



**APPLICATION FOR COMPETENCY IN OPTOMETRY EXAMINATION  
ELIGIBILITY ASSESSMENT**

**THIS FORM IS FOR PERSONS NOT HOLDING A QUALIFICATION IN OPTOMETRY  
THAT IS LISTED IN APPENDIX B OF THE DOCUMENT "ASSESSMENT OF OPTOMETRISTS WITH  
OVERSEAS QULICFATIONS"**

**This application form must be emailed directly to [exam.manager@ocanz.org](mailto:exam.manager@ocanz.org).  
All supporting documents must be attached as 600dpi colour scans (except where advised).**

**TITLE:**             Mr  Mrs  Miss  Ms  Dr  Other \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**ANY OTHER NAMES YOU HAVE USED** *(if your name is different to the name on your qualifications):*  
\_\_\_\_\_

**GENDER** *(as shown on passport):* \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **COUNTRY OF BIRTH:** \_\_\_\_\_

**ADDRESS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**TELEPHONE BUSINESS:** \_\_\_\_\_ **TELEPHONE PRIVATE:** \_\_\_\_\_



## SKILLED MIGRATION

Are you seeking a skills assessment for the purpose of General Skilled Migration to Australia?

Yes  No

## QUALIFICATION(S)

Full name of qualification(s) in optometry: \_\_\_\_\_

\_\_\_\_\_

Name of institution(s) that granted the qualification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) commenced: \_\_\_\_\_ Date(s) completed: \_\_\_\_\_

\_\_\_\_\_

Date(s) qualification awarded: \_\_\_\_\_

\_\_\_\_\_

## REGISTRATION

Registration: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Give details, including registration number of all authorities with which you are currently registered as an optometrist.*



## DOCUMENTATION

The application form **MUST** be accompanied by individual **600dpi colour scans** of the following **ORIGINAL** documentation. The scans must be attached electronically.

**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 as scans of the documents 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).
- Certificate of your qualification/s in Optometry from the issuing institution(s).
- Official academic transcript.
- Evidence of supervised clinical training. Supervised clinical training must be at least one equivalent full time (EFT) academic year as clinical training, spent primarily in direct contact with a diversity of patients and presentations of ocular dysfunction and disease, the majority of time making independent management decisions that were reviewed under supervision by an experienced clinical instructor/s). Therefore, evidence **MUST** include:
  - a description of the nature of the training,
  - evidence that you were directly involved in diagnosing & managing patients under supervision (separate to clinical observation or clinical data collection activities),
    - E.g. A signed statement from the clinical director about the exact role you undertook during the training.
  - the number of hours/weeks spent directly diagnosing & managing patients under the supervision of experienced clinical instructors.
- Certificates from all authorities with which you are registered as an Optometrist.
- Application fee (current fees available at [www.ocanz.org](http://www.ocanz.org))
- <sup>1</sup>Course handbook/bulletin/official syllabus or similar documentation, published by the institution providing the optometry course, current at the time you studied the course, including:
  - For each subject, the broad outline of the topics to be covered.
  - For each subject, the hours of instruction (with a breakdown for hours devoted to lectures, tutorials, lab sessions or practical sessions). If hours per week are provided for any subject, then the number of teaching weeks per semester must also be provided.
  - List of prescribed textbooks.

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<sup>1</sup> These documents may be in a lower resolution (minimum of 300dpi)



**Should the OCANZ Examination Eligibility Committee conclude that you are ineligible to sit the examination 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<sup>2</sup>;
- 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: .....

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<sup>2</sup> Applicants are responsible for the content of their application, whether completed by themselves or an agent. If false or misleading information is submitted, OCANZ will decline to assess the application and may decline any future applications submitted by the applicant or in the applicant's name. If seeking Skilled Migration, OCANZ may also notify the Department of Home Affairs.



## 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:

<b>Bank details:</b>	Westpac Banking Corporation 310 Lygon Street Carlton Victoria 3053 Australia
<b>BSB:</b>	033 178
<b>Account Number:</b>	136520
<b>Swift Code:</b>	WPACAU2S
<b>Account Holder:</b>	The Optometry Council
<b>Reference:</b>	<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