

# INTERIM Form 1C

## Stage 1

### Application for the Assessment of Eligibility to Undertake the INTERIM Professional Examinations in Osteopathy

As endorsed by the Osteopathy Board of Australia (OBA)



The information on the form is collected by the Australian and New Zealand Osteopathic Council for the purposes of assessing overseas qualifications in osteopathy. Please read the **Explanatory Notes** carefully before completing the application.

#### Eligibility Criteria

An applicant must meet the following eligibility criteria in order to be assessed as eligible to undertake the professional examination in osteopathy:

1. Hold a qualification that is in the opinion of the Australia & New Zealand Osteopathic Council (ANZOC) comparable to that required for entry to practice as a graduate from an accredited Australian institution delivering osteopathy training. Overseas osteopathic qualification's must be at least comparable to an Australian Bachelor Degree. See the **Explanatory Notes** for further information.
2. Demonstrated a comprehensive knowledge and satisfactory level of skills in English by satisfying the English Language Requirement, which is the standard required by the Osteopathy Board of Australia. See the **Explanatory Notes** for details.

## Step by step guide

**Step 1:** Read the **Explanatory Notes** carefully

**Step 2:** Complete the application form

**Step 3:** Photocopy your supporting documents as described in the checklist below

**Step 4:** Arrange for your supporting documents to be certified as explained in the **Explanatory Notes**

**Step 5:** Photocopy your completed application, including the application form and all supporting documents

**You should now have:**

- one original application form with certified documents

- one separate additional copy of your application form and accompanying documents

**Step 6:** Please ensure that you have all of the necessary documentation as outlined in the checklist below. **Your application will not be assessed until you have provided all of the required documents**

**Step 7:** Clearly label both sets of your application according to the checklist

**- Do not staple or bind your documents together**

**Step 8:** Post both sets of your application to the Australian and New Zealand Osteopathic Council together with your payment, as explained in Section J of the application form

## Compulsory checklist for supporting documentation

Please follow this final checklist to ensure that all required documents have been included:

- Evidence of change of name (if applicable) Section A
- Evidence of your date of birth Section A
- Your passport photograph Section D
- Graduation certificate for your initial osteopathic qualification Section E
- Official results transcript from your initial osteopathic qualification Section E
- Initial registration certificate (if applicable) Section F
- Current registration certificate (if applicable) Section G
- Evidence of previous and/or current registration in Australia (if applicable) Section G
- Evidence of your English language ability (if applicable) Section H
- The Declaration is signed by you and witnessed by an appropriate person Section I
- Payment of application fee Section J
- Evidence of funds transfer/direct deposit (if applicable) Section J

# INTERIM Form 1C

## Application for the Assessment of Eligibility to Undertake the INTERIM Professional Examinations in Osteopathy

Please use black pen and write clearly

(i) Have you ever previously submitted an application to the Australian and New Zealand Osteopathic Council?

No       Yes

(ii) The **INTERIM** written examinations are held in March and September each year. Practical examinations are held in February and August each year. The written examination must be successfully completed prior to sitting the practical examination. Please indicate when you **intend** to sit the written and practical examinations, if your eligibility assessment is positive (note: this application is **not** an application for the written or practical examination):

February – Practical Exam

March – Written Exam

August – Practical Exam

September – Written Exam

I would like to sit the written and practical exams at a later stage.

## Section A: Your personal details

Your first language Preferred title (please tick): <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other
Family name (surname)
Your country of permanent residence
Given names
Previous family names – <i>documentary evidence is required if you have changed your name</i>
Previous given names
Your date of birth (day/month/year) – <i>documentary evidence is required</i>
Your country of birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

### Checklist

**Change of name documentation**

If the name on any of your documents is not the same as that on your birth certificate, provide a **certified copy** of one of the following in your original application as evidence of your change of name:

- marriage certificate
- divorce papers
- deed poll
- passport
- statutory declaration

If your document is in a language other than English, you must provide a **certified copy** of an official translation of this document. Refer to the Explanatory Notes for more information.

**Identification**

In your original application, you must provide a **certified copy** of your valid passport details as proof of date of birth. If you do not hold a valid passport, please contact the ANZOC Office.

**Please ensure you provide all relevant documents as**

*detailed in the checklist*

## Section B: Your contact details

Address for correspondence (indicate country, if outside Australia)
Daytime telephone number
Mobile telephone number
Email address
I would like all correspondence sent to me from the Australian and New Zealand Osteopathic Council via email: <input type="checkbox"/> Yes <input type="checkbox"/> No

### Checklist

**Contact details**

These details are for you, the applicant, and must be completed.

**Email correspondence**

Correspondence by email ensures you receive all information regarding your candidature reliably and efficiently.

Email correspondence will include PDF attachments. Please ensure you have ticked yes or no for email correspondence.

## Section C: Third party contact details (optional)

### Authorisation of third party

I, (Your family name/surname)

(Your given name)

authorise the following person to act on my behalf in relation to my application made to the Australian and New Zealand Osteopathic (ANZOC). This includes authorising ANZOC to send that person any communication, documents or notifications relating to my application that would otherwise have been sent to me.

### Details of authorised person

Authorised person's Title:  Mr  Mrs  Miss  Ms  Other

Authorised person's family name (surname)

Authorised person's given names

Authorised person's address for correspondence (indicate country, if outside Australia)

### Explanation

#### Authorisation of third party

You must complete this section if you wish to authorise another person (such as a family member or migration agent) to act on your behalf in connection with your application for assessment of your osteopathy qualifications by Australian and New Zealand Osteopathic Council.

The Australian and New Zealand Osteopathic Council will send all correspondence to the authorised third party and not to you.

Section C continues overleaf



## Section C: Third party contact details (continued)

Authorised person's email address

Authorised person's telephone number

Alternate telephone number

Your signature

Date (day/month/year)

## Section D: Your passport photograph

Has your  
photograph been  
signed by your  
guarantor?

### Checklist

#### Your passport photograph

Securely attach (do not glue) a passport sized photograph of yourself which is not more than three months old. This photo must be endorsed by a guarantor. Your guarantor must:

- not be related to you by birth or marriage
- have known you for at least 12 months
- be at least 18 years of age

The guarantor must endorse the back of the photo by writing, "this is a true photo of (your name)" and signing their name

## Section E: Your professional education

Please give details of your osteopathy qualification/s which you would like to be considered for the assessment of your application. If you have more than one qualification, attach a separate sheet giving the additional details.

What is the level of the qualification (For example, Diploma, Bachelor etc)

What is the name of the qualification?

In English

In your own language (where applicable)

Name of the institution

Full address of the institution

### Checklist

#### Qualification certificate

Provide a **certified copy** of your osteopathic qualification certificate. Your official certificate must include the official university stamp.

#### Your official results transcripts

Provide a **certified copy** of your official transcripts for your initial osteopathy qualification. Your official transcripts must include:

- a statement that confirms that you have completed the course requirements
- a list of each individual subject in your entire osteopathy course
- the grade or result you were awarded for each subject
- the official university stamp

If you are unable to obtain this information from your university or the practice/s where you undertook your placements, you must write to the ANZOC and explain why you are unable to submit an official document.

If your documents for Section F are written in a language other than English, you must provide a **certified copy** of an official translation of this document. Refer to the Explanatory Notes for more information.

What was the normal entry requirement for the course?
Normal length of the course: Number of years Or Number of Semesters
Normal length of full time course semesters Or Number of months
Length of time which you took to complete the course Number of years And Number of months

If you took longer than the normal length to complete the course you must provide an explanation:


Date course commenced: (day/month/year) Date course completed: (day/month/year)
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<p>Did you study full time or part time?</p> <p><input type="checkbox"/> Full time      <input type="checkbox"/> Part time</p>
<p>Was a period of supervised clinical experience a requirement of the course</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Was a period of clinical internship a requirement following completion of the course?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

*Please ensure you provide the documents as detailed in the checklist*

## Section F: Your initial osteopathic registration

Country of registration
Registration authority
Date of registration
If registration was not required for employment in the country you were first registered, please provide evidence that your qualification was recognised for the practice of osteopathy in this country.

<p><b>Checklist</b></p> <p><input type="checkbox"/> <b>Recognition of your qualification in the country of training</b></p> <p>In your original application, provide a <b>certified copy</b> of your initial registration certificate</p> <p><b>OR</b></p> <p>If there is no registration in your country of training, you <b>MUST</b> provide evidence that your qualification was recognised for the practice of osteopathy in your country of training.</p>
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## Section G: Current osteopathic registration

Are you currently registered as an osteopath?

No

Yes *Give details below*

Country of registration
Registering authority
Date of registration
Date of expiry
Have you ever been refused a licence or registration to practice osteopathy, or had a license or registration to practice osteopathy withdrawn?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been registered in Australia or New Zealand as an osteopath?  <input type="checkbox"/> Yes <input type="checkbox"/> No

### Checklist

**Section C continues overleaf**

**Your current registration certificate (if applicable)**

In your original application, provide a **certified copy** of your current practicing certificate(s).

If your certificate is written in a language other than English,

you must provide a **certified copy** of an official translation of this document. Refer to the Explanatory Notes for more information

**Evidence of previous or current registration in Australia or New Zealand (if applicable)**

In your original application, provide a **certified copy** of your previous and/or current Australian registration certificate(s).

## Section H: Your English language ability

Tick the category which applies to you and provide the documentation as described:

<input type="checkbox"/> I completed my initial osteopathic professional education in the English language medium in one of the countries listed in the box to the far right.	<p>→ No additional information is required</p> <p>→ Proceed to Section I</p>
<input type="checkbox"/> I completed my primary and secondary education in the English language medium in one of the countries listed in the box to the far right, but I completed my osteopathy education in a country not listed.	<p>→ In your original application, provide a <b>certified copy</b> of each of the following:</p> <p><input type="checkbox"/> Your High School Certificate</p> <p><input type="checkbox"/> Evidence that your primary and secondary education was completed in the English language medium</p> <p>→ Proceed to Section I</p>
<input type="checkbox"/> I did not complete my education in the English language medium in a country listed in the box to the far right.	<p>→ In your original application, provide the <b>original</b> or a <b>certified copy</b> of your results from <b>one</b> of the following English language tests:</p> <p><input type="checkbox"/> <b>International English Language Testing System (IELTS):</b></p> <p>You must achieve a minimum score of 7.0 in each of the four components in the <b>Academic Module</b>.</p> <p>(See: <a href="http://www.ielts.org">www.ielts.org</a>)</p> <p>or</p> <p><input type="checkbox"/> <b>Occupational English Test (OET):</b> A pass at a B level or above in all four sections of the test is required.</p> <p>(See: <a href="http://www.occupationalenglishtest.org">www.occupationalenglishtest.org</a>)</p> <p><i>Note: IELTS and OET tests results are only valid for a period of two years from the test date. If your test results expire whilst you undertake the assessment process, you maybe requested to provide a new English test result.</i></p> <p>→ Proceed to Section I</p>

### English Language Countries

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

## Section I: Declaration

### I declare that:

- The information in the application and any attachments is true, complete and up to date
- I am the person photographed and named in the application and any attachments
- I undertake to inform the Australian and New Zealand Osteopathic Council of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the Australian and New Zealand Osteopathic Council's Privacy
- Statement issued with this application and I consent to the Australian
- Osteopathy Council collecting and using my personal information in accordance with the Privacy Statement
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the Australian and New Zealand Osteopathic Council's Privacy
- Statement available to that person
- I acknowledge that this application and any attachments become the property of the Australian and New Zealand Osteopathic Council and **will not be returned.**

### Checklist

*Please ensure you provide the documents as detailed in the checklist*

**This declaration must be witnessed by one of the following persons only:**

- Legal Practitioner
- Justice of the Peace
- Peace Commissioner
- Commissioner of Oaths
- Judge
- Magistrate
- Person legally designated to sign documents from an embassy or consulate.

Please note that other persons such as Police Officers, Pharmacists, Doctors cannot witness this application unless they provide evidence that they are also one of the above.

Signature of applicant

Date (day/month/year)

Signature of witness

Stamp/Seal of Witness

(if applicable)

Legal title of witness
Address of witness
Telephone number of witness Date (day/month/year)



## Section J: Application\* fee \$550

Payment Method – please tick:

- Bank Cheque (enclosed)
- Money Order (enclosed)
- EFT/Direct Deposit \*\*

**\*\* ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT:** The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers

**The fee is \$550**

\* The application fee is current at the date of publication (indicated on the lower right corner of the form) The fee is subject to change without notice. Refunds of application fees are **not** available.

**43. Application Submission** – Please send your completed 1A Form, required documents, and the application fee of AUD \$550.00 by:

**Mail your application to:**

**Australian and New Zealand Osteopathic Council  
PO Box 18053  
Collins Street East  
Melbourne VIC 8003  
AUSTRALIA**

### Explanation

**Payment of application fee**

Payment may be made by:

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australian and New Zealand Osteopathic Council** or
3. EFT/Direct Deposit \*\* to:

Bank: Westpac

Account name: Australian and New Zealand Osteopathic Council

BSB: 032036

Account #: 243764

Bank Address: Westpac Newtown,  
234-245 King St, Newtown NSW  
2042, AUSTRALIA

Swift Code: WPACAU2S

(international use only)

**Ensure that you have provided one original application with certified copies of all supporting documents, and one additional copy of your entire application, as outlined in the attached Explanatory Notes. Applications will not be assessed until all documentation has been provided, including evidence of payment.**

*Privacy Notice: Information in this form is collected in order to identify the applicant requesting a skills assessment, and to undertake assessments of osteopathy skills and qualifications. We may also use the information collected for research and internal administrative procedures. The information collected may be passed on to other people within the Australian and New Zealand Osteopathic Council including the Osteopathy Board of Australia, the Osteopathic Council of New Zealand, the Department of Immigration and Citizenship (DIAC) and the Department of Education, Employment and Workplace Relations (DEEWR). In other instances, information on this form can be disclosed without your consent where authorised or required by law.*