



Form 1B – AU UK Competent Authority (CA)

Application for Assessment for Registration in Australia via the Competent Authority Pathway

This form is for the use of Osteopaths who are **both**:

1. Graduates from one of the listed General Osteopathic Council of the United Kingdom (GOsC) approved courses **and**
2. Current GOsC registration holders

*If you are not a GOsC registration holder **and** a graduate of an approved course listed below contact AOAC and do not use this form.*

1. Approved Osteopathic Qualification

Tick	Institution	Years
<input type="checkbox"/>	British College of Osteopathic Medicine (formerly British College of Naturopathy and Osteopathy)	From 9 May 2000
<input type="checkbox"/>	British College of Osteopathic Medicine	From 9 May 2000
<input type="checkbox"/>	University College of Osteopathy (formerly British School of Osteopathy)	From 9 May 2000
<input type="checkbox"/>	College of Osteopaths	From 8 May 2001
<input type="checkbox"/>	European School of Osteopathy	From 9 May 2000
<input type="checkbox"/>	Leeds Metropolitan University	From 1 September 2007
<input type="checkbox"/>	London College of Osteopathic Medicine	From 9 May 2000
<input type="checkbox"/>	London School of Osteopathy	From 9 May 2000
<input type="checkbox"/>	Oxford Brookes University	From 1 October 2003
<input type="checkbox"/>	Surrey Institute of Osteopathic Medicine	From 1 January 2003
<input type="checkbox"/>	Swansea University	From 15 December 2011

2. Are you currently registered and in good standing with the GOsC?

Yes No (Contact AOAC, you must hold current GOsC registration)

3. Personal Details

Title	
Family Name	
Given Name	
Previous Names	
Date of Birth	
Country of Birth	
First Language	
Postal Address	
Phone number	
Mobile number	
Email address (Default contact method)	

4. Third party authorisation (if required)

If you complete this option all correspondence will be made via the third party.
I consent to this application being discussed with and correspondence being sent to:

Name	
Relationship	
Address	
Phone	
Email	

5. Osteopathic Registration

Registering Authority	Date of registration	Date of expiry

6. Requirements for electronic applications

All documents submitted electronically must be certified scanned colour copies of the original document saved as PDF files. This information offers you guidance in attaching documents to your email application.

Compressed files

AOAC is not able to accept files that have been compressed. A compressed file is a container for documents, programs or other files that have been packaged together and reduced in size.

A common example is files compressed using WinZip® with a '.zip' file extension. If the document you are attempting to attach is too large we recommend that you create a PDF document.

See: <https://createpdf.adobe.com/>

What can you attach?

AOAC is only able to accept the following file formats:

Extension	File Type
.DOC	Microsoft Word 2002 or older document
.DOCX	Microsoft Word 2007 document
.JPG	JPEG image file
.PDF	Adobe Acrobat Portable Document Format file
.PPT	Microsoft PowerPoint presentation document
.XLS	Microsoft Excel spreadsheet document

The following table details the maximum number, size and allowable formats of files you are able to attach to your application:

Maximum number of files	Maximum size each file	Formats allowed
20	5MB	.DOC, .DOCX, .XLS, .PPT, .JPG, .PDF

7. Document Checklist

7.1 Identification

- Certified colour scan** of your valid passport photo page
- Change of name documentation** (if applicable)

If the name on any of your documents is not the same as that on your passport, you must provide a **certified colour scan** of one of the following with your original application as evidence of your change of name:

- Marriage certificate
- Divorce papers
- Deed poll
- Statutory declaration

If your documentation is in a language other than English, you must provide a **certified colour scan** of an official translation of this document.

7.2 Qualification certificate

Certified colour scan of your osteopathic qualification certificate.*

Your qualification certificate must include the official university stamp.

* If you are applying before the date of your graduation ceremony and do not yet have your qualification certificate, you **MUST** provide a letter from your university stating the date that your qualification certificate will be conferred.

7.3 Official results transcript

Certified colour scan of the official transcripts for your initial osteopathy

qualification. Your official transcripts must include:

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

7.4 Registration (if applicable)

- Certified colour scan of your current GOsC practicing certificate.
- Evidence of previous or current registration in Australia or New Zealand (if applicable)
- Certified colour scan of evidence of registration/licensure from all countries where you have been registered as an osteopath (if applicable).

7.5 English language (You must select one of the following)

- Certified colour scan of your secondary school certificate from one of the countries listed below **and** a certified colour scan of evidence from the tertiary institution from which your osteopathy qualification was obtained confirming that the qualification was taught and assessed in English (if this is not specified on your transcript) in one of the countries listed below:
 - Australia;
 - Canada;
 - New Zealand;
 - Republic of Ireland;
 - South Africa;
 - United Kingdom;
 - United States of America.

OR

- Certified colour scan of your test report form demonstrating that you achieved a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) in the International English Language Testing System (IELTS) test (Academic version), within the three (3) years prior to applying for a migration skills assessment.

8. Application Fee

The total application fee is \$1750*Australian Dollars. (\$1200 application fee + \$550 OBE exam fee) * The fee is subject to change without notice.

Refunds of application fees are **not** available.

Payment Method – please tick:

Bank Cheque (enclosed) **ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT**

The applicant's name must be included as the reference for the payment. A certified colour scan 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.

Payment may be made by either:

1. Bank cheque (no personal, business, or company cheques will be accepted)

2. EFT/Direct Deposit ** to:

Bank: Westpac

Account name: Australasian Osteopathic Accreditation Council

BSB: 032036 (For transfers between Australian Accounts only International

transfers use the SWIFT Code and Account Number only)

Account No.: 243764

Bank Address:

Westpac Newtown, 234-245 King St, Newtown NSW 2042, AUSTRALIA

International Swift Code: WPACAU2S (Australia does not use IBAN numbers)

9. Privacy Statement

The Australasian Osteopathic Accreditation Council (AOAC) is required to observe the provisions of the *Commonwealth Privacy Amendment (Private Sector) Act 2000*, which sets out the requirements for the collection and use of personal information.

AOAC is required to include a statement relating to AOAC's privacy procedures in each of its application forms. Each application form must be signed by the applicant to give formal consent for AOAC to collect and hold personal information. **If consent is not provided, AOAC will not be able to process your application.**

You MUST sign one of these consent forms for every application form that you submit to AOAC.

Your privacy is respected by AOAC.

The AOAC privacy procedures are set out in a Policy Statement that can be obtained from AOAC. If you have any privacy concerns or would like to verify information held about you, please contact the Privacy Officer

AOAC
GPO Box 400
Canberra City
ACT 2601
AUSTRALIA

Consent to Collect Information:

Signature:

Date:

Print Name:

10. Declaration

I declare that:

- The above statements and the documents provided in support of this application are true and correct.
- I am the person named in the attached documents.
- I undertake to inform the AOAC of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the AOAC Privacy Statement issued with this application and I consent to the AOAC 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 AOAC Privacy Statement available to that person

- I acknowledge that this application and any attachments become the property of the AOAC and **will not be returned.**
- This application is made in the knowledge that a false statement is grounds for the AOAC to refuse assessment.

Signature of applicant	
Date	

Under Review

11. Application Submission

Please send your completed application by email to:

qsa@osteopathiccouncil.org.au