FORM 3

APPLICATION FOR COMPETENCY IN OPTOMETRY EXAMINATION ELIGIBLITY ASSESSSMENT

THIS FORM IS FOR PERSONS NOT HOLDING A QUALIFICATION IN OPTOMETRY THAT IS LISTED IN APPENDIX B OF THE DOCUMENT "ASSESSMENT OF OPTOMETRISTS WITH OVERSEAS QUALIFICATIONS"

This application form must be emailed directly to exam.manager@ocanz.org.
All supporting documents must be attached as 600dpi colour scans (except where advised).

Please ensure you complete the most current version of the application form, available exclusively at https://www.ocanz.org/examination/application-forms/. Using the correct version will help prevent delays or the need to resubmit your application.

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

FAMILY NAME:
(as shown on passport) _____

GIVEN NAMES:
(as shown on passport) _____

ANY OTHER NAMES YOU HAVE USED *(if your name is different to the name on your qualifications)***:**

_____

COUNTRY OF PASSPORT: _____

GENDER (*as shown on passport*)**:** _____

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

ADDRESS: _____

_____

_____

EMAIL: _____

TELEPHONE
BUSINESS: _____

TELEPHONE
PRIVATE: _____

SKILLED MIGRATION

Are you seeking a skills assessment for the purpose of General Skilled Migration to Australia?

❑ Yes ❑ No

QUALIFICATION(S)

Name of Qualification(s) in Optometry		
Name of institution(s) that granted qualification		
Date(s) commenced		
Date(s) completed		
Date(s) qualifications awarded		
Number of teaching weeks in course		
Number of lecture hours in course		
Number of tutorial hours in course		
Number of practical/lab session in course		

REGISTRATION

Registration: _____

_____

_____

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

DOCUMENTATION

The application form MUST be accompanied by individual 600dpi colour scans of the following ORIGINAL documentation. The scans must be attached electronically.

Original documents are documents that you receive directly from an organisation, university or registering authority. The issuer provides these documents to you directly and they are to be provided to us as scans of the documents in their original format (e.g. degree transcript or registration certificate).

- Current and valid passport page showing photograph and passport signature

- A colour passport sized photograph taken within the last twelve months, and must be:
  - 35–40 mm wide and 45–50 mm long
  - good quality and sharply focused (not blurred)
  - full-front view of head and shoulders with eyes open and clearly visible
  - taken in front of a plain light-coloured background.

- Evidence of name change, if necessary (i.e. Marriage certificate)

- Certificate of your qualification/s in Optometry from the issuing institution(s)

- Official academic transcript

- Evidence of supervised clinical training. Supervised clinical training must be at least one equivalent full time (EFT) academic year as clinical training, spent primarily in direct contact with a diversity of patients and presentations of ocular dysfunction and disease, the majority of time making independent management decisions that were reviewed under supervision by an experienced clinical instructor/s). Therefore, evidence **MUST** include:
  - a description of the nature of the training,
  - evidence that you were directly involved in diagnosing & managing patients under supervision (separate to clinical observation or clinical data collection activities),
    - E.g., a signed statement from the clinical director about the exact role you undertook during the training
  - the number of hours/weeks spent directly diagnosing & managing patients under the supervision of experienced clinical instructors

- Certificates from all authorities with which you are registered as an Optometrist

- Application fee (current fees available at www.ocanz.org)

- [1]Course handbook/bulletin/official syllabus or similar documentation, published by the institution providing the optometry course, current at the time you studied the course, including**:**
  - For each subject, the broad outline of the topics to be covered.
  - For each subject, the hours of instruction (with a breakdown for hours devoted to lectures, tutorials, lab sessions or practical sessions). If hours per week are provided for any subject, then the number of teaching weeks per semester must also be provided.
  - List of prescribed textbooks

[1] These documents may be in a lower resolution (minimum of 300dpi)

Should the OCANZ Examination Eligibility Committee conclude that you are ineligible to sit the examination due to insufficient documentation, you will be given the opportunity to provide further information, however an additional fee may apply.

DECLARATION

I _____ (full name) declare that:

- the information I have supplied on this form and any attachments is complete, correct and up-to-date[2];
- OCANZ is authorised to make any enquiries necessary to verify the accuracy of the information supplied on this form;
- I agree to pay the application fees stated on the OCANZ website;
- I consent to OCANZ collecting and using the information supplied on this form to assess eligibility.

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

[2] Applicants are responsible for the content of their application, whether completed by themselves or an agent. If false or misleading information is submitted, OCANZ will decline to assess the application and may decline any future applications submitted by the applicant or in the applicant's name. If seeking Skilled Migration, OCANZ may also notify the Department of Home Affairs.

PAYMENT

Receipt of payment by direct deposit or credit card must accompany this application. ***Payment is non-refundable.***

Direct Deposit

If paying by International electronic transfer, please 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*

Online Payment

Home | Optometry Council of Australia and New Zealand (square.site)
https://ocanz.square.site/

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