

Stage 2 Competency Based Assessment application

Form E

For candidates required by the Chiropractic Board of Australia or the New Zealand Chiropractic Board to sit the written assessment and / or the Objective Structured Clinical Examination (OSCE)

**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:** **admin@ccea.com.au**

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# Completing this application form

Please 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.

Please provide:

* A scanned copy of the letter from the Chiropractic Board indicating the requirement to attend the CCEA OSCE and / or CCEA written assessment.
* A scanned copy of photo ID or a passport style recent photo.
* Signed agreement to attend the CCEA assessment.

 ***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 for registration in Australia  | [ ]  Yes  |
| 2.2 | I am applying for registration in New Zealand | [ ]  Yes  |
| 2.3 | Location and date of assessment session |  |

***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 | Country of permanent residence |  |

 ***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 completed |  |

***Section 5 - List of scanned copies of additional information attached, where applicable***

[ ]  A scanned copy of photo ID OR recent colour passport style photo

[ ]  Chiropractic Board letter (unless already supplied)

[ ]  Signed agreement to attend the CCEA Assessment

[ ]  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 6 – 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.
* 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.
* I agree to abide by the code of conduct for the assessment 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)