



Stage 2 Competency Based Assessment application

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# 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](mailto:admin@ccea.com.au)

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

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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 .

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	<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 for registration in Australia	<input type="checkbox"/> Yes
2.2	I am applying for registration in New Zealand	<input type="checkbox"/> 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](#)

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**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](#)[CCEA Candidate Guide](#)[Chiropractic Board of Australia Code of Conduct for Chiropractors](#)[New Zealand Chiropractic Board Code of Ethics Document](#)[Agreement to attend CCEA Competency Based Assessment](#)