



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

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Completing this application form

Please read the [Desktop Audit Instructions](#) 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	<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 / 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	<input type="checkbox"/> Yes
2.2	I am applying to migrate to New Zealand	<input type="checkbox"/> 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 <i>Third Party Authorisation Form</i> (if applicable)	<input type="checkbox"/> No <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Do you hold a current unconditional registration / licence as a chiropractor in any jurisdiction?	<input type="checkbox"/> Yes – complete 5.3 – 5.8 <input type="checkbox"/> 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 / licensed? Provide name and contact details if applicable Go to Section 6	<input type="checkbox"/> Details: <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5.11	Reason for not obtaining registration If applicable, add further details on a separate sheet	<input type="checkbox"/> Returned home after graduation <input type="checkbox"/> No employment opportunities <input type="checkbox"/> Financial restraints <input type="checkbox"/> Not eligible because _____ _____
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Section 6 – National Board of Chiropractic Examiners (NBCE) or Canadian Chiropractic Examining Board (CCEB) examinations

6.1	NBCE exams	<input type="checkbox"/> Part 1 <input type="checkbox"/> Part 2 <input type="checkbox"/> Part 3 <input type="checkbox"/> Part 4 <input type="checkbox"/> N/A
6.2	CCEB exams	<input type="checkbox"/> Written <input type="checkbox"/> Practical <input type="checkbox"/> N/A

Section 7 – Chiropractic experience

7.1	I have attached a minimum of two professional references	<input type="checkbox"/> Yes
7.2	I have completed the resume schedule for my chiropractic employment / experience during the last 10 years	<input type="checkbox"/> Yes <input type="checkbox"/> 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](#)

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](#)[CCEA Candidate Guide](#)[Chiropractic Board of Australia Code of Conduct for Chiropractors](#)[New Zealand Chiropractic Board Code of Ethics Document](#)