



Dance Movement Therapy
Association of Australasia Inc.

ARBN: 633105736

DTAA APPEALS FORM

This form is used to make an informal appeal about a member of DTAA. All details must be completed.

1. WHO IS THE SUBJECT OF THE APPEAL?

Member's Name:	
Practice or Business Name:	
Practice or Business Address:	

2. APPELLANT(S) DETAILS

Name:	
Practice or Business Name (if applicable):	
Address:	
Email:	
Home/Mobile Number:	
Work Phone:	

3. WHAT IS THE APPEAL

Please list reasons and evidence that support your Appeal. You may list the examples of breachers and their relationship to clauses from the DTAA Code of Ethics (<https://dtaa.org.au/about/ethics/>) that you believe have been breached by the Member cited. Make sure the Appeal is described as clearly as possible.

4. PRIVACY STATEMENT

In this Privacy Statement, "Personal Information" has the same meaning as in the Privacy Act 1988 (Cwlth). DTAA is committed to protecting the privacy and security of the Personal Information which it holds about you. Any Personal Information you provide us with in this form will be used by DTAA to investigate the complaint and in any DTAA disciplinary proceedings. If you do not provide us with this Personal Information, we may not be able to investigate your complaint.

DTAA may disclose the Personal Information you provide to us to:

- the Member in question and their representative
- Governance Sub-committee of DTAA involved in the disciplinary process
- regulatory bodies as required by law
- other professional bodies of which the Member may also have membership.

You have the right to access any Personal Information which DTAA holds about you, subject to the exceptions in the Privacy Act 1988 (Cth).

5. CONSENT

1. I/we understand that DTAA will forward a copy of this complaint and attachment(s) and may forward any further correspondence submitted during the course of the investigation, to the Member, even if the Grievance is deemed unviable.

2. I/we understand that DTAA may, for the purpose of investigating this complaint, have access to any of my/our files or records held by the Member and I/we will execute any other authority or request for information necessary for DTAA to obtain relevant information and provide any further information within my/our power necessary for DTAA's disciplinary process in respect of this complaint.

3. I/we have read and consent to DTAA's collection, use and disclosure of the information supplied in this form (see Privacy Statement above).

4. I/we understand that once an Appeal is made and notwithstanding that the Appellant withdraws the Appeal, DTAA may act on its own accord in assembling evidence or laying the Grievance. DTAA may continue to investigate a complaint if there is sufficient evidence available, without the complainant's participation.

Appellant's Name:
(Please Print)

Appellant's Signature
Date:

Completed Appeals Forms should be forwarded to:

Code of Ethics Committee,

C/O DTAA

admin@dtaa.org.au

or

PO Box 5029,

Garran, ACT 2605, Australia.

