

# Form 1 C

**Application for the Standard Pathway Assessment (SPA)** 

**Occupation – Osteopath – ANZSCO Code 252112** 

Website - <a href="https://osteopathiccouncil.org.au/">https://osteopathiccouncil.org.au/</a>

Email - qsa@osteopathiccouncil.org.au

admin@osteopathiccouncil.org.au

# Important: Your application cannot be processed unless it is accompanied by the required documentation and application fee/s

# 1. Personal Details

Title	
Surname/Family name	
Given name/s	
Previous name/s	
Date of birth	
Country of birth	
Postal address	
Phone number	
Mobile number	
Email address	
Language spoken at home	
Registration  Are you currently registered of	r licensed as an osteopath, or have you ever been registered or licensed as an
osteopath in any country?	
If yes, please provide the name separate sheet if there are mo	e and country of the relevant authority/ies and period/s of registration. Attach a re than two authorities.
Name of authority	
Address	
Phone number	
Registration number	
Registration period	

Name of authority	
Address	
Phone number	
Registration number	
Registration period	
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3. Osteopathic education	
Primary osteopathic qualification	
Qualification name	
Language of instruction	
Name of Institution	
Address	
Phone number	
Email address	
Course supervisor	
Course entry requirements	
Length of full-time program, including any	
compulsory practical or clinical hours	
Date commenced	
Date completed	
Mode of study – full time or part time	
Did you complete a period of practical/clinical	

Additional osteopathic qualifications

hours? If so, how many hours in total.

Qualification name				
Language of instruction				
Name of Institution				
Address				
Phone number				
Email address				
Course supervisor				
Course entry requiremen	nts			
Length of full-time progr	am, including any			
compulsory practical or o	= -			
Date commenced				
Date completed				
Mode of study – full time	e or part time			
Did you complete a perion hours? If so, how many h	=			
4. Third party authorisation (if required)  Please complete the following table if you are hired a migration agent to assist with your application or if there is anyone else you are happy to allow access to your application.				
Title				
Name				
Relationship				
Address				
Phone number				
Email address				

You must provide a certified colour copy of your secondary school certificate and a certified colour copy of evidence from the tertiary institution which your osteopathy qualification was obtained, confirming it was taught and assessed in English from one of the following countries:

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

OR

Certified colour copy of your Occupational English Test (OET) report with an overall pass mark of A or B only, in all four components undertaken within 3 years of your application for assessment.

OR

Certified colour copy of your International English language testing System (IELTS) with a minimum score of 7 in each of the four components within 3 years of applying for your application for assessment.

## 6. Requirements for electronic submission of application

All documents submitted electronically must be **certified colour** copies of the original document, saved as a PDF file.

#### What you can attach:

- .DOC Microsoft word 2002 or older
- .DOCX Microsoft word 2007 document
- .JPEG JPEG file
- .PDF Adobe PDF File

AOAC cannot accept files that have been compressed such as a file with a '.zip' file extension. If the document you are trying to attach is too large we recommend that you create a PDF document.

Each file should not exceed 5MB.

Maximum number of files is 20

#### 7. Document checklist

Document	Attached (please tick)
Identification	
<ul> <li>Certified colours copy of valid passport.</li> </ul>	

<ul> <li>Change of name documents if applicable</li> </ul>	
Qualification certificate	
<ul> <li>Certified colour copy of your Osteopathic qualification award</li> </ul>	
certificate *must include University stamp ( if you have not yet	
graduated please provide a certified copy of your completion letter)	
Official results transcript	
<ul> <li>Certified colour copy of the official transcripts for your initial</li> </ul>	
osteopathy qualification.	
Evidence of course content	
<ul> <li>Certified colour copy of official course book</li> </ul>	
<ul> <li>Certified colours copy of official syllabus detailing each subject.</li> </ul>	
<ul> <li>Certified colours copy of clinical/practical hours undertaken</li> </ul>	
Registration (if applicable)	
<ul> <li>Certified colours copy of current practicing certificate/s</li> </ul>	
<ul> <li>Previous or current registration in Australia or New Zealand (if</li> </ul>	
applicable)	
<ul> <li>Certified colour copies of registration for all relevant countries you</li> </ul>	
have been registered as an osteopath	

## 8. Application fees for each stage of the SPA process

Stage 1 – Desktop assessment \$550

Stage 2- Written examination \$1200

Stage 3 – Online practical assessment \$1000

Stage 4 – Practical face to face assessment \$2500

Stage 5 – Open book exam (OBE) \$550

Refunds will not be paid for application fees.

Payment method is by electronic funds transfer/direct deposit. Must be paid in Australian dollars. Fees are subject to change without notice.

**Account name:** Australian Osteopathic Accreditation Council

Bank: Commonwealth Bank of Australia

**BSB:** 062-900

Account number: 11248405

Bank Address: 185 City Walk, Canberra, ACT, Australia

Swift Code (International transfers only): CTBAAU2S

Please ensure you include the candidate's name as reference for the payment. You will need to provide evidence of payment before the assessment can begin.

#### 9. Candidate declaration

You must read and sign the declaration below:

- I declare that the information I have provided in this application for assessment is complete, correct and up to date.
- I undertake to inform the Australian Osteopathic Accreditation Council (AOAC) of any changes to my circumstances while my assessment is being completed.
- I authorise AOAC to make any enquiries necessary to assist in the assessment of my application and to use any information supplied for that purpose.

Signature	 	 
Name	 	
Date	 	 

## 10. Privacy Statement

The Australian 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.

Your privacy is respected by AOAC. Information on applicants collected by AOAC may be provided to persons involved in the migration skills assessment process.

The AOAC privacy procedures are set out in a Policy Statement which can be obtained from AOAC or from its website www.osteopathiccouncil.org.au. 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	
Name .	
Date _	

## 11. Lodgement

Submit your application form and supporting documents via email to: qsa@osteopathiccouncil.org.au

Any questions regarding the AOAC skills assessment process please go to <u>www.osteopathiccouncil.or.au</u> or					
email <u>qsa@osteopathiccouncil.org.au</u>					
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