FORM 2

APPLICATION FOR COMPETENCY IN OPTOMETRY EXAMINATION

THIS FORM IS FOR PERSONS HOLDING A QUALIFICATION IN OPTOMETRY THAT IS LISTED IN APPENDIX C OF THE EXPLANATORY NOTES.
PLEASE READ THE EXPLANATORY NOTES BEFORE COMPLETING THIS FORM.

TITLE: ❑ Mr ❑ Mrs ❑ Miss ❑ Ms ❑ Dr ❑ Other _____

FAMILY NAME: _____

GIVEN NAMES: _____

ANY OTHER NAMES YOU HAVE USED *(if your name is not different to the same on your qualifications)*

_____

GENDER: ❑ Male ❑ Female

DATE OF BIRTH: _____ **COUNTRY OF BIRTH:** _____

ADDRESS: _____

_____

_____

EMAIL: _____

TELEPHONE BUSINESS: _____ **TELEPHONE** PRIVATE: _____

Are you seeking a skills assessment for the purpose of General Skilled Migration to Australia? ❑ Yes ❑ No

Full name of qualification in optometry:

_____

Name of institution that granted qualification:

_____

Date commenced: _____ Date completed: _____

Date qualification awarded: _____

Registration: _____

Give details, including registration number of all authorities with which you are currently registered as an optometrists.

CHECKLIST (please tick):

The application form MUST be accompanied by the following documentation and all documents MUST be presented on single-sided pages and not stapled, otherwise your application will not be accepted.

Should the OCANZ conclude that you are ineligible due to insufficient documentation, you will be given the opportunity to provide further information, however an additional fee of AUD$210 will apply.

The application form must be accompanied by:

- ☐ Certified colour copy of current passport page showing photograph and passport signature.
  (*If the copy of the passport page in not in colour or unclear, your application will be returned.)*
- ☐ Certified copy of your certificate of optometrical qualification.
- ☐ Certified copy of all authorities with which you are registered as an Optometrist.
- ☐ Certified copy of evidence of name change if your name is now different to the name shown on your qualifications e.g. marriage certificate.
- ☐ Application fee AUD$135.

If documents are issued in a language other than English, a professional translator must translate them into English. Certified copies of the translation and a certified copy in the original language should be submitted with the application.

A certified copy is a photocopy certified by a person entitled to witness a statutory declaration (such as a Justice of the Peace or lawyer) as being a true copy of the original.

I declare that:

- the information I have supplied on this form and any attachments is complete, correct and up-to-date;
- OCANZ is authorised to make any inquiries necessary to verify the accuracy of the information supplied on this form;
- I consent to OCANZ collecting and using the information supplied on this form to assess my eligibility for, and in the administration of, the Competency in Optometry Examination. I understand that the information supplied may, for these purposes, be provided to assessors and examiners engaged by OCANZ.

Signature: ..... Date: .....

OFFICE USE ONLY		
Date Received	**Payment Processed**	**Receipt sent to applicant**

PAYMENT DETAILS

Payment must accompany this application.

Please return this form to:

OPTOMETRY COUNCIL OF AUSTRALIA AND NEW ZEALAND
PO BOX 16179
COLLINS STREET WEST VIC 8007
AUSTRALIA

Email: enquiries@ocanz.org
Facsimile: +61 3 8080 1681

PAYMENT METHOD

Direct Deposit

If paying by International electronic transfer please include AUD$30 bank service fee and use the following details:

Bank details:	Westpac Banking Corporation 310 Lygon Street Carlton Victoria 3053 Australia
BSB:	033 178
Account Number:	136520
Swift Code:	WPACAU2S
Account Holder:	The Optometry Council
Reference:	*PLEASE PUT YOUR NAME AS A REFERENCE*

Credit Card

❑ Visa ❑ Mastercard

Cardholder's name: .....

Card Number: .....

Expiry Date: ..... Amount to be paid: $ .....

Security Code (last three digits on the back of the card: .....

Cardholder's signature: .....