



Australian-Qualified International Students Application for Assessment of Professional Qualifications in Podiatry

*If you need more space to answer questions, attach a signed and dated sheet giving the required details.
Please take into consideration that this application process can take up to two months.*

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 | |
| 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 | | |
| | | Country | |

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 | |
| Was a period of compulsory practical or clinical experience a requirement of the course? | <input type="checkbox"/> Yes | If YES, show length of time involved (ie years, months, weeks or semester hours). | |
| | <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 | |
| Was a period of compulsory practical or clinical experience a requirement of the course? | <input type="checkbox"/> Yes | If YES, show length of time involved (ie years, months, weeks or semester hours). | |
| | <input type="checkbox"/> No | | |

DOCUMENTS WHICH YOU MUST INCLUDE WITH THIS APPLICATION

21. Your **qualification papers** (if available). (A **certified copy** of the original.)
- OR
- A **letter of confirmation of Award** (if course was completed in the past twelve months) (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, if applicable, and **two written references** from employers or, if self-employed, two written references from professional colleagues.
- OR
- If **never professionally employed**, one written reference from Lecturer/Tutor, and one other written reference.
- Current **registration** or licence to practice. (A **certified copy** of the original.)
- Current (i.e. past 12 months) **First Aid CPR Certificate** if course was completed more than 12 months ago (a **certified copy** of the original).
- Official evidence where applicable of:
- Change of name (a **certified copy** of the original)

In order to be considered, documentation must be accompanied by an application payment of \$400.00 if you reside outside of Australia when making this application. (If you live in Australia, please add 10% GST, i.e. \$400.00+\$40.00 = \$440.00). 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).*

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 |
| | / | / | |

HOW TO LODGE YOUR APPLICATION

23. 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
INTERNATIONAL STUDENTS - AUSTRALIAN QUALIFIED
APPLICATION FOR ASSESSMENT OF PROFESSIONAL QUALIFICATIONS IN PODIATRY**

Please debit my credit card A\$ 400.00 (for residents overseas) or A\$440.00 (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:

Bankcard

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