

1. This application should be signed and filed with the Registrar of the Sports Tribunal at the email address given below.
2. The application should be accompanied by the prescribed filing fee of \$500 (inclusive of GST) together with a copy of the applicable constitution, rules or policies which give the Applicant the basis for bringing the allegations.
3. The Appellant is to serve a copy of this Application and attachments on the Respondent as soon as practical after the original has been filed with the Tribunal and will inform the Tribunal of service by email or by the Notice of Service form.

The Registrar  
Sports Tribunal of New Zealand  
PO Box 3338  
Wellington 6140

Phone: 0800 55 66 80  
Email: [info@sportstribunal.org.nz](mailto:info@sportstribunal.org.nz)  
Website: [www.sportstribunal.org.nz](http://www.sportstribunal.org.nz)