FORM 2

APPLICATION FOR COMPETENCY IN OPTOMETRY EXAMINATION ELIGIBLITY ASSESSSMENT

THIS FORM IS FOR PERSONS HOLDING A QUALIFICATION IN OPTOMETRY THAT IS LISTED IN APPENDIX B OF THE EXPLANATORY NOTES

PLEASE READ THE EXPLANATORY NOTES BEFORE COMPLETING THIS FORM

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

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: _____

QUALIFICATION

Full name of qualification in optometry: _____

Name of institution that granted the qualification:_____

Date commenced: _____ Date completed:_____

Date qualification awarded: _____

SKILLED MIGRATION

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

❑ Yes ❑ No

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 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 (ie. marriage certificate)

- Degree/qualification certificate

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

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

Should OCANZ conclude that you are ineligible 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[1];
- 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: .....

[1] 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**