



# Application for Internal Review of a FEG decision under Section 38

Decisions made by the Department of Employment and Workplace Relations (the department) about eligibility for assistance and the amount of any assistance paid under the *Fair Entitlements Guarantee Act 2012* (FEG Act) are able to be reviewed.

As noted in the Reviewing a FEG decision fact sheet, where a person has queries or concerns about their FEG decision, it is recommended that they contact the department in the first instance to discuss these concerns. Based on the information provided, it may be possible to resolve any concerns without lodging an application for internal review, particularly where the department agrees to initiate its own review of the decision (which could result in a quicker resolution of the issues).

Usually, the best way to contact the department to discuss concerns about a FEG decision is to send an email to **FEG@dewr.gov.au** or to telephone the FEG Hotline on **1300 135 040**.

## WHEN SHOULD I USE THIS FORM?

This form should be used when a person is seeking an internal review of a FEG decision.

## HOW LONG DO I HAVE TO APPLY FOR AN INTERNAL REVIEW?

The FEG Act provides that an application for internal review must be lodged within 28 days after the date of the decision notice, or such longer time as the Secretary of the department allows. If you are seeking to lodge a request for review outside of the 28 day time frame, please ensure that you include an explanation for why your review is late.

## WHAT INFORMATION SHOULD I INCLUDE?

An application for internal review under section 38 must include any information or documents that will be relied upon to support the reasons for seeking an internal review. Additional information will be particularly important in cases where a person disagrees with the information an insolvency practitioner has provided to the department from the books and records of their former employer. However, it is not necessary to provide additional copies of documents that have been previously provided to the department, or copies of documents that the department has referred to in its previous decision. Refer to the Reviewing a FEG decision fact sheet for examples of the types of documents that may help the department to assess an application for internal review under section 38.

## FURTHER INFORMATION

Further information about reviews under the FEG Act is available as follows:

- › visit the website at **[www.dewr.gov.au/fair-entitlements-guarantee](http://www.dewr.gov.au/fair-entitlements-guarantee)**
- › see the **Reviewing a FEG decision fact sheet** (search 'Reviewing a FEG decision')
- › telephone the FEG Hotline on **1300 135 040**
- › send an email to **FEG@dewr.gov.au**.

## IMPORTANT NOTES TO AN APPLICANT FOR INTERNAL REVIEW OF A FEG DECISION UNDER SECTION 38

1. The information you provide in this form must be correct to the best of your knowledge. Giving false or misleading information is a serious offence.
2. It is in your interest to include copies of all documents that may help us to assess your review when you lodge your review application. A review decision may be made on your FEG claim based on the information you have provided.
3. Please do not include copies of documents that you have already supplied to the department.
4. Please keep a copy of this form and any copies of any supporting documents for your own records as we are unable to return them to you.

## HOW TO LODGE YOUR INTERNAL REVIEW APPLICATION FORM

1. The quickest and easiest way to submit your application is ONLINE using FEG Online Services (<https://extranet.employment.gov.au/feg>). This will enable us to begin processing your application in the shortest time possible.

### If you are completing a paper application form:

2. Complete this form in English. If you speak a language other than English, call the Translating and Interpreting Service (TIS) on **131 450**. If you speak an Indigenous language, call the Aboriginal Interpreter Service on **1800 334 944**.
3. Read questions carefully and follow the instructions beside each question.
4. Please use blue or black pen only and print clearly.
5. Post your completed form to:  
FEG Internal Reviews  
Fair Entitlements Guarantee Branch  
GPO Box 9828  
Canberra ACT 2601
6. Alternatively, you can email it to us at **FEGReviews@dewr.gov.au**. The department will notify you in writing when your application for review has been received and after a review decision is made.
7. If you would like to check the status of your review, call the FEG Hotline on **1300 135 040**.

## PRIVACY STATEMENT

The department manages information given by you in this review application form in accordance with the *Privacy Act 1988*. Your FEG claim will continue to be handled in accordance with the Privacy Declaration you made in your original FEG claim form. For further information about the department's privacy policy, please go to [www.dewr.gov.au/about-us/resources/dewr-privacy-policy](http://www.dewr.gov.au/about-us/resources/dewr-privacy-policy) or request a full copy of the policy by emailing [privacy@dewr.gov.au](mailto:privacy@dewr.gov.au).

## PART A

Please answer all questions and tick the relevant boxes. Fields marked with this symbol \* are mandatory and must be completed, unless you see an instruction to go to another question. Leaving a question blank may delay the processing of your application for an internal review.

### REVIEW DETAILS

#### 1. FEG Claim Reference Number

Your FEG Claim Reference Number is provided on the first page of the FEG decision letter.

#### 2. \* What was the date of the decision you wish to have reviewed? (dd/mm/yyyy)

The date of the decision is provided on the FEG decision letter.

#### 3. \* What is your former employer's legal name?

The legal name, for example, 'XYZ Pty Ltd'.

### PERSONAL DETAILS

#### 1. Title

Please tick a box to indicate your title

Mr                  Mrs                  Ms                  Miss  
Mx                  Dr

#### 2. Your name

\* First name

Middle name

\* Family name

#### 3. \* Date of birth (dd/mm/yyyy)

### CONTACT DETAILS

Provide a way for us to contact you during working hours.

#### 1. \* Daytime phone number (including area code if applicable)

#### 2. Other contact number

#### 3. \* Email

This is the email address where FEG correspondence will be sent.

## REASONS FOR INTERNAL REVIEW APPLICATION

### 1. \* What parts of the decision do you want reviewed?

Please indicate whether you disagree with all components of the decision, or only part of the decision. For example, if you were paid several categories of employee entitlement but only disagree with our assessment of one category of entitlement, please state clearly exactly which part of the decision you disagree with.

## REASONS FOR INTERNAL REVIEW APPLICATION

### 1. \* Why do you believe the decision is incorrect?

Please set out in detail all of the reasons why you disagree with the decision. If you need additional space you may include an attachment.

# PART B

## ALTERNATIVE CONTACT & AGENT

### ALTERNATIVE CONTACT

**1. \* Do you authorise the Commonwealth to disclose your personal information in relation to your FEG claim to an alternative contact?**

An alternative contact will be able to enquire and receive information from the department in relation to any and all aspects of your FEG claim without checking with you first. They may not perform other actions on your behalf. If you need them to do more to assist you with your FEG claim, you should also nominate them as your 'agent'.

Note: any details added here will replace any alternative contact details you may have previously provided to the department. You can only nominate one person to act as your alternative contact.

No Yes

If yes, complete the details below of the person that you nominate to speak on your behalf.

**2. Title**

Please tick a box to indicate their title

Mr Mrs Ms Miss  
Mx Dr

**3. Alternative contact's name**

**First name**

**Family name**

**4. Relationship**

(eg partner, sibling, child, friend)

Provide a way for us to contact your alternative contact to discuss your claim.

**5. Daytime phone number**

**6. Email**

### AGENT

**1. \* Do you authorise an agent to act as the primary contact for the purposes of finalising your claim? (agent must be over 18 years of age).**

When you nominate an agent to act as the primary contact the department will seek and accept information from them in relation to most aspects of your FEG claim without checking with you first. Please be aware an agent cannot submit a claim or review on your behalf; they may however help you complete your form. The Australian Government does not charge a fee for submitting a FEG claim or review.

Note: any details added here will replace any agent contact details you may have previously provided to the department. You can only nominate one person to act as your agent.

No Yes

If yes, did you nominate this person as an agent in your initial claim?

No Yes

If yes, would you like this person to continue to act as your agent?

No Yes

If yes, no further action.

If no, and you would like to nominate a different person to act on your behalf, please enter their details below.

**2. Title**

Please tick a box to indicate their title

Mr Mrs Ms Miss  
Mx Dr

**3. Agent's name**

**First name**

**Family name**

**4. Name of organisation (if applicable)**

**5. Address**

**6. Daytime phone number**

**7. Email**

**8. Correspondence (this is who will receive correspondence regarding your review)**

Agent only (note: you will still receive the letter notifying you of the outcome of your review)

Agent and claimant

I, (STATE YOUR FULL NAME)

STATE YOUR FULL NAME

declare that I am responsible for information provided by the agent I nominate in relation to my claim.

# PART C

## DECLARATION

1. I declare that the information provided in this application form is true and correct. I understand that providing false or misleading information to the Commonwealth is a serious offence and may result in a range of administrative, civil and/or criminal sanctions, including criminal prosecution.
2. I confirm that I have provided the information contained in this application form either personally or through the assistance of a representative.
3. I confirm that any copies I have provided are true copies of the original documents.
4. I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

## YOU MUST SIGN AND DATE YOUR APPLICATION FORM

**\* Yes, I (STATE YOUR FULL NAME)**

agree

**\* Your signature**

**\* Date**

Please give details of any person(s) who assisted you to complete this claim form.