

Form 1A Stage 1 Application for Skills Assessment Application for Assessment of Osteopathy Skills & Qualifications

This form is for the use of Osteopaths who are graduates from one of the listed approved Australian or New Zealand courses **AND** for holders of **FULL Australian Registration** who are not graduates of an approved Australian or New Zealand Course.

1. Approved Australian or New Zealand Osteopathic Qualification (if applicable)

Tick Box	Institution	Qualifications Approved
	RMIT University	Bachelor of Health Science/Bachelor of Applied Science (Osteopathy
	Victoria University	Bachelor of Science (Osteopathy)/Master of Health Science (Osteopathy)
	Southern Cross University	Bachelor of Clinical Sciences (Osteopathic Studies)/ Master of Osteopathic Medicine
	RMIT University	Bachelor of Applied Science (Clinical Science)/ Master of Osteopathy
	Unitec (New Zealand)	Bachelor of Applied Science (Human Biology)/ Master of Osteopathy (while accredited by ANZOC)

2. Personal Details

Title	
Family Name	
Given name/s	
Previous names	
Date of birth	
Country of birth	
Address	
Phone number	
Mobile phone number	

3. Third party authoris	ation (if required)					
	on all correspondence will be made vi ion being discussed with and corresp					
Name						
Relationship						
Address						
Phone						
Email						
Email						
4. Current Osteopathic	Registration					
Registering Authority	Date of registration	Date of expiry				
5. Initial Osteopathic Re	egistration					
Registering Authority	Date of registration	Date of expiry				
6. Requirements for electronic applications						
All documents submitted saved as a PDF file.	electronically must be certified colo	ur copies of the original document,				

What you can attach:

Email address

- .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/s	Yes (please tick)
Identification: Certified colour scan of your valid passport photo page	
Certified colour scan of change of name document (if applicable)	
Qualification certificate/s and transcript/s	
Certified colour copy of your osteopathic qualification certificate, transcript, completion certificate	
Initial registration certificate	
Certified colour copy of your initial practicing certificate (if not in English please provide a translated version)	
Australian registration certificate	
Certified colour copy of your Australian registration certificate	

8. Application fee

The application fee is \$566.50* Australian Dollars. * The fee is subject to change without notice. Refunds of application fees are **not** available.

Payment Method – 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.

Bank: Commonwealth Bank of Australia

Account name: Australian Osteopathic Accreditation Council

BSB: 062-900

Account No: 11248405

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