



Administrative review application form

ADMINISTRATIVE AND EQUAL OPPORTUNITY DIVISION AND OCCUPATIONAL DIVISION

File Number
Office use only

1. PARTIES

Applicant

BEATA MANIEWSKA-VILKAS

Respondent

BRADLEY RONALD HAZZARD, MINISTER FOR HEALTH, NSW

2. DECISION FOR REVIEW

I attach a copy of the decision to be reviewed.

The date I was notified about the decision is:

15 September 2021

3. GROUNDS FOR APPLICATION

I am seeking a review of the decision on the following grounds:

Please find enclosed Statement of Grounds.

4. INTERNAL REVIEW OR OBJECTION

The decision attached was made after the agency conducted an internal review or objected to the original decision

YES NO

If **NO** the Tribunal can only review the decision if:

- The application is urgent. An application for stay or interim order must be filed with this application **OR**
- The decision is exempted by law from internal review or objection **OR**
- I have made an application for internal review or objection and the agency has not responded within the time allowed (deemed refusal)

5. LATE APPLICATIONS

The application is lodged within the time allowed under the relevant legislation **OR**

The reason the application is lodged outside the time allowed is:

The Applicant has just been notified, as at 6 October 2021, via correspondence from her Employer, NSW Health, of a show cause letter in relation to her employment.

6. PARTY DETAILS

A. APPLICANT

Name: BEATA MANIEWSKA-VILKAS

Address: c/- 80 Terminus Street Liverpool NSW 2170

APPLICANT'S LEGAL REPRESENTATIVE

Legal Practitioner's name: Peter Maatouk

Name of firm or organisation: Maatouks Law Group

Address: 80 Terminus Street Liverpool NSW 2170

CONTACT DETAILS

Telephone: 02 9601 7222

Mobile: 0414 303 303

Email: peter@maatouks.com.au

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By ticking this box you agree to receive the notice of hearing and other future correspondence by email. Please ensure the email address provided above is accurate and the email account is checked regularly.

Please note NCAT does not accept filing of applications, submissions or evidence by email. Parties must give a hardcopy of documents to the Registry.

B. RESPONDENT

Name: BRADLEY RONALD HAZZARD, MINISTER FOR HEALTH, NSW

Address: GPO Box 5341, Sydney, NSW 2001

7. SIGNATURE

Your signature or signature of legal representative

Name: Peter Maatouk

Signature:



PETER MAATOUK
SOLICITOR
Law Society No 33509

Date: 20/10/2021

8. REGISTRY DETAILS

NCAT Administrative and Equal Opportunity Division and Occupational Division

Postal address: PO Box K1026, Haymarket NSW 1240
DX 11539 Sydney Downtown

Street address: Level 10 John Maddison Tower, 86-90 Goulburn Street, Sydney NSW 2000

Telephone: 1300 006 228

Email: aeod@ncat.nsw.gov.au

Website: www.ncat.nsw.gov.au

Application fee information

You may need to pay an application fee when lodging your application. The fee schedule is available on the [NCAT website](#).

Credit card payment can be made by submitting a [credit card authority form](#) with your application. Credit card surcharges apply. Cheque or money order payments are to be made out to 'NSW Civil and Administrative Tribunal' or 'NCAT'. Payments can be made in person at any NCAT Registry or Service NSW Centre.

If you are unable to pay the concession fee or are not eligible, NCAT may consider waiving the fee fully or partially. To request a fee waiver please complete the [fee waiver request form](#).