

*Registration Board
Requested Assessment
Form A5*

Application to undertake Practical Clinical Competency

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

Who is required to complete this form?

This form must be fully completed by chiropractors who have been requested by the Australian or New Zealand Chiropractors Registration Board to undertake a competency assessment.

What is the fee for Desktop Audit?

The fee for an A5 application is \$210.00. This fee is payable by cheque, money order, bank draft or direct credit, in Australia Dollars and made to the order of the Council on Chiropractic Education Australasia Inc and must accompany this application.

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.

Application Deadlines

Applications for an A5 assessment can be submitted at any time however assessments are only held 4 times per year. Processing of these applications may take up to 6 weeks.

Application Sections

This Desktop Audit consists of **10** sections. Please ensure that you complete each section and include the required documentation as stated in the shaded boxes.

Section 1 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 7.

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 – Disability

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 <input type="checkbox"/> No <input type="checkbox"/>
Please provide details	

Section 5 – Chiropractic Education

Graduation Certificates

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

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

Section 6 – Recognition as a Chiropractor

You **MUST**:

1. attach a certified copy of your original registration or licensure certificate; **AND**
2. arrange for the Registration Board to mail directly to the Council a request for assessment.

8.1	Do you hold current registration and if so, in which jurisdictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.2	In which jurisdiction/s have you been registered?	
8.3	Which jurisdiction has requested you undertake a competency assessment?	

Section 7 – 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 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

Given and Family Name _____

Permanent address for correspondence _____

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

Telephone number _____

Email address _____

Candidate Signature

Date

**Section 8 – Authorisation for CCEA to provide assessment information to requesting
Registration Board**

I (full name) _____
authorise the Council to send any information, including a copy of my results, to:

(Name of requesting Registration Board)

Candidate Signature

Date

Section 9 – 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 Registrar of 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____

Verifying Person's Signature

My commission expiration date

Stamp or Seal
of verifying
person to be
affixed here.

Section 10 – 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.

- Certified copy of your qualification papers (degree, diploma, certificate etc)
- Certified copy of your initial registration or licence to practice
- Arranged for your Registration Board to mail directly to the Council a request for assessment detailing which Parts of the assessment you need to complete
- 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 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: