COUNCIL ON CHIROPRACTIC EDUCATION AUSTRALASIA

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

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 Patrol (DIBP) General Skilled Migration or Employer Nominated Scheme in the occupation of Chiropractor (ANZSCO Code 252111).

Council on Chiropractic Education Australasia Ltd (CCEA)

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CCEA Skills Assessment Applications

For normal mail:
PO Box 268
Civic Square ACT 2608
Australia

For courier parcels:
Level 2, Ethos House, 28-36 Ainslie Place
Canberra City ACT 2601
Australia

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**

- 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) 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 Patrol (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/

Explanatory notes

1. Completing this application form

The *Stage 1 – Desktop Audit – Form A* consists of ten (10) 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). 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 9 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 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 Certified/Notarised copies

Copies of documents provided in support of an application, or other purpose required by the National Law, must be certified as true copies of the original documents. Copies of documents will not be accepted by fax, scan or email, only photocopies. CCEA must be satisfied that documents have not be amended or altered.

For a comprehensive list of people authorised to certify documents, see the guidelines on certifying documents for purposes required by the National Law at www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx

Each certified copy of your original documents must be certified separately and must bear:

- a statement (in English) certifying that it is a true copy of the original
- an official stamp or seal, provider/registration number (where applicable), the date of the statement and the name, contact address and phone number of the person who certifies your documents. It must be possible, from the details provided, for the CCEA to contact the person who certifies your documents if necessary
- the signature of the certifying person.

To have copies of your supporting documents certified, you will need to present both the original and the copy of each document to the person certifying the copies.

If the original document consists of multiple pages, each page of the original must be checked against the copy to ensure that it is a true copy; the certifying person should sign or initial each page; the last page of the certified copy must bear a statement certifying that it is a true copy of the original, state the number of pages of the document and include an official stamp or seal, the date of the statement and the name, signature, contact address and phone number of the person who certifies your documents.

5.2 Original documents

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

Applicants must arrange for the following original documents to be posted directly to the CCEA:

- Official Academic Transcript(s) for your chiropractic qualification(s) from your training institution (refer to Section 4).
- Certificate of Registration Status or Certificate of Good Standing from the relevant registration/licensing authority and/or training institution (refer to Section 5).

5.3 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 (stapled together):

- One certified copy in the original language
- One certified copy of the translated version in English (translated by a NAATI-accredited translator).

6. Witness

A witness is required for the completion of Section 8 (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.

COUNCIL ON CHIROPRACTIC EDUCATION AUSTRALASIA

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

Proof of Identify
Provide a certified copy of your valid passport identity and photo page

***Change of Name Documentation** *(if applicable)*
If the name on any of your documents is not the same as that on your current passport, provide a certified copy of one of the following as evidence of your change of name: marriage certificate, deed poll or divorce papers.

1.1	Preferred title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____
1.2	Family name/surname *(as shown on passport)*	
1.3	Given name(s) *(as shown on passport)*	
1.4	Previous family or given names* *(if applicable)*	
1.5	Gender	☐ Male ☐ Female
1.6	Date of birth *(passport evidence is required)*	
1.7	Country of birth *(passport evidence is required)*	
1.8	Country of permanent residence	

Section 2 – Current passport photograph

Staple two passport-sized photographs of yourself taken within the last six months that are signed and dated by the applicant on the back.	*STAPLE PHOTOGRAPHS HERE* *The applicant must sign and date each photograph.*

Section 3 – Contact details

Provide your current contact details in Section 3a.
If you are planning to be in Australia whilst your *Stage 1 – Desktop Audit* application is being processed, please provide in Section 3b 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 3c and 3d.
If you complete Sections 3c and 3d, the CCEA will send all correspondence to the authorised third party and not to you.

Section 3a – Current address

3.1	Residential address *(indicate country, if outside Australia)*	
3.2	Telephone number	
3.3	Mobile number	
3.4	Email address	

Section 3b – Postal address, if different from Section 3a above (optional)

3.5	Postal address	

Section 3c – 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.

3.6	I, (your full name including given names and family name/surname) _____ _____ authorise the following person (identified in Section 3d) 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 3d – Details of authorised third party (optional)

3.7	Authorised person's title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other _____
3.8	Authorised person's family name/surname	
3.9	Authorised person's given name(s)	
3.10	Relationship to myself *(for example spouse, family member, migration agent)*	
3.11	Authorised person's full address for correspondence *(indicate country, if outside Australia)*	
3.12	Authorised person's telephone number(s)	
3.13	Authorised person's email address(es)	

Section 4 – Chiropractic qualification(s)

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

Graduation certificate(s)
Provide a certified 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 mail directly to the CCEA an official academic transcript(s) 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.

4.1	What is the title of your chiropractic degree(s)? *(e.g. Doctor of Chiropractic, Master of Chiropractic)*	
4.2	What is the name of the awarding institution(s)?	
4.3	What year did you commence your degree(s)?	
4.4	What year did you complete your degree(s)?	

Section 5 – Recognition as a chiropractor

Please provide details of your chiropractic registration/licence.

Certificate of registration
You must provide a certified 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 mail directly to the CCEA a current Certificate of Registration Status or Certificate of Good Standing. 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 mail 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 mail directly to the CCEA a letter attesting that no disciplinary proceedings were instigated against you during your period of registration/licensure.

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?	☐ Yes *Give details on a separate sheet* ☐ No
5.2	Do you currently hold a current unconditional registration/licence as a chiropractor in any jurisdiction?	☐ Yes *Please complete Section 5a* ☐ No *Please complete Section 5b*

Section 5a – Current registration/licence

5.3	Name of your registering/licensing authority	
5.4	Address of your registering/licensing authority *(indicate country, if outside Australia)*	
5.5	Contact details of your registering/licensing authority	Telephone: Facsimile: Email:
5.6	Year you were first registered/licensed	
5.7	Current registration/licence number and expiry date	
5.8	Are you registered/licensed in any other jurisdiction?	☐ Yes Give *details on a separate sheet* ☐ No

Section 5b – Eligibility for registration/licensure

5.9	If you are not currently registered or licensed, are you eligible to apply for registration/licensure in your country of study?	☐ Yes *Please complete Question 5.10* ☐ No Give *details on a separate sheet*
5.10	If you answered Yes to Question 5.9, in which country are you eligible to register or be licensed as a chiropractor?	

Section 6 – English language skills

Please select the category that applies to you and provide the relevant documents specified.

Countries in which English is the native or first language include:

- Australia
- Canada
- New Zealand
- Republic of Ireland
- South Africa
- United Kingdom
- United States of America

Note: If you are already registered in Australia and have provided the required evidence in Section 5 above, you do not need to supply evidence of English language skills.

☐ I completed my secondary education that was taught and assessed in English in one of the countries listed above where English is the native or first language AND I completed my chiropractic professional qualification, that was taught and assessed in English, in one of the countries listed above where English is the native or first language	Provide a certified copy of each of the following: -Your High School graduating certificate (or equivalent) If your graduating certificate does not specify that your secondary education was completed in the English language, you will also need to provide evidence of this (e.g. a letter from your high school or equivalent attesting to this).
☐ I did not complete both my secondary and chiropractic professional qualification in the English language in one of the countries listed above.	Provide a certified copy of valid results from the International English Language Testing System (IELTS). A minimum score of 7.0 in each of the four components in the Academic version of the test is required (www.ielts.org)

Section 7 – 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 7 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 7. Résumé of chiropractic employment

Name and full address of employer/place of employment	**Nature of business** *(indicate if self-employed)*	**Start and finish dates**	**Your position/title** *(include if full- or part-time; hours per week)*	**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 – Declaration

The applicant's signature must be witnessed by a person authorised to certify documents. See the guidelines on certifying documents for purposes required by the National Law at www.ahpra.gov.au/Registration/Registration-Process/Certifying-Documents.aspx

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, as stated in this application form, 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.
- 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 Notice available to that person.
- 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 fee will not be refunded.

Signature of applicant	**Date (day/month/year)**
Signature of witness	**Date (day/month/year)**
Legal title of witness	**Telephone number of witness**
Address of witness	*Stamp/seal of witness (if applicable)*

*Section 9 – Application fee in Australian Dollars**

The application fee must be paid in Australian Dollars. Payment may only be made by Electronic Funds Transfer/Direct Deposit to:

Bank: National Australia Bank
BSB: 082-309
Swift code (international use only): NATA AU 3303 M
Account name: Council on Chiropractic Education Australasia Ltd.
Account number: 8383 80369
Bank address: Hornsby Branch, Hornsby NSW 2077Australia

** The application fee is published at www.ccea.com.au. The fee is subject to change without notice. Refunds of application fees are not available.*

13.1	Payment method	☐ Electronic Funds Transfer/Direct Deposit ** ** Electronic Funds Transfer/Direct Deposit: **The applicant's surname must be included as the reference for the payment**. A copy of the deposit receipt or similar evidence of the funds transfer must be emailed to CCEA to initiate the assessment process. The applicant is liable for all bank fees and exchange rate charges associated with the payment of their application fee. **Please email confirmation/evidence of fee payment to: admin@ccea.com.au**
13.2	Submission of application	Please send this completed application form and all supporting documents to: **CCEA Skills Assessment Applications** *For normal mail:* PO Box 268 Civic Square ACT 2608 Australia *For courier parcels:* Level 2, Ethos House, 28-36 Ainslie Place Canberra City ACT 2601 Australia Please ensure your name is clearly marked on the outside of the envelope.

Section 10 – 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 certified copy of your valid passport identity page
- ☐ Change of name documentation (if applicable): a certified copy of your marriage certificate, deed poll or divorce papers
- ☐ Two current passport-sized photographs: signed and dated by the applicant. Please staple the photographs in Section 2
- ☐ Graduation certificate(s): a certified copy of the graduation certificate from your relevant training institution
- ☐ Academic transcript(s): arrange for your training institution(s) to mail an official results transcript/statement of your relevant chiropractic qualification(s) directly to CCEA
- ☐ Certificate of registration: a certified copy 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 mail this documentation directly to CCEA
- ☐ Résumé and evidence of chiropractic employment (if applicable): complete Table for Section 7 and submit with your completed application
- ☐ Written references: at least two (2) written references from the past 10 years
- ☐ English language skills: certified copy of evidence of English language ability (High School graduating certificate or equivalent and letter attesting that secondary education was conducted in English OR IELTS results)
- ☐ Translated documents (if applicable): certified copies 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 8
- ☐ 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: