

# Application for review by Chief Health Officer – Worker

Section 23(1) Mandatory Disease Testing Act 2021



## Instructions:

- This application form is to be used by a worker\* who wishes to apply to the Chief Health Officer for review of a senior officer's decision to refuse an application for a mandatory testing order.
- Applications for review by the Chief Health Officer must include the information specified in the Mandatory Disease Testing Act 2021 and the Mandatory Disease Testing Regulation 2022.
- An application for review by the Chief Health Officer must be submitted within 1 business day of being notified of the senior officer's decision.

## A. DETAILS OF APPLICANT

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Address

Unit/street no: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb/town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Representative contact details (if applicable): \_\_\_\_\_

## B. DETAILS OF THE MANDATORY DISEASE TESTING ORDER TO BE REVIEWED

Application ID number (if known): \_\_\_\_\_

Date of decision of senior officer: \_\_\_\_\_

Date you were notified of the senior officer's decision: \_\_\_\_\_

\*A worker is defined in the Mandatory Disease Testing Act 2021 (see Table at the end of the Dictionary to the Act)

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## C. APPLICATION FOR CHIEF HEALTH OFFICER REVIEW

My original application for a mandatory testing order sought for the third party to be tested for the following blood borne diseases:

- Hepatitis B
- Hepatitis C
- HIV

**Please tick:**

I am applying for review of the senior officer's decision within 1 business day of being notified of the senior officer's decision.

I have provided in this application a copy of my original application for a mandatory testing order.\*\*

I have provided in this application a copy of the senior officer's decision to refuse my application for a mandatory testing order and the reasons for the decision.

I have provided in this application any other relevant information.

I am hereby applying for review by the Chief Health Officer of the senior officer's decision to refuse my application for a mandatory testing order in accordance with s 23(1) of the Mandatory Disease Testing Act 2021.

I have included all relevant information as part of my application for review.

I acknowledge that it is an offence to knowingly provide false or misleading information, to a senior officer or other person exercising functions under the Act, punishable by 100 penalty units or imprisonment for 12 months, or both, in accordance with s 28 of the Mandatory Disease Testing Act 2021.

I acknowledge that I may be contacted about my application for review and that further information in relation to my application for review may be requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit this form and all other supporting documents via email to [NSWH-MDT@health.nsw.gov.au](mailto:NSWH-MDT@health.nsw.gov.au)

\*\* Under s 23(6) of the Act, an application for review by the Chief Health Officer must include a copy of the application for a mandatory testing order.