



**FORM 2**

**WorkSafe AFL Victoria Country**

**NOTICE OF APPEAL – REGULATION 8.4**

TO: WorkSafe AF Victoria Country  
Football Operations Manager  
AFL Victoria Country Appeal Board  
GPO Box 4337  
MELBOURNE VIC 3001

Facsimile: (03) 9380 1076

\*I, .....  
of .....  
registered as a Player of the ..... Football Club.  
*\* Player to complete*

**OR**

\*I, .....  
of .....  
being an Officer of the ..... Football Club.  
*\* Club to complete*

**GIVE NOTICE** that I:-

(a) appeal to the AFL Victoria Country Appeal Board in respect of the following decision of .....  
..... Area Appeal Committee (specify decision and date of decision):  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**OR**

(b) appeal to the AFL Victoria Country Appeal Board in respect of a decision made by the  
.....League Independent Tribunal ("the Tribunal") under

Regulation 7.6.11 of the AFL Victoria Country Rules and Regulations. I wish to appeal the decision in relation to:-

- \*(i) liability and sanction; or
- \*(ii) sanction only

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Enclosed with this Notice of Appeal is:-

- (a) any document initially provided to the relevant body whose decision is the subject of the appeal;
- (b) payment or evidence of payment to the AFL Victoria Country of the sum of \$2,500 for Seniors or \$1250 for Juniors for costs of the appeal, which sum shall not be refunded in any circumstances; and
- (c) payment or evidence of payment to the AFL Victoria Country of the further sum of \$3,000 for Seniors or \$1500 for Juniors, which sum shall be dealt with as follows:-
  - (i.) where the AFL Victoria Country Appeal Board upholds the appeal , the sum of \$3,000/\$1500 shall be refunded; or
  - (ii.) where the AFL Victoria Country Appeal Board dismisses the appeal and considers that the appeal did not have sufficient merit, it may determine in its absolute discretion that all or part of the sum of \$3,000/\$1500 not be refunded.

I agree to be bound by the decision of the AFL Victoria Country Appeal Board.

**Signed:** .....

**Dated:**.....

**THIS FORM MUST BE LODGED NO LATER THAN 2.00 PM EASTERN STANDARD TIME ON THE SECOND DAY AFTER WHICH THE DECISION OF THE RELEVANT BODY WAS MADE.**

**OFFICE USE ONLY:**

Lodged with the Operations Manager of WorkSafe AFL Victoria Country on..... at .....(time)

Signed: .....  
(AFL Victoria Country Operations Manager on behalf of the Country Football Manager)