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Stage 1 Desktop Audit Form A:

Application form for skills assessment for migration and / or registration as a chiropractor in Australia / New Zealand

Form A

For candidates with a qualification from an accredited program in Australia or New Zealand

**Approved by the Council on Chiropractic Education Australasia (CCEA) Chiropractic Overseas Assessment Committee (COAC):** November 2012

**Updated:** May 2013; August 2013; August 2014; February 2015; October 2016; February 2018; February 2019; July 2022

**Submit to:** [**ccea.assessments@iasolutions.org.au**](mailto:ccea.assessments@iasolutions.org.au)

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

For general enquiries:

e: [admin@ccea.com.au](mailto:admin@ccea.com.au)

GPO Box 622

Canberra ACT 2601

Australia

t: +61 (2) 6100 6264 / m: 0424 587 527

website: [www.ccea.com.au](http://www.ccea.com.au)

# Completing this application form

Please read the [***Desktop Audit Instructions***](https://static1.squarespace.com/static/619ad68aad4524745de58b0d/t/62cbc9930e5d6a4f92fa158e/1657522579861/REVISED+Desktop+Audit+Instructions+2_vFINAL.pdf) and complete each section of this form.

Complete the application form in English.

Please print clearly in UPPERCASE (CAPITAL LETTERS) using a black pen or type directly into the form.

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.

***Section 1 – Personal details***

|  |  |  |
| --- | --- | --- |
| 1.1 | Title | Mr  Mrs  Miss  Ms  Dr  Other \_\_\_\_\_\_ |
| 1.2 | Family / surname  (as shown on passport) |  |
| 1.3 | Given names (as shown on passport) |  |
| 1.4 | Former name (if applicable, attach change of name document) |  |
| 1.5 | Gender |  |
| 1.6 | Date of birth (DD MM YYYY) |  |
| 1.7 | Country of birth |  |
| 1.8 | Country of permanent residency |  |

***Section 2 – Reason for application***

|  |  |  |  |
| --- | --- | --- | --- |
| 2.1 | I am applying to migrate to Australia | | Yes |
| 2.2 | I am applying to migrate to New Zealand | | Yes |
| 2.3 | Other reasons (please specify) |  | |

***Section 3 – Contact details***

|  |  |  |  |
| --- | --- | --- | --- |
| 3.1 | Residential address (including country) |  | |
| 3.2 | Postal address (if not as above) |  | |
| 3.3 | Email address |  | |
| 3.4 | Phone (including area / country codes) |  | |
| 3.5 | Mobile (including area / country codes) |  | |
| 3.6 | I require a third party to act on my behalf and I have completed and attached the *Third Party Authorisation Form* (if applicable) | | No  Yes – Third party contact form attached |

***Section 4 – Chiropractic qualification(s)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4.1 | Title of your chiropractic degree(s) (e.g. Doctor of Chiropractic, Master of Chiropractic) | |  | | |
| 4.2 | Awarding institution | |  | | |
| 4.3 | Year commenced |  | | Year completed |  |

***Section 5 – Recognition as a chiropractor***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5.1 | 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? If so, provide details in a separate attachment. | | | Yes  No |
| 5.2 | Do you hold a current unconditional registration / licence as a chiropractor in any jurisdiction? | | | Yes – complete 5.3 – 5.8  No – complete 5.9 – 5.11 |
| 5.3 | Name of your registering / licensing authority | |  | |
| 5.4 | Address of your registering / licensing authority, including country | |  | |
| 5.5 | Contact details of your registering / licensing authority | | Phone:  Email: | |
| 5.6 | Year you were first registered / licensed | |  | |
| 5.7 | Current registration / licence number and expiry date | |  | |
| 5.8 | In what other jurisdictions are you registered / licenced? Provide name and contact details if applicable  Go to Section 6 | | Details:  N/A | |
| 5.9 | Name of the country in which you were awarded your chiropractic qualification | |  | |
| 5.10 | Are you eligible to apply for registration / licensure in your country of study? | | | Yes  No |
| 5.11 | Reason for not obtaining registration  If applicable, add further details on a separate sheet | Returned home after graduation  No employment opportunities  Financial restraints    Not eligible because \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

***Section 6 – National Board of Chiropractic Examiners (NBCE) or Canadian Chiropractic Examining Board (CCEB) examinations***

|  |  |  |
| --- | --- | --- |
| 6.1 | NBCE exams | Part 1  Part 2  Part 3  Part 4  N/A |
| 6.2 | CCEB exams | Written  Practical  N/A |

***Section 7 – Chiropractic experience***

|  |  |  |
| --- | --- | --- |
| 7.1 | I have attached a minimum of two professional references | Yes |
| 7.2 | I have completed the resume schedule for my chiropractic employment / experience during the last 10 years | Yes  No, I am a new graduate |

***Section 8 – List of scanned copies of additional information attached:***

Passport identification pages

Change of name documentation (if applicable)

Third party authorisation form (if applicable)

Graduation certificate(s)

Academic transcripts for Degrees / NBCE (if applicable) / CCEB (if applicable) have been requested

Certificate(s) of registration (CoRS) and statement of Good Standing have been requested

Statement explaining non-registration (if applicable)

Two professional references

Resume of work experience in previous 10-year period OR Statement of reasons for declining to provide a resume

Application fee: payment of the application fee in Australian dollars by electronic funds transfer / direct deposit, with confirmation / evidence of fee payment [emailed to CCEA](mailto:admin@ccea.com.au)

***Section 9 – Declaration***

**I declare that:**

* The information provided in this application, and all attached supporting documents is true, complete and current at the time of signing this declaration.
* I am the person named in the application form and identified in all attachments.
* I agree to inform the Council on Chiropractic Education Australasia (CCEA) of any changes to my circumstances (including address) while my application is being assessed.
* I have read and understand the CCEA’s Privacy Notice, and I consent to the CCEA collecting and using my personal information in accordance with its Privacy Notice.
* If I have disclosed the personal information of another person in this application, I confirm that I have made a copy of the CCEA’s Privacy Notice available to that person.
* I authorise the CCEA to make any enquiries necessary to assist in the assessment of my qualifications and skills and to use any information supplied in this application for that purpose.
* I agree that this completed application form, and all attached supporting documents become the property of the CCEA and will not be returned and my application fee is not refundable.

|  |
| --- |
| **Signature Date** |

***List of related documents***

[CCEA Privacy Policy](https://www.ccea.com.au/publications)

[CCEA Candidate Guide](https://www.ccea.com.au/applicant-resources-and-documentation)

[Chiropractic Board of Australia Code of Conduct for Chiropractors](https://www.chiropracticboard.gov.au/codes-guidelines.aspx)

[New Zealand Chiropractic Board Code of Ethics Document](https://www.chiropracticboard.org.nz/publications-forms/policies/)