



# Form 1A

## Stage 1 Application for Skills Assessment

### Application for Assessment of Osteopathy Skills & Qualifications

This form is for the use of Osteopaths who are graduates from one of the listed approved Australian or New Zealand courses **AND** for holders of **FULL Australian Registration** who are not graduates of an approved Australian or New Zealand Course.

#### 1. Approved Australian or New Zealand Osteopathic Qualification(if applicable)

Tick Box	Institution	Qualifications Approved
<input type="checkbox"/>	RMIT University	Bachelor of Applied Science (Complimentary Medicine)/Master of Osteopathy
<input type="checkbox"/>	Victoria University	Bachelor of Science (Clinical Science)/ Master of Health Science (Osteopathy)
<input type="checkbox"/>	Southern Cross University	Bachelor of Clinical Sciences (Osteopathic Studies)/ Master of Osteopathic Medicine
<input type="checkbox"/>	RMIT University	Bachelor of Applied Science (Clinical Science)/ Master of Osteopathy
<input type="checkbox"/>	University of Western Sydney	Bachelor of Applied Science (Osteopathy)/ Master of Osteopathy
<input type="checkbox"/>	Unitec (New Zealand)	Bachelor of Applied Science (Human Biology)/ Master of Osteopathy (while accredited by ANZOC)

#### 2. Personal Details

<b>Title</b>	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
<b>Family Name</b>	
<b>Given Name</b>	
<b>Previous Names</b>	
<b>Date of Birth</b>	
<b>Country of Birth</b>	
<b>First Language</b>	
<b>Postal Address</b>	
<b>Phone number</b>	
<b>Mobile number</b>	
<b>Email address (Default contact method)</b>	



#### 4. Third party authorisation (if required)

If you complete this option all correspondence will be made via the third party.  
I consent to this application being discussed with and correspondence being sent to:

<b>Name</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Phone</b>	
<b>Email</b>	

#### 5. Current Osteopathic Registration

<b>Registering Authority</b>	<b>Date of registration</b>	<b>Date of expiry</b>

#### 6. Initial Osteopathic Registration

<b>Registering Authority</b>	<b>Date of registration</b>	<b>Date of expiry</b>

## 7. Requirements for electronic applications

All documents submitted electronically must be scanned colour copies of the original document saved as PDF files. This information offers you guidance in attaching documents to your email application.

### Compressed files

AOAC is not able to accept files that have been compressed. A compressed file is a container for documents, programs or other files that have been packaged together and reduced in size.

A common example is files compressed using WinZip® with a '.zip' file extension. If the document you are attempting to attach is too large we recommend that you create a PDF document.

**See:** <https://createpdf.adobe.com/>

### What can you attach?

AOAC is only able to accept the following file formats:

Extension	File Type
.DOC	Microsoft Word 2002 or older document
.DOCX	Microsoft Word 2007 document
.JPG	JPEG image file
.PDF	Adobe Acrobat Portable Document Format file
.PPT	Microsoft PowerPoint presentation document
.XLS	Microsoft Excel spreadsheet document

The following table details the maximum number, size and allowable formats of files you are able to attach to your application:

Maximum number of files	Maximum size each file	Formats allowed
20	5MB	.DOC, .DOCX, .XLS, .PPT, .JPG, .PDF

## 8. Document Checklist

### 8.1 Identification

- Colour scan** of your valid passport photo page
- Certified scan of change of name documentation (if applicable)

If the name on any of your documents is not the same as that on your passport, you must provide a **colour scan** of one of the following with your original application as evidence of your change of name:

- Marriage certificate
- Divorce papers
- Deed poll
- Statutory declaration

If your documentation is in a language other than English, you must provide a **Colour scan** of an official translation of this document.

### 8.2 Qualification certificate

- Colour scan** of your osteopathic qualification certificate.\*

Your qualification certificate must include the official university stamp.

\* If you are applying before the date of your graduation ceremony and do not yet have your qualification certificate, you **MUST** provide a letter from your university stating the date that your qualification certificate will be conferred.

### 8.3 Official results transcript

- Colour scan** of the official transcripts for your initial osteopathy qualification.

Your official transcripts must include:

- a statement that confirms that you have completed the course requirements
- a list of each individual subject in your entire osteopathy course
- the grade or result you were awarded for each subject
- the official university stamp

### 8.4 Initial registration certificate

- Colour scan** of your initial practicing certificate.

If your certificate is written in a language other than English you must provide a **Colour scan** of an official translation of this document. Refer to the Explanatory Notes for more information.

### 8.5 Australian registration certificate

- Colour scan of registration certificate from Australia**



## 8. Application Fee

The application fee is **\$550\* Australian Dollars**. \* The fee is subject to change without notice. Refunds of application fees are **not** available.

**Payment Method – please tick:**

Bank Cheque (enclosed)  Money Order (enclosed)  EFT/Direct Deposit \*\*

### \*\* ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT

The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers.

**Payment may be made by either:**

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australasian Osteopathic Accreditation Council** *or*
3. EFT/Direct Deposit \*\* to:

**Bank:** Westpac

**Account name:** Australasian Osteopathic Accreditation Council

**BSB:** 032036

**Account No.:** 243764

**Bank Address:**

Westpac Newtown, 234-245 King St, Newtown NSW 2042, AUSTRALIA



## 9. Privacy Statement

The Australasian Osteopathic Accreditation Council (AOAC) is required to observe the provisions of the *Commonwealth Privacy Amendment (Private Sector) Act 2000*, which sets out the requirements for the collection and use of personal information.

AOAC is required to include a statement relating to AOAC's privacy procedures in each of its application forms. Each application form must be signed by the applicant to give formal consent for AOAC to collect and hold personal information. **If consent is not provided, AOAC will not be able to process your application.**

**You must sign one of these consent forms for every application form that you submit to AOAC.**

Your privacy is respected by AOAC.

The AOAC privacy procedures are set out in a Policy Statement that can be obtained from AOAC. If you have any privacy concerns or would like to verify information held about you, please contact the Privacy Officer

AOAC  
12-16 Parker St  
Williamstown  
VICTORIA 3016  
AUSTRALIA

Consent to Collect Information:

**Signature:**

**Date**

**Print Name:**



## 10. Declaration

### I declare that:

- The above statements and the documents provided in support of this application are true and correct.
- I am the person named in the attached documents.
- I undertake to inform the AOAC of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the AOAC Privacy Policy Statement issued with this application and I consent to the AOAC collecting and using my personal information in accordance with the Privacy Statement
  
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the AOAC Privacy Statement available to that person
  
- I acknowledge that this application and any attachments become the property of the AOAC and **will not be returned.**
- This application is made in the knowledge that a false statement is grounds for the AOAC to refuse assessment.

<b>Signature of applicant</b>	
<b>Date</b>	

## 11. Application Submission

Please send your completed application by scanned email to:

**[qsa@osteopathiccouncil.org.au](mailto:qsa@osteopathiccouncil.org.au)**