



Application for Assessment of Professional Qualifications in Podiatry

Please take into consideration that this application process can take three to six months.

If you need more space to answer questions, attach a signed and dated sheet giving the required details.

YOUR PERSONAL DETAILS

1.	Your family name		
2.	Given names		
3.	Any other names you have used (such as before marriage, etc.)		
4.	Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
5.	Date and country of birth	Day month year / /	Country
6.	Your main language		
7.	Country of permanent residence		
8.	Occupation for which you are seeking assessment	PODIATRY	
8. a)	Are you seeking assessment for migration purposes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9.	Address for correspondence	Name	
		Address	
		Email:	
10.	Telephone numbers	Work ()	Home ()
11.	If you are not a resident of Australia, in which State or Territory of Australia do you intend to live?		

YOUR GENERAL SCHOOL EDUCATION

12.	In which years did you start and finish primary and secondary school?	Primary	Secondary
		Start	Finish
13.	Details of education		
		No. of Years	Name of qualification or certificate obtained
	Primary		
	Secondary		

YOUR PROFESSIONAL EDUCATION

14. Give details of ALL tertiary level courses you have completed. If you have more than two qualifications, attach a separate sheet giving the required details.

Qualification 1

		Name of qualification			
Qualification obtained	In English				
	In your own language				
Name of institution					
Full address of institution					
Normal entry requirements for the course.					
Normal length of full-time course.		Years/semester (delete whichever is not applicable)			
Length of time which you took to complete the course.		Years/semester (delete whichever is not applicable)			
Date commenced	Day	month	year	Date completed	
	/	/	/		Day month year
Full time or part time	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time			
			If YES, show length of time involved (ie years, months, weeks or semester hours).		
Was a period of compulsory practical or clinical experience a requirement of the course?	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No				

Qualification 2

		Name of qualification			
Qualification obtained	In English				
	In your own language				
Name of institution					
Full address of institution					
Normal entry requirements for the course.					
Normal length of full-time course.		Years/semester (delete whichever is not applicable)			
Length of time which you took to complete the course.		Years/semester (delete whichever is not applicable)			
Date commenced	Day	month	year	Date completed	
	/	/	/		Day month year
Full time or part time	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time			
			If YES, show length of time involved (ie years, months, weeks or semester hours).		
Was a period of compulsory practical or clinical experience a requirement of the course?	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No				

DOCUMENTS WHICH YOU MUST INCLUDE WITH THIS APPLICATION

- 21. Your **qualification papers** (such as degree, diploma, certificate, etc.). (A **certified copy** of the original.)
- Transcript of podiatry courses completed showing subjects undertaken each year and **examination results for each subject**. (A **certified copy** of the original.)
- Evidence of your professional work experience from graduation to present, and **two written references** from employers or, if self-employed, two written references from professional colleagues.
- Current **registration** or licence to practice. (A **certified copy** of the original.)
- Current (i.e. past 12 months) **First Aid CPR Certificate**(a **certified copy** of the original).

Official evidence where applicable of:

- Change of name (a **certified copy** of the original)
- Certified translation in English of any documents originally issued in a language other than English.

In order to be considered, documentation must be accompanied by an application payment of \$650.00 if you reside outside of Australia when making this application. (If you live in Australia, please add 10% GST, i.e. \$650.00+ \$65.00 = \$715.00). All fees in Australian Dollars.

**Payment should be in the form of an overseas bankdraft in Australian dollars and made payable to the Australasian Podiatry Council. Applicants resident in Australia may send a personal cheque. Or you may complete the attached credit card authority (NB: we do not accept American Express or Diners Card).*

DECLARATION

- 22. I declare that the information I have supplied in this form and the documents enclosed are complete and correct.

Your signature and date.

	Day	month	year
/	/		

- 23. You may choose to authorise someone else to act on your behalf in matters relating to this application.
I authorise _____ from _____ to act on my behalf.

Your signature and date.

	Day	month	year
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HOW TO LODGE YOUR APPLICATION

- 24. Mail your application form relevant documentation and application payment to:

**Australasian Podiatry Council
89 Nicholson Street
Brunswick East, Victoria 3057
Australia**

**CREDIT CARD DEBIT AUTHORITY
APPLICATION FOR ASSESSMENT OF PROFESSIONAL QUALIFICATIONS IN PODIATRY**

Please debit my credit card A\$ 650.00 (for residents overseas) or A\$715.00 (inc.GST) (for Australian residents) in payment of my application for Assessment of Professional Qualifications in Podiatry.

(please print)

My name is

My address is

.....

.....

Telephone (work) (home)

E-mail:

Visa

Mastercard

Card Number:

Name on Card:.....

Expiry Date:

Signature:

This document will be a TAX INVOICE for GST purposes when you make a payment. Please retain a copy for tax purposes. A receipt will NOT BE ISSUED for credit card payments.

Please return this credit card authority, and completed application form to:
Australasian Podiatry Council
89 Nicholson Street,
Brunswick East, Victoria 3057
Australia

email: apodc@apodc.com.au
website:www.apodc.com.au