

## *Stage 1 – Full Desktop Audit*

### *Form A4*

#### *Application for recognition of Chiropractic Qualifications and eligibility to undertake Practical Clinical Competency in Australia*

**Note:**

1. If you require more space to answer questions, please attach a signed and dated sheet of paper giving the necessary details;
2. Applications must be sent to:  
  
The Executive Officer  
Council on Chiropractic Education Australasia Inc  
PO Box 8739  
Armadale Vic 3143  
AUSTRALIA
3. Applications will not be processed unless the required payment is enclosed.

**October 2011**

## *Explanatory Notes*

Successful completion of the Council's Evaluation Process will provide candidates with the eligibility to apply for registration in Australia. It **does not** guarantee registration.

### *Who is required to complete this form?*

This form must be fully completed by chiropractors who wish to apply for registration in Australia and who **did not** gain their chiropractic qualification from a CCE Accredited Program. (Please refer to Candidate Guide for a list of CCE Accredited Programs.

### *What is the fee for Desktop Audit?*

The fee for an A4 Desktop Audit is \$510.00 which is payable by cheque, money order or bank draft, in Australia Dollars.

### *Translation of documents*

Documents written in a language other than English must be translated by an official translator. Both the translation and a certified copy of the original document must be sent with this application.

### *Supporting documentation*

**You must provide all information and documents requested in this form.** An incomplete application will cause delays in processing. In accordance with CCEA's Privacy Statement, additional information about you may also be requested from other persons or organisations.

**IMPORTANT: THE SHADED BOXES AT THE TOP OF A SECTION STATE THE ACCOMPANYING DOCUMENTATION THAT IS REQUIRED FOR THAT SECTION. IF THIS DOCUMENTATION IS NOT PROVIDED, EVALUATION WILL BE DELAYED.**

### *Certified copies*

Each copy of an original document must bear a statement certifying that it is a true and correct copy of the original. The person who certifies the document must have the legal authority to do so (e.g. Justice of the Peace, Commissioner for Declarations, Notary Public, Magistrate, Judge, Legal Practitioner or a person legally designated to sign documents from an Embassy or Consulate.

The certification should include any official stamp or seal and must include the date of the statement and the name, signature, contact address and phone number of the certifying person.

***No responsibility will be taken for original documents sent to this Office.***

### *Written References*

You are required to provide two written references from employers (or equivalent) indicating your experience as a chiropractor. Please refer to Section 12.

### *Application Deadlines*

Month of Assessment	Desktop Audit Deadline (inc payment)	Practical Clinical Competency Assessment Payment Deadline
February	30 November	14 January
May	28 February	14 April
July	30 April	14 June
November	31 August	14 October

Desktop Audit applications received after the above dates will not be processed in sufficient time and therefore Practical Clinical Competency assessment will be held over to the next scheduled date.

Applicants are advised when submitting their application to ensure they leave themselves enough time to arrange their flights and accommodation.

### *Notice of Desktop Audit outcome*

You will be advised via email of the outcome of your Desktop Audit. Please remember that Desktop Audits may take up to 4 weeks to assess so this time should be factored into your application.

### *Payment for Stage 2 Assessment*

The fee for Stage 2 Assessment is \$3410.00. This fee must be received by the above stated deadline or assessment will not be progressed.

### *Desktop Audit Sections*

This Desktop Audit consists of **16** sections. Please ensure that you complete each section and include the required documentation as stated in the shaded boxes.

Section 16 is a checklist for your convenience.

### *Why is this information collected?*

The information collected on this application is for the specific use of the Council for verifying an applicant's identity, qualifications, education, employment history and suitability for migration and practice in Australia.

*Please print all details*

### Section 1 - Personal Details

#### Proof of Personal Details

You **MUST** provide either a certified copy of your Birth Certificate or a certified copy of your Passport identity page as proof of your identity.

#### Evidence of change of name

If your name is different on any supporting document (e.g. degree certificate) from that listed in this section, you **MUST** provide a certified copy of evidence of your change of name (e.g. marriage certificate, deed poll, divorce papers etc).

1.1	Family Name	
1.2	Given Names	
1.3	Have you been know by any other name?	
1.4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
1.5	Date of Birth	
1.6	Country of Birth	

### Section 2 – Contact Details

You may nominate a person to act on your behalf in relation to this application. If you wish to nominate a person, please ensure you complete the details at Section 14.

If you are planning on staying in Australia immediately after completing your Evaluation, please provide in section 2b a postal address in Australia to which your Evaluation documentation ca be sent.

#### Section 2a – Current address

2.1	Residential Address	
2.2	Telephone	
2.3	Mobile	
2.4	Email (this is essential to allow for immediate contact)	

#### Section 2b – Postal address for Evaluation documentation if different from above

2.5	Postal Address	
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### Section 3 – Endorsed Photograph

*(please staple here)*

The person endorsing your photograph must certify that “This photograph is a true likeness of “the applicant’s full name”. This person **MUST** also be the person witnessing this application, see Section 14 for list of acceptable witnesses.

### Section 4 – Permanent Resident Status

4.1	Are you currently an Australian resident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.2	If no, what is your country of permanent residence?		

### Section 5 – Reason for Application

5.1	I am planning to migrate to Australia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.2	I wish to work in Australia on a working visa	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Section 6 – General Skilled Migration Skilled Occupation List (SOL) Code

Please note the Migration Code for chiropractic is 252111

6.1	I am applying under the following ASCO Code	
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### Section 7 – Practical Clinical Competency Date

Please ensure you tick the box next to the assessment date you wish to undertake.

Tick below	Month of Assessment	Venue for Assessment	Application Deadline
<input type="checkbox"/>	February	Assessments rotate between the following institutions. You are advised to check our website for the scheduled venues for this year: <ul style="list-style-type: none"> <li>Macquarie University, Sydney, New South Wales</li> <li>Murdoch University, Perth, Western Australia</li> </ul>	30 November
<input type="checkbox"/>	May		28 February
<input type="checkbox"/>	July		30 April
<input type="checkbox"/>	November		31 August

### Section 8 – English Language Ability

If you answer NO to this question you **MUST** provide a certified copy of your English Language Testing assessment results. English as a first language is defined as birth in a country where English is an official language and secondary education is undertaken in English **AND** the candidate completed their chiropractic education at an institution where all instruction was in English.

8.1	Is your first language English?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.2	If No – Which of the following English Language Testing Assessments have you undertaken?	<input type="checkbox"/> International English Language Testing System (IELTS) (Please read “English Language Skills Registration Standard” here: <a href="http://www.chiropracticboard.gov.au/Registration-Standards.aspx">http://www.chiropracticboard.gov.au/Registration-Standards.aspx</a> )	

Attach English Language Certificate here

## Section 9 – Chiropractic Education

### Graduation Certificates

You **MUST** provide a certified copy of your Graduate Certificate/s **AND**

### Academic Transcripts

You **MUST** also arrange for an original Academic Transcript to be forwarded to the Council by your relevant Institution. This is to allow Council to determine the “equivalence” of your training.

9.1	What is the title of your chiropractic degree? (e.g. Doctor of Chiropractic)	
9.2	What is the name of your awarding institution?	
9.3	What year did you commence study?	
9.4	What year did you complete study?	
9.5	Was your chiropractic program undertaken in English?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 10 – Recognition as a Chiropractor

You **MUST**:

- attach a certified copy of your original registration or licensure certificate; **AND**
- arrange for your current registration or licensing authority/ies to mail directly to the Council a **current** Certificate Registration Status.

If you are registered/licensed in more than one jurisdiction, you must arrange for a Certificate to be forwarded from each authority you are currently registered/licensed with.

10.1	Are you currently registered/licensed in your <u>country of study</u> ?	Yes <input type="checkbox"/> ( <i>please complete section 10a</i> ) No <input type="checkbox"/> ( <i>please complete section 10b on the following page</i> )
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### Section 10a

10.2	Name of your registering/licensing authority	
10.3	Address of your registering/licensing authority	
10.4	Contact details of your registering/licensing authority	Telephone Facsimile Email
10.5	In what year were you first registered/licensed?	
10.6	What is your registration/licensure number?	

<b>Section 10b</b>		
10.8	If you are not currently registered in your country of study, are you eligible to apply for registration in your country of study?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.9	In which jurisdiction/s are you currently registered/licensed to practice chiropractic?	

<b>Section 11 – National Board Examinations</b>			
If you answer yes to the following question you <b>MUST</b> arrange for the NBCE or CCEB to send directly to the Council, a copy of your assessment results.			
11.1	Have you successfully completed any parts of the National Board of Chiropractic Examiners (NBCE) assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parts completed:
11.2	Have you successfully completed any parts of the Canadian Chiropractic Examining Board (CCEB) assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parts completed:

<b>Section 12 – Chiropractic Experience</b>	
You <b>MUST</b> complete either 12a, 12b or 12c.	
If you have been an employee, two written references from employers indicating the dates of your employment, your job title and the nature of your work will be required.	
If you have just graduated, two written references from practical placement supervisors will be required.	
If you are self-employed, two written references from professional colleagues attesting to your professional competence will be required.	

### **Section 12a - Employee**

List below your experience as a chiropractor (please provide a separate sheet if more space is required)

<b>Name of Employer</b>	<b>Dates of Employment</b>

### **Section 12b – New Graduate**

List below your clinical placement/s as a chiropractor (please provide a separate sheet if more space is required)

<b>Name of Employer</b>	<b>Dates of Placements</b>

**Section 12c – Self-Employed**

List below your experience as a chiropractor (please provide a separate sheet if more space is required)

Name of Clinic	Dates of Operation

**Section 13 – Disability**

You **MUST** complete either 12a, 12b or 12c.

If you answer **yes** to this question you will need to provide official supporting documentation, e.g. medical certificate etc.

Do you consider you have a disability that may impact on your ability to undertake the assessment?

Yes  No

Please provide details

**Section 14 – Authorisation for person to act on my behalf**

I (full name) \_\_\_\_\_  
authorise the following person to act on my behalf in relation to this application. This includes authorising the Council on Chiropractic Education Australasia Inc to send to that person, any communications, documents or notifications relating to this application that would otherwise have been sent to me.

**Details of authorised person**

Family Name \_\_\_\_\_

Given Names \_\_\_\_\_

Permanent address for correspondence \_\_\_\_\_

Relationship to myself (spouse, family member, migration agent etc)  
\_\_\_\_\_

Telephone number \_\_\_\_\_

Facsimile number \_\_\_\_\_

Email address \_\_\_\_\_

**Section 15 – Candidate Affidavit**

**Candidate Affidavit of:** \_\_\_\_\_  
(Full name of Candidate)

1. The information provided in this application and any attachments is true and complete.
2. I consent to the CCEA collecting and using my personal information in accordance with its Privacy Statement; and
3. If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the CCEA's Privacy Statement available to that person.
4. I understand that I can be disqualified or permanently excluded from taking or continuing to sit for an evaluation, or from receiving grades or scores from an evaluation, if the Council on Chiropractic Education Australasia (CCEA) or the testing entity concludes that:
  - a) any of the statements or information contained in my application are false or misleading;
  - b) another person takes this evaluation for me, or I take this evaluation for another person;
  - c) I am found to be cheating, according to administrative observation or statistical analyses of answer sheets;
  - d) I engage in any act or conduct that jeopardizes or tends to jeopardize the integrity of the CCEA evaluations: such action or conduct may include but is not limited to copying or reproducing the evaluation or any parts thereof in any form, or memorizing questions and answers and furnishing those memorized questions and answers to any other person at any time;
  - e) I engage in any behavior that is deemed to be disruptive, offensive, or inappropriate in any way to the testing environment;
  - f) I engage in any other conduct that might tend to invalidate the evaluation results; such conduct may include but is not limited to removal of an evaluation paper from the testing room. Furthermore, I understand that in the event I direct any obscene language or mannerisms, whether written or verbal, to any representative of the CCEA, my evaluation may be terminated at the discretion of the CCEA representative. Additionally, notification to the Board may be annotated in the event of any of the aforementioned behavior. I acknowledge that any failure to adhere to instructions given at the evaluation site or any conduct or communication during an evaluation by which I obtain information from another candidate or give information to another candidate or bring notes into the evaluation room thereby placing myself or any other candidate at an advantage he or she otherwise would not have had, shall constitute cheating. Furthermore, as a candidate, I give my express authorization to the CCEA to release a report of my evaluation scores to the Board. I understand that the reference text list for CCEA evaluations contained in the CCEA Evaluation Information booklet is not comprehensive and acknowledge that study of such texts cannot guarantee that an individual will pass any CCEA evaluation."

\_\_\_\_\_  
Candidate Signature (signed in the presence of notary)

\_\_\_\_\_  
Date

**Notary Public / Justice of the Peace / Commissioner for Declarations Verification:**

STATE OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, on his/her oath states that he/she is the

(Print Candidate full name)

applicant named and pictured and who signed the foregoing Application Affidavit, that he/she has read the information stated therein and that the same is true.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Stamp or Seal  
of verifying  
person to be  
affixed here.

\_\_\_\_\_  
Verifying Person's Signature

\_\_\_\_\_  
My commission expiration date

## Section 16 – Checklist

### **Documents which you must include with this application**

*Remember, if all of the required documentation is not provided, your application will not be assessable.*

- Official certified copy of your qualification papers (degree, diploma, certificate etc)
- Arranged for an original Academic Transcript of your chiropractic program showing subjects, hours, and examination results and where applicable, details of practical and clinical education in the original language to be sent directly to CCEA
- Arranged for results of NBCE or CCEB assessments to be sent directly to CCEA
- Official certified evidence of your current registration or licence to practice
- Arranged for a Certificate of Registration Status from your registering or licensing authority/ies.
- Two written references from employers indicating the dates of your employment, your job title and the nature of your work.
- If new graduate - Two written references from practical placement supervisors **OR** if self-employed, two written references from professional colleagues attesting to your professional competence.
- Official certified evidence of any change of name [if the name under which you are applying differs from the name on your documents].
- Official certified copy of evidence of English language ability.
- Official certified translation, in English, of all documents originally issued in a language other than English.
- Official document attesting to a disability (if applicable)
- Required fee in Australian Dollars.

**Once you are sure that your application is complete, please mail the completed Application Form, together with the appropriate fee in Australian Dollars to:**

The Executive Officer  
Council on Chiropractic Education Australasia Inc  
PO Box 8739  
Armadale Vic 3143  
AUSTRALIA

### **Official Use Only**

Date Received:

Competency Assessment Date:

Application Number: