

Stage 1 Desktop Audit Form C:

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

Form C

For candidates with an overseas qualification from a program that is not accredited by any Councils on Chiropractic Education International (CCEI) member organisations

**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**

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

For general enquiries:

e: 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

Before completing this form, check your program against the list of [Recognised Programs](https://www.ccea.com.au/recognised-programs) on the CCEA website and read the [***Desktop Audit Instructions***](https://static1.squarespace.com/static/619ad68aad4524745de58b0d/t/62cbc9930e5d6a4f92fa158e/1657522579861/REVISED%2BDesktop%2BAudit%2BInstructions%2B2_vFINAL.pdf)*AND*[***Instructions for Individualised Assessments***](https://static1.squarespace.com/static/619ad68aad4524745de58b0d/t/62ceab374ee14e4e15506d3e/1657711416109/REVISED%2BIndividualised%2BAssessment%2Brequirements_vFINAL.pdf). 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 [x] .

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 birthDD 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 | I wish to apply for registration with the Chiropractic Board of Australia | [ ]  Yes  |
| 2.4 | I wish to apply for registration with the New Zealand Chiropractic Board | [ ]  Yes  |
| 2.5 | 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 |  |
| 4.4 | Was your chiropractic course undertaken in English? | [ ]  Yes  [ ]  No  |

***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 registrationIf 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 – Intended Stage 2 Competency Based Assessment session***

|  |  |  |
| --- | --- | --- |
| 7.1 | February/March in Sydney, NSW, Australia June/July in Auckland, New Zealand November/December in Perth, WA, AustraliaDefer or unknown | [ ]  Year:[ ]  Year:[ ]  Year:[ ]  |

 ***Section 8 – Health status***

|  |  |  |
| --- | --- | --- |
| 8.1 | Do you believe any health issues you are experiencing may impact your ability to undertake the Stage 2 Competency Based Assessment? | [ ]  Yes – provide details on a separate sheet[ ]  N/A |

 ***Section 9 – Chiropractic experience***

|  |  |  |
| --- | --- | --- |
| 9.1 | I have attached a minimum of two professional references |  [ ]  Yes |
| 9.2 | I have completed the resume schedule for my chiropractic employment / experience during the last 10 years | [ ]  Yes [ ]  No, I am a new graduate[ ]  No, I do not wish to provide a resume and I have attached a statement of reasons |

 ***Section 10 – Chiropractic program documentation***

|  |  |  |
| --- | --- | --- |
| 10.1 | I have arranged for my chiropractic program documentation to be emailed to admin@ccea.com.au for an Individualised Assessment  |  [ ]  Yes |

***Section 11 – List of scanned copies of additional information attached:***

[ ]  Recent colour passport style photo

[ ]  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)

[ ]  Letter explaining health issues (if applicable)

[ ]  Two professional references

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

[ ]  Program information for Individualised Assessment has been requested

[ ]  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

***Section 12 – 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.
* If eligible to undertake the Stage 2 Competency Based Assessment, I agree to abide by the code of conduct for these assessments as described in the CCEA Candidate Guide. I understand that I may be disqualified from the assessment and from receiving assessment results, and may forfeit eligibility to sit future assessments, if found to be in breach of this code.

|  |
| --- |
| **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/)

[Agreement to attend CCEA Competency Based Assessment](https://static1.squarespace.com/static/619ad68aad4524745de58b0d/t/61b6925d79f8203a2281138a/1639354974094/CCEA_Stage_2_Candidate_Agreement_Declaration_vFinal.pdf)