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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**](mailto:ccea.assessments@iasolutions.org.au)

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

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# 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+Desktop+Audit+Instructions+2_vFINAL.pdf)*AND*[***Instructions for Individualised Assessments***](https://static1.squarespace.com/static/619ad68aad4524745de58b0d/t/62ceab374ee14e4e15506d3e/1657711416109/REVISED+Individualised+Assessment+requirements_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 .

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 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 | | 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 registration  If 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, Australia  Defer 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](mailto: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](mailto:admin@ccea.com.au)

***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)