



## Stage 1 Desktop Audit:

Application form for skills assessment for migration to Australia  
as a chiropractor

---

# Form A

For chiropractors with an Australian or  
New Zealand qualification and/or  
registered in Australia or New Zealand

**Approved by COAC:** November 2012

**Updated:** May 2013; August 2014; February 2015, October 2016, February 2018

The information on the *Stage 1 Desktop Audit – Form A* is collected by the Council on Chiropractic Education Australasia (CCEA) for the purpose of assessing qualifications and skills for migration to Australia under the Department of Immigration and Border Protection (DIBP) General Skilled Migration or Employer Nominated Scheme in the occupation of Chiropractor (ANZSCO Code 252111).

**Council on Chiropractic Education  
Australasia Ltd (CCEA)**

*For general enquiries:*  
GPO Box 622  
Canberra ACT 2601  
Australia

t: +61 (2) 6100 6264  
e: [admin@ccea.com.au](mailto:admin@ccea.com.au)  
website: [www.ccea.com.au](http://www.ccea.com.au)

**CCEA Skills Assessment  
Applications**

*Via email:*  
[ccea.assessments@iasolutions.org.au](mailto:ccea.assessments@iasolutions.org.au)

Please complete the Stage 1 Desktop Audit – Form A if you answer ‘Yes’ to at least ONE of the following questions.

a. Have you completed a recognised entry-level qualification in chiropractic at one of the following accredited programs in Australia or New Zealand?

Yes  No

- CQUniversity (Mackay Campus)
- Macquarie University
- Murdoch University
- New Zealand Chiropractic College
- RMIT University Bundoora

b. Do you hold current general registration without conditions issued by the Chiropractic Board of Australia or a current and unconditional Annual Practising Certificate issued by the New Zealand Chiropractic Board?

Yes  No

If you answered “No” to both questions do not proceed with this form.

You must complete either:

- Stage 1 Desktop Audit – Form B. Application form for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand.  
For chiropractors with an overseas qualification from an accredited program.  
OR
- Stage 1 Desktop Audit – Form C. Application form for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand.  
For chiropractors with an overseas qualification that is not from an accredited program.

Please read the following explanatory notes and the Candidate Guide (published on the CCEA website [www.ccea.com.au](http://www.ccea.com.au)) before completing the application.

*Privacy notice: An individual’s personal information is collected for the purpose of conducting assessments. CCEA may disclose it on a confidential basis to its agents, contractors or third party service providers who provide assessment or other services in fulfilling this purpose. Personal information may also be used to inform chiropractic regulatory authorities, the Department of Immigration and Border Protection (DIBP); Department of Education; and Department of Employment. Information on this form may be disclosed without your consent where authorised or required by law. The CCEA privacy policy is available at [www.ccea.com.au/index.php/about/publications/](http://www.ccea.com.au/index.php/about/publications/)*

## Explanatory notes

### 1. Completing this application form

The *Stage 1 – Desktop Audit – Form A* consists of eight (8) sections.

Please complete each section and include the required documentation as stated in the shaded boxes.

Complete the application form in English.

Please print clearly in UPPERCASE (CAPITAL LETTERS) using a black pen.

Mark check boxes with an

If you require more space to answer questions, please attach a signed and dated sheet of paper giving the necessary details.

### 2. Fees

Current fees for the *Stage 1 – Desktop Audit* application are published on the CCEA website ([www.ccea.com.au](http://www.ccea.com.au)). The application fee must be paid in Australian Dollars. The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee. Please refer to Section 7 for payment methods.

A copy of the deposit receipt or similar evidence of the funds transfer must be emailed to CCEA at [admin@ccea.com.au](mailto:admin@ccea.com.au) to initiate the assessment process. Upon receipt of your fee, your tax invoice/receipt and application number will be sent to you by email.

### 3. Application deadlines

Applications for *Desktop Audit - Form A* can be submitted at any time. Once your fee has been received, the assessment process will be initiated.

### 4. Notice of Desktop Audit outcome

You will be advised via email of the outcome of your *Stage 1 - Desktop Audit* application. Desktop Audit applications may take up to 8 weeks from the date your correctly completed application form and all supporting documents in the correct format are received by CCEA.

### 5. Supporting documents

You must provide all information and documents requested in this form. An incomplete application will cause delays in processing. The shaded boxes at the top of each section state the accompanying documentation that is required for that section.

#### 5.1 Submission of documents

Applicants are required to provide clear and complete colour scans of original documents scanned in colour at 100 dpi resolution or higher (for your application and supporting documentation) and at 300 dpi or higher for your passport identity and photo page. The recommended file format is PDF. Assessment officers must be able to see the complete document, including all edges and corners, any images/photographs and be able to read all text clearly.

Applicants must arrange for the following **evidence only** to be **emailed directly** to the CCEA at [ccea.assessments@iasolutions.org.au](mailto:ccea.assessments@iasolutions.org.au)

- Official Academic Transcript(s) for your chiropractic qualification(s) from your training institution (refer to Section 3).
- Certificate of Registration Status or Certificate of Good Standing from the relevant registration/licensing authority and/or training institution (refer to Section 4).

## 5.2 Translated documents

Documents in a language other than English must be translated by a service accredited by the National Accreditation Authority for Translators and Interpreters Ltd (NAATI).

Please submit:

- One colour scanned copy in the original language
- One colour scanned copy of the translated version in English (bearing the stamp of the NAATI-accredited translator).

## 5.3 Original documents

Applicants are advised to retain all original documents and a completed copy of their Desktop Audit application form and any other relevant documentation for their own records. DIBP and/or the CBA may also require applicants to provide formal documentation in an alternative format for migration or registration purposes.

## 6. Witness

A witness is required for the completion of Section 6 (Declaration). The person who acts as witness must have the legal authority to do so: Justice of the Peace, Commissioner for Declarations, Notary Public, Magistrate, Judge, legal practitioner, person legally designated to sign documents from an Embassy or Consulate. A witness should be at least 18 years of age and should not be related to the applicant by birth, marriage, *de facto* or same sex relationship, nor live at the applicant's address.



## Stage 1 Desktop Audit:

Application form for skills assessment for migration to Australia as a chiropractor

# Form A

For chiropractors with an Australian or New Zealand qualification and/or registered in Australia or New Zealand

Please read the Explanatory Notes and Candidate Guide before answering any questions. Print clearly in UPPERCASE (CAPITAL LETTERS) using a black pen. Mark check boxes with an

### Section 1 - Personal details

|   |  |   |
|---|--|---|
| <b>Proof of Identify</b><br>Provide a colour scanned copy of your valid passport identity and photo page at 300 dpi resolution or higher<br><b>*Change of Name Documentation (if applicable)</b><br>If the name on any of your documents is not the same as that on your current passport, provide a colour scanned copy of one of the following as evidence of your change of name: marriage certificate, deed poll or divorce papers. |  |   |
| 1.1   | Preferred title  | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____ |
| 1.2   | Family name/surname<br><i>(as shown on passport)</i>       |   |
| 1.3   | Given name(s)<br><i>(as shown on passport)</i>             |   |
| 1.4   | Previous family or given names*<br><i>(if applicable)</i>  |   |
| 1.5   | Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| 1.6   | Date of birth<br><i>(passport evidence is required)</i>    |   |
| 1.7   | Country of birth<br><i>(passport evidence is required)</i> |   |
| 1.8   | Country of permanent residence                             |   |

**Section 2 – Contact details**

Provide your current contact details in Section 2a.

If you are planning to be in Australia whilst your *Stage 1 – Desktop Audit* application is being processed, please provide in Section 2b a postal address in Australia to which your assessment documentation can be sent.

If you wish to nominate a person (for example, a family member or migration agent) to act on your behalf in relation to this application for CCEA assessment of your chiropractic qualification and skills, please complete Sections 2c and 2d.

If you complete Sections 2c and 2d, the CCEA will send all correspondence to the authorised third party and not to you.

**Section 2a – Current address**

|     |  |  |
|-----|--|--|
| 2.1 | Residential address<br><i>(indicate country, if outside Australia)</i> |  |
| 2.2 | Telephone number   |  |
| 2.3 | Mobile number  |  |
| 2.4 | Email address  |  |

**Section 2b – Postal address, if different from Section 2a above (optional)**

|     |                |  |
|-----|----------------|--|
| 2.5 | Postal address |  |
|-----|----------------|--|

**Section 2c – Authorisation for third party to act on my behalf (optional)**

\*Please note: CCEA (or its assessment service provider) normally deals directly with applicants seeking assessment. Australia's privacy legislation prohibits CCEA from discussing your application with other people (third parties) unless specifically authorised to do so.

If you want someone to deal with CCEA on your behalf, you will need to complete the authorisation below. Both you and the authorised person must sign this page. Please note: CCEA will only communicate directly with one party; if an authorised person is nominated, CCEA will only communicate with that authorised person and not the applicant.

|     |  |                       |
|-----|--|-----------------------|
| 2.6 | I, (your full name including given names and family name/surname)  |                       |
|     | _____  |                       |
|     | authorise the following person (identified in Section 2d) to act on my behalf regarding my application to the Council on Chiropractic Education Australasia. This includes authorising the Council on Chiropractic Education Australasia to send to that person any communications, documents or notifications relating to this application that would otherwise have been sent to me. |                       |
|     | Applicant's signature  | Date (day/month/year) |
|     | _____  | _____                 |
|     | Authorised person's signature  | Date (day/month/year) |
|     | _____  | _____                 |

**Section 2d – Details of authorised third party (optional)**

|      |   |   |
|------|---|---|
| 2.7  | Authorised person's title   | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other _____ |
| 2.8  | Authorised person's family name/surname   |   |
| 2.9  | Authorised person's given name(s)   |   |
| 2.10 | Relationship to myself<br>(for example spouse, family member, migration agent)                  |   |
| 2.11 | Authorised person's full address for correspondence<br>(indicate country, if outside Australia) |   |
| 2.12 | Authorised person's telephone number(s)   |   |
| 2.13 | Authorised person's email address(es)   |   |

**Section 3 – Chiropractic qualification(s)**

Please provide details of your relevant chiropractic qualification(s).

**Graduation certificate(s)**

Provide a colour scanned copy of your chiropractic graduation certificate(s). Your official certificate(s) must include the official stamp of the awarding institution. If you are applying before the date of your graduation ceremony and do not yet have your graduation certificate, you must provide a letter from your institution stating the date that your graduation certificate will be conferred AND your academic transcript must include a statement that confirms you have completed the course requirements.

**Academic transcript(s)**

Arrange for the awarding institution to email directly to the CCEA an official academic transcript(s) as detailed in the explanatory notes for your chiropractic qualification(s). Your official transcript(s) must include: a statement that confirms you have completed the degree requirements; a list of each individual subject in your entire chiropractic program; the grade or result you were awarded for each subject in the program; the official university stamp.

|     |   |  |
|-----|---|--|
| 3.1 | What is the title of your chiropractic degree(s)? (e.g. <i>Doctor of Chiropractic, Master of Chiropractic</i> ) |  |
| 3.2 | What is the name of the awarding institution(s)?  |  |
| 3.3 | What year did you commence your degree(s)?  |  |
| 3.4 | What year did you complete your degree(s)?  |  |

**Section 4 – Recognition as a chiropractor**

Please provide details of your chiropractic registration/licence.

**Certificate of registration**

You must provide a colour scanned copy of your current registration or licensure certificate for each jurisdiction in which you are registered or licensed.

**Certificate of registration status**

You must arrange for your current registration or licensing authority/ies to email directly to the CCEA a current Certificate of Registration Status or Certificate of Good Standing as detailed in the explanatory notes. If you are registered/licensed in more than one jurisdiction, you must arrange for a Certificate to be forwarded from each authority with which you are currently registered/licensed.

If you are not currently registered or licensed, please provide the following documents relevant to your situation:

New graduate – arrange for your teaching institution to email directly to the CCEA a letter attesting that no disciplinary proceedings have been, are currently, or are likely to be in place against you due to activities occurring during your training.

Not a new graduate but not currently registered/licensed – please arrange for your previous registration or licensing authority/authorities to email directly to the CCEA a letter attesting that no disciplinary proceedings were instigated against you during your period of registration/licensure.

|     |   |   |
|-----|---|---|
| 4.1 | Have you ever been refused a licence or registration to practise chiropractic, or had a licence or registration to practise chiropractic withdrawn in any jurisdiction? | <input type="checkbox"/> Yes <i>Give details on a separate sheet</i><br><input type="checkbox"/> No                             |
| 4.2 | Do you currently hold a current unconditional registration/licence as a chiropractor in any jurisdiction?   | <input type="checkbox"/> Yes <i>Please complete Section 4a</i><br><input type="checkbox"/> No <i>Please complete Section 4b</i> |



**Section 4a – Current registration/licence**

|     |  |   |
|-----|--|---|
| 4.3 | Name of your registering/licensing authority   |   |
| 4.4 | Address of your registering/licensing authority<br><i>(indicate country, if outside Australia)</i> |   |
| 4.5 | Contact details of your registering/licensing authority  | Telephone:<br>Facsimile:<br>Email:  |
| 4.6 | Year you were first registered/licensed  |   |
| 4.7 | Current registration/licence number and expiry date  |   |
| 4.8 | Are you registered/licensed in any other jurisdiction?   | <input type="checkbox"/> Yes <i>Give details on a separate sheet</i><br><input type="checkbox"/> No |

**Section 4b – Eligibility for registration/licensure**

|      |   |  |
|------|---|--|
| 4.9  | If you are not currently registered or licensed, are you eligible to apply for registration/licensure in your <u>country of study</u> ? | <input type="checkbox"/> Yes <i>Please complete Question 4.10</i><br><input type="checkbox"/> No <i>Give details on a separate sheet</i> |
| 4.10 | If you answered Yes to Question 4.9, in which country are you eligible to register or be licensed as a chiropractor?                    |  |

**Section 5 – Chiropractic experience****Evidence of chiropractic employment and experience**

Provide a résumé that includes details of your employment and experience as a chiropractor since graduation, by completing Table for Section 5 of this application. For each of the positions in your résumé you must include:

- a. name of employer and full address of the place of employment (including current email and telephone details)
- b. nature of the business (indicate if you were self-employed)
- c. start and finish dates of each period of employment
- d. your position and/or title and state whether you worked full-time or part-time (specify hours per week)
- e. brief description of your responsibilities for patient care including: scope of practice, types of conditions treated and any equipment that you used.

Evidence should be provided for each position detailed on your résumé, e.g. payslips, contracts or references. If written references are used as evidence, please note the mandatory requirements for references listed below.

(Note: new graduates do not need to complete and submit a résumé.)

**Written references**

Please provide at least two written references related to work experiences during the past 10 years. A minimum of two references are required. They may be from:

- a. Place of employment/employer
- b. Practical placement or clinical supervisors (if you are a new or recent graduate)
- c. Professional colleagues (if you are/were self-employed)

Each written reference must:

- be on letterhead of the referee's clinic, institution or hospital and include the referee's full address (including current email and telephone details)
- be written less than six (6) months ago
- give the start and finish dates of each period of employment or work or supervision and state whether the work was full-time, part-time, locum etc.
- state the date that the reference was written
- be from a different clinic or hospital (If you are a new graduate, provide letters from two different clinical supervisors but these may be from the same institution)
- state the relationship of the referee to the applicant
- include the name, signature and position/job title of the referee
- state the nature of the business (indicate if self-employed)
- state your position and/or title
- include a description of your skills and responsibilities for patient care e.g. scope of practice, equipment used, conditions treated.

Table for Section 5. Résumé of chiropractic employment

| Name and full address of employer/place of employment | Nature of business<br><i>(indicate if self-employed)</i> | Start and finish dates | Your position/title<br><i>(include if full- or part-time;<br/>hours per week)</i> | Brief description of your skills and responsibilities for patient care |
|---|--|------------------------|---|--|
|   |  |                        |   |  |
|   |  |                        |   |  |
|   |  |                        |   |  |
|   |  |                        |   |  |

Note: Continue on additional copies of this sheet if more space is required.



**Section 8 – Checklist**

Please complete this checklist to ensure that all required documents have been included and submit with your completed application form and supporting documents.  
If all of the required documentation is not provided, your application will not be assessable.

- Application form: the completed *Stage 1 Desktop Audit - Form A*. Application for skills assessment for migration to Australia as a chiropractor. For chiropractors with an Australian or New Zealand qualification and/or registered in Australia or New Zealand
- Proof of identity: a scanned colour copy at 300dpi resolution or higher of your valid passport identity page
- Change of name documentation (if applicable): a scanned colour copy at 100dpi resolution or higher of your marriage certificate, deed poll or divorce papers
- Graduation certificate(s): a scanned colour copy at 100dpi resolution or higher of the graduation certificate from your relevant training institution
- Academic transcript(s): arrange for your training institution(s) to email an official results transcript/statement of your relevant chiropractic qualification(s) directly to CCEA
- Certificate of registration: a scanned colour copy at 100dpi resolution or higher of your current registration certificate(s)/licence(s)
- Certificate of registration status/good standing: arrange for your registering or licensing authority/ies or training institution to email this documentation directly to CCEA
- Résumé and evidence of chiropractic employment (if applicable): complete Table for Section 5 and submit with your completed application
- Written references: at least two (2) written references from the past 10 years
- Translated documents (if applicable): scanned colour copies at 100dpi resolution or higher of official English translations (NAATI accredited translators) of all documents written in a language other than English
- Declaration: signed and witnessed according to the requirements of Section 6
- Application fee: payment of the application fee in Australian dollars by electronic funds transfer/direct deposit, with confirmation/evidence of fee payment emailed to admin@ccea.com.au

I understand that I must submit to the CCEA this completed checklist together with my completed *Stage 1 Desktop Audit – Form A Application for skills assessment for migration to Australia as a chiropractor*, together with the relevant supporting documentation. I understand that the fee is non-refundable.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Official Use Only**

Date Received:

Application Number: