



## Stage 1 Desktop Audit:

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

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# Form B

## For chiropractors with an overseas qualification from an accredited program

**Approved by COAC:** November 2012

**Updated:** May 2013; August 2013; August 2014; February 2015

The information on the *Stage 1 Desktop Audit – Form B* is collected by the Council on Chiropractic Education Australasia (CCEA) for the purposes 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)  
AND/OR
- Assessing qualifications and skills, and eligibility to undertake the *CCEA Stage 2 – Competency Based Assessment*, for overseas qualified chiropractors wishing to apply for registration in Australia with the Chiropractic Board of Australia (CBA) or in New Zealand with the New Zealand Chiropractic Board (NZCB).

### **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  
website: www.ccea.com.au

### **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 B if you answer ‘Yes’ to the following question.

Have you completed a recognised entry-level qualification in Chiropractic at one of the following accredited programs?

Yes  No

- Anglo-European College of Chiropractic (1992-present)
- Canadian Memorial Chiropractic College
- Cleveland Chiropractic College – Kansas City (1982-present)
- Los Angeles (1985-present)
- Durban University of Technology (2009 – present)
- D’Youville College (2007 – present)
- Hanseo University (2010 – present)
- Institut Franco-Europeen De Chiropratique (1996 – present)
- International Medical University (2013 – present)
- Life Chiropractic College West (1987 – present)
- Life University (1985 – present)
- Logan College of Chiropractic (1978 – present)
- Los Angeles College of Chiropractic/Southern California University of Health Sciences (1971 – present)
- National University of Health Sciences – Lombard (1971 – present); Pinellas Park (2011 – present)
- New York Chiropractic College (1979 – present)
- Northwestern College of Chiropractic/Northwestern Health Sciences University (1971 – present)
- Palmer College of Chiropractic
  - Davenport (1979 – present)
  - San Jose (1985 – present)
  - Port Orange (2004 – present)
- Parker College of Chiropractic/Parker University (1988 – present)
- RCU Escorial Maria Cristina, Spain (2012 – present)
- RMIT Japan (2005 – 2012)
- Sherman College of Chiropractic (1995 – present)
- Syddansk Universitet Odense (1999 – present)
- Texas Chiropractic College (1971 – present)
- Tokyo College of Chiropractic (2012 – present)
- University of Bridgeport (1994 – present)
- University of Glamorgan – Welsh Institute of Chiropractic (2002 – present)
- University of Johannesburg – Faculty of Health Sciences – Dept of Chiropractic (2010 – present)
- University of Quebec at Trois Rivieres
- University of Surrey (2003 – 2006)
- Western States Chiropractic College/University of Western States (1981 – present)

If you answered ‘No’ to this question, do not proceed with this form.

You must complete either:

- Stage 1 Desktop Audit – Form A. Application form 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.  
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 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/](http://www.ccea.com.au/index.php/about/publications/)*

## Explanatory notes

### 1. Completing this application form

The *Stage 1 – Desktop Audit – Form B* consists of fourteen (14) 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. Application deadlines

Deadlines for the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* are outlined in Table 1. *Stage 1 – Desktop Audit* applications received after the deadlines stated may not be processed in sufficient time and therefore the *Stage 2 – Competency Based Assessment* will be held at the next scheduled date. Applicants are advised when submitting their *Stage 1 – Desktop Audit* application to ensure they leave themselves enough time to arrange their flights and accommodation to attend the *Stage 2 – Competency Based Assessment* in Australia or NZ (see assessment dates and locations in Table 1).

**Table 1.** *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* deadlines

<b>Stage 2 – Competency Based Assessment dates</b>	<b>Locations</b>	<b>Stage 1 – Desktop Audit submission deadlines (including payment)</b>	<b>Stage 2 – Competency Based Assessment payment deadlines</b>
February	Sydney	15 November	15 January
July	Auckland	15 April	15 June
November	Perth	15 August	15 October

Note: These dates and locations for assessments are provisional and dependent upon adequate numbers of candidates.

### 3. 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 13 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.

### 4. Notice of Desktop Audit outcome

You will be advised via email of the outcome of your *Stage 1 - Desktop Audit* application and eligibility to undertake the CCEA *Stage 2 – Competency Based Assessment*. 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.

Applicants are reminded that the *Stage 1 – Desktop Audit* is used to determine their eligibility to undertake the CCEA *Stage 2 – Competency Based Assessment*. Successful completion of the *Stage 1 – Desktop Audit* and *Stage 2 – Competency Based Assessment* provides candidates with the eligibility to apply for registration in Australia with the Chiropractic Board of Australia (CBA) or in New Zealand with the New Zealand Chiropractic Board (NZCB). However it does not guarantee automatic registration. Please contact CBA or NZCB for the requirements for registration in the respective jurisdictions.

## 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 been 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](http://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. DIAC 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 prior to the application closing date (see Table 1):

- Official Academic Transcript(s) for your chiropractic qualification(s) from your training institution (refer to Section 5).
- Certificate of Registration Status or Certificate of Good Standing from the relevant registration/licensing authority and/or training institution (refer to Section 6).
- Results of NBCE and/or CCEB assessments (if applicable) (refer to Section 7).

### 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 12 (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 migration to Australia and/or registration as a chiropractor in Australia or New Zealand

# Form B

For chiropractors with an overseas qualification from an accredited program

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, divorce papers, statutory declaration

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 (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	<input type="checkbox"/> Male <input type="checkbox"/> 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**

<p>Staple two passport-sized photographs of yourself taken within the last six months that are signed and dated by the applicant on the back.</p>	<p><i>STAPLE PHOTOGRAPHS HERE</i></p> <p><i>The applicant must sign and date each photograph.</i></p>
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**Section 3 – Reason for application**

<p>Please specify below whether the purpose of your application is for the assessment of qualifications and skills, and eligibility to undertake the <i>CCEA Stage 2 – Competency Based Assessment</i>, for: Migration to Australia AND/OR Registration in Australia or New Zealand</p>		
3.1	I am applying to migrate to Australia	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
3.2	I wish to apply for registration with the Chiropractic Board of Australia	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
3.3	I wish to apply for registration with the New Zealand Chiropractic Board	<input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No</span>
3.4	Other reasons	<input type="checkbox"/> Radiation license requirement <span style="margin-left: 20px;"><input type="checkbox"/> Other</span>

**Section 4 – Contact details**

<p>Provide your current contact details in Section 4a. If you are planning to be in Australia or NZ whilst your <i>Stage 1 – Desktop Audit</i> application is being processed, please provide in Section 4b a postal address in Australia or NZ 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 4c and 4d. If you complete Sections 4c and 4d, the CCEA will send all correspondence to the authorised third party and not to you.</p>
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**Section 4a – Current address**

4.1	Residential address <i>(indicate country, if outside Australia)</i>	
4.2	Telephone number	
4.3	Mobile number	
4.4	Email address	

**Section 4b – Postal address, if different from Section 4a above (optional)**

4.5	Postal address	
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**Section 4c – 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.

	I, (your full name including given names and family name/surname)	
	_____	
	authorise the following person (identified in Section 4d) 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.	
4.6	Your signature	Date (day/month/year)
	_____	_____
	Authorised person's signature	Date (day/month/year)
	_____	_____

**Section 4d – Details of authorised third party (optional)**

4.7	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 _____
4.8	Authorised person's family name/surname	
4.9	Authorised person's given name(s)	
4.10	Relationship to myself <i>(for example spouse, family member, migration agent)</i>	
4.11	Authorised person's full address for correspondence <i>(indicate country, if outside Australia)</i>	
4.12	Authorised person's telephone number(s)	
4.13	Authorised person's email address(es)	



**Section 5 – 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.

5.1	What is the title of your chiropractic degree(s)? (e.g. <i>Doctor of Chiropractic, Master of Chiropractic</i> )	
5.2	What is the name of the awarding institution(s)?	
5.3	What year did you commence your degree(s)?	
5.4	What year did you complete your degree(s)?	
5.5	Was your chiropractic qualification(s) undertaken in English?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 6 – 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.

6.1	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> <input type="checkbox"/> No
6.2	Do you currently hold a current unconditional registration/licence as a chiropractor in any jurisdiction?	<input type="checkbox"/> Yes <i>Please complete Section 6a</i> <input type="checkbox"/> No <i>Please complete Section 6b</i>



**Section 6a – Current registration/license**

6.3	Name of your registering/licensing authority	
6.4	Address of your registering/licensing authority (indicate country, if outside Australia)	
6.5	Contact details of your registering/licensing authority	Telephone: Facsimile: Email:
6.6	Year you were first registered/licensed	
6.7	Current registration/licence number and expiry date	
6.8	Are you registered/licensed in any other jurisdiction?	<input type="checkbox"/> Yes Give details on a separate sheet <input type="checkbox"/> No

**Section 6b – Eligibility for registration/licensure**

6.9	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 Please complete Question 6.10 <input type="checkbox"/> No Give details on a separate sheet
6.10	If you answered Yes to Question 6.9, in which country are you eligible to register or be licensed as a chiropractor?	

**Section 7 – Board examinations (if applicable)**

Indicate which Part(s) of the National Board of Chiropractic (NBCE) and/or Canadian Chiropractic Examining Board (CCEB) examinations you have completed, if applicable.

**NBCE and/or CCEB Examination Results**

You must arrange for the NBCE and/or CCEB to send directly to the CCEA your results of these examinations.

7.1	Have you completed any parts of the NBCE assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	If Yes, please tick which parts.	<input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Part 4
7.2	Have you completed any parts of the CCEB assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4	If Yes, please tick which parts.	<input type="checkbox"/> Written <input type="checkbox"/> Practical

**Section 8 – Stage 2 – Competency Based Assessment schedule**

Please select below your preferred assessment date and venue at which you wish to undertake the *Stage 2 – Competency Based Assessment*, if eligible. All Parts of the *Stage 2 – Competency Based Assessment* are undertaken in Australia or New Zealand over a three (3) day period. Please see the Candidate Guide for more information and the CCEA website for provisional dates.

Tick Below	Month of Assessment	Venue for Assessment	Application Deadline (for Stage 1 – Desktop Audit)
	February	Macquarie University, Sydney, NSW	15 November
	July	New Zealand College of Chiropractic, Auckland, New Zealand	15 April
	November	Murdoch University, Perth, WA	15 August

*Note: These dates and locations are provisional and based upon adequate numbers of candidates. Assessment dates in Auckland, NZ are still to be determined.*

**Section 9 – Health status**

If you answer Yes to any of the questions below you will need to provide certified copies of official supporting documentation (for example, medical certificate, letter from GP, medical report).

9.1	Do you consider you may be affected by anything (e.g. pregnancy, disability, a medical condition) that may impact on your ability to undertake the <i>Stage 2 – Competency Based Assessment</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.2	If you answered Yes in Question 9.1, please provide relevant details (please continue on additional sheets if required).	

**Section 10 – 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

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](http://www.ielts.org))

**Section 11 – 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 11 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 11. Résumé of chiropractic employment**

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

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

**Section 12 – 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](http://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.
- If eligible to undertake the *Stage 2 – Competency Based Assessment*, I agree to abide by the code of conduct for these assessments and 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.

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

**Section 13 – 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 2077 Australia

\* The application fee is published at [www.ccea.com.au](http://www.ccea.com.au). The fee is subject to change without notice. Refunds of application fees are not available.

13.1	Payment method	<input type="checkbox"/> Electronic Funds Transfer/Direct Deposit ** <b>** Electronic Funds Transfer/Direct Deposit: The applicant's name must be included as the reference for the payment.</b> 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.  <b>Please email confirmation/evidence of fee payment to: <a href="mailto:admin@ccea.com.au">admin@ccea.com.au</a></b>
13.2	Submission of application	Please send this completed application form and all supporting documents to: <b>CCEA Skills Assessment Applications</b> <i>For normal mail:</i> PO Box 268 Civic Square ACT 2608 Australia <i>For courier parcels:</i> 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 14 – 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 B*. Application 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 institution
- 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 chiropractic qualification(s)
- Academic transcript(s): arrange for your training institution to mail an official Academic transcript/statement of your relevant chiropractic qualification(s) directly to the 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 the CCEA
- Résumé and evidence of chiropractic employment (if applicable): complete Table for Section 11 and submit with your completed application
- Written references: certified copies of two (2) written references from the past 10 years
- NBCE and/or CCEB assessment results (if applicable): arrange for the NBCE and/or CCEB to mail this documentation directly to the CCEA
- 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)
- Health status documents (if applicable): certified copies of official documentation attesting to a disability, medical condition and/or pregnancy
- 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 12
- 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 B Application for skills assessment for migration to Australia and/or registration as a chiropractor in Australia or New Zealand*, 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: