



Government  
of South Australia

SA Health

## AREA OF NEED (AoN)

### APPLICATION FOR APPEAL FORM

#### Requesting Organisation/Employer

Name

Address

Contact details

*Phone/Mobile/Email*

#### Doctor Details

Name

Contact details

*Phone/Mobile/Email*

Doctors Australian Health  
Practitioner Regulation  
Agency (Ahpra) number

#### Reason for Appeal

***Refer to the AoN Policy Guidelines 3.5 to ensure that you have met the criteria before submitting.***

***Provide details about the decision made and why you are in disagreement.***

#### Checklist

You must attach the following documentation for the appeal to be reviewed:

- AoN letter advising that your application was not successful
- The full application (including all documents) that were submitted for consideration.

**Email the completed application to [Health.AreaofNeed@health.sa.gov.au](mailto:Health.AreaofNeed@health.sa.gov.au)**

**Phone (08) 8226 7231 for any questions about Area of Need applications or email [Health.AreaofNeed@sa.gov.au](mailto:Health.AreaofNeed@sa.gov.au)**

**SA Health will undertake the assessment within a maximum of 28 days upon receiving a complete application. An incomplete application will delay the assessment process.**