



APPLICATION FOR SKILLS ASSESSMENT

THIS FORM IS FOR OPTOMETRISTS WHO ARE CURRENTLY REGISTERED WITH THE OPTOMETRY BOARD OF AUSTRALIA AND WHO REQUIRE A SKILLS ASSESSMENT FOR THE PURPOSE OF MIGRATION TO AUSTRALIA

This application form must be emailed directly to exam.manager@ocanz.org. All supporting documents must be attached as 600dpi colour scans.

TITLE: Mr Mrs Miss Ms Dr Other _____

FAMILY NAME: _____

GIVEN NAMES: _____

ANY OTHER NAMES YOU HAVE USED *(if your name is not different to the same on your qualifications)*

GENDER: Male Female Other

DATE OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

ADDRESS:

EMAIL: _____

TELEPHONE BUSINESS: _____

TELEPHONE PRIVATE: _____

QUALIFICATION

Full name of qualification in optometry: _____

Name of institution that granted the qualification: _____

Date commenced: _____ Date completed: _____

Date qualification awarded: _____



REGISTRATION

Optometry Board of Australia - Registration number _____

Registration in other countries: _____

DOCUMENTATION

The application form MUST be accompanied by the following ORIGINAL documentation and all supporting documents must be attached electronically as individual 600dpi colour scans.

Original documents are documents that you receive directly from an organisation, university or registering authority. The issuer provides these documents to you directly and they are to be provided to us in their original format (e.g. degree transcript or registration certificate)

- Current and valid passport page showing photograph and passport signature
- A colour passport sized photograph taken within the last twelve months, and must be:
 - 35–40 mm wide and 45–50 mm long
 - good quality and sharply focused (not blurred)
 - full-front view of head and shoulders with eyes open and clearly visible
 - taken in front of a plain light coloured background
- Evidence of name change, if necessary (ie. marriage certificate)
- Degree/qualification certificate
- Certificate of registration as an optometrist with the Optometry Board of Australia (issued by AHPRA – Australian Health Practitioner Regulation Agency)
- Application fee (current fees available at www.ocanz.org)

Should OCANZ conclude that you are ineligible for a skills assessment due to insufficient documentation, you will be given the opportunity to provide further information, however, an additional fee will apply.



DECLARATION

I _____ (full name) declare that:

- the information I have supplied on this form and any attachments is complete, correct and up-to-date;
- OCANZ is authorised to make any enquiries necessary to verify the accuracy of the information supplied on this form;
- I agree to pay the application fees stated on the OCANZ website;
- I consent to OCANZ collecting and using the information supplied on this form to assess eligibility.

Signature: Date:



PAYMENT

Payment by direct deposit or credit card must accompany this application. *Payment is non-refundable.*

Direct Deposit

If paying by International electronic transfer please include AUD \$30.00 bank service fee and use the following details:

Bank details:	Westpac Banking Corporation 310 Lygon Street Carlton Victoria 3053 Australia
BSB:	033 178
Account Number:	136520
Swift Code:	WPACAU2S
Account Holder:	The Optometry Council
Reference:	<i>PLEASE PUT YOUR NAME AS A REFERENCE</i>

Credit Card

Visa Mastercard

Cardholder's name:

Card Number:

Expiry Date: Amount to be paid: \$

Security Code (last three digits on the back of the card):

Cardholder's signature:

OFFICE USE ONLY		
Date Received	Payment Processed	Receipt sent to applicant