



Form 1249a

Application for the Assessment of Physiotherapy Skills & Qualifications

for the purposes of migration to Australia under
the General Skilled Migration Categories

*The information on the form is collected by the Australian Physiotherapy Council for the purposes of assessing overseas qualifications in physiotherapy. Please read the following explanatory notes carefully **before** completing the application.*

Explanatory notes

1. **Do you currently hold a current and full/unconditional practicing certificate as a physiotherapist with any State/Territory Physiotherapists' Registration Board in Australia or the New Zealand Physiotherapists' Board?**
 No Yes
2. **Have you completed a recognised, registrable entry-level qualification in physiotherapy at a University in Australia?**
 No Yes

If you answered No to both these questions, please do not proceed with this form. You must use form 1249. If you can answer Yes to at least one of these questions, then please proceed with this form.

Introduction

The Australian Physiotherapy Council assesses your qualification and skills for the purposes of migration to Australia under the General Skilled Migration Categories by checking that you have satisfied the legal requirements to practise the profession of physiotherapy in Australia.

If you intend to migrate to Australia, you should first contact your nearest Australian Embassy, Consulate or High Commission (overseas post) for information about migration processes and requirements for assessment of your qualifications. If you intend to migrate in a skilled migration category, important information is available in a publication entitled "*General Skilled Migration*," which can be accessed via the website of the Department of Immigration and Citizenship (DIAC) www.immi.gov.au. It is essential that you read this booklet carefully before proceeding with applying for assessment of your qualifications.

One of the first steps in applying for skilled migration is to nominate an occupation from the "*Skilled Occupation List*" and have your skills and qualifications assessed by the relevant assessing authority. You can find the "*Skilled Occupation List*" on the DIAC website www.immi.gov.au. If your nominated occupation is "physiotherapist" then the Australian Physiotherapy Council is the relevant assessing authority and you should use this form to apply for an assessment of your skills and qualifications to determine if they are suitable for migration purposes. Please note that under migration law, you will need to apply for this assessment whether your qualifications were gained in a country other than Australia or from an Australian tertiary institution.

Please note that the Australian Physiotherapy Council does not provide information about how to migrate to Australia.

Completing your application

- Answer all questions in English, unless otherwise requested
- Initial and date any alterations to details provided on the form
- **If your supporting documents are written in English**, please include:
 - one application form;
 - one certified copy of all supporting documents;
- **If your supporting documents are written in a language other than English**, please include:
 - one application form;
 - one certified copy of all supporting documents in the original language;
 - one certified copy of the official translated version of all documents;
- The Australian Physiotherapy Council will not accept responsibility for original documents sent to the office and will not return any documents
- The Australian Physiotherapy Council reserves the right to request applicants to provide translations completed by a translator accredited by the National Accreditation Authority for Translators and Interpreters (NAATI)

Certification

The Australian Physiotherapy Council recognises certified documents from the following persons: *Justices of the Peace (JP), legal practitioners, Peace Commissioners, Commissioners of Oaths, Notary Publics, Judges, Magistrates, and persons legally designated to sign documents from an embassy or consulate.* Police Officers, unless they are also one of the above, cannot certify documents submitted to the Australian Physiotherapy Council. Each copy of an original document must bear a statement certifying that it is a true copy of the original. The person who signs the document must have the legal authority to do so and the statement should include any official stamp or seal. You must include a piece of paper with the name, signature, contact address and phone number of the certifier. To have your copies certified you will need to present both the original and the copy of each document to the person certifying the copies. Each certified copy of your documents must be certified separately and it must be possible, from the details provided, for the Australian Physiotherapy Council to contact the certifying officer if necessary.

Reviews of application outcomes

If you disagree with the outcome your application, you may request a review of the assessment. Your request must be in writing and a review fee of AUD \$220.00 is required. Your request for a review should include the reasons why you disagree with the outcome, and any supplementary information or documents that you consider support your request.

How long will the assessment take?

The assessment takes up to 10 working days from the date your **complete** application is received by the APC.

Correspondence

Posted mail to and from overseas countries is sometimes very slow. If you agree to receive all written correspondence by email to avoid postal delays, please indicate this in Section B of the form.

Contact

- Email: enquiries@physiocouncil.com.au Website: www.physiocouncil.com.au
- Post: GPO Box 587
Canberra ACT 2601 AUSTRALIA
- Phone: Australia 02 6262 6029 International +61 2 6262 6029
- Fax: Australia 02 6262 5284 International +61 2 6262 5284

Privacy Notice: Information in this form is collected in order to identify the applicant requesting a skills assessment, and to undertake assessments of physiotherapy skills and qualifications. We may also use the information collected for research and internal administrative procedures. The information collected may be passed on to other people within the Australian Physiotherapy Council including the Physiotherapists Registration Boards in Australia, the Department of Immigration and Citizenship (DIAC) and the Department of Education, Science and Training (DEST). In other instances, information on this form can be disclosed without your consent where authorised or required by law.



Form 1249a

Application for the Assessment of Physiotherapy Skills & Qualifications

for the purposes of migration to Australia under the
General Skilled Migration Categories **ONLY** when exempt
from the examinations.

Please use black pen and write clearly

(i) Do you currently hold a current and full/unconditional practicing certificate as a physiotherapist with any State/Territory Physiotherapists' Registration Board in Australia or the New Zealand Physiotherapists' Board?

- No Yes

(ii) Have you completed a recognised, registrable entry-level qualification in physiotherapy at a University in Australia?

- No Yes

If you answered No to both these questions, please do not proceed with this form. You must use form 1249. If you can answer Yes to at least one of these questions, then please proceed with this form.

Section A: Your personal details

1 Preferred Title (*please tick*): Mr Mrs Miss Ms Other

2 Family name (surname)

3 Given names

4 Previous family names – *documentary evidence is required if you have changed your name*

5 Previous given names

6 Your date of birth (day/month/year) – *documentary evidence is required*

7 Your country of birth

8 Gender: Male Female

9 Your first language

10 Your country of permanent residence

Please ensure you provide the documents as detailed in the checklist

Checklist

Change of name documentation

If the name on any of your documents is not the same as that on the birth certificate, provide **1 certified copy** of one of the following in your original application as evidence of your change of name:

- marriage certificate
- divorce papers
- deed poll
- passport
- statutory declaration

If your document is in a language other than English, provide:

- the required additional documents as outlined in the attached Explanatory Notes on Page 1

Identification

In your original application, provide:

- **1 certified copy** of your valid passport details

Section B: Your contact details

11 Your address for correspondence (indicate country, if outside Australia)

12 Your daytime telephone number

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Your mobile telephone number

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13 Your email address

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14 I would like all correspondence sent to me from the Australian Physiotherapy Council via email: Yes No

15 Have you ever previously submitted an application to the Australian Physiotherapy Council (ACOPRA)?

No Yes Please indicate the year that you submitted your application:

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Section C: Third party contact details (optional)

16 Authorisation of third party

I, (Your family name/surname)

--

(Your given name)

--

authorise the following person to act on my behalf in relation to my application made to the Australian Council of Physiotherapy Regulating Authorities (ACOPRA). This includes authorising ACOPRA to send to that person any communication, documents or notifications relating to my application that would otherwise have been sent to me.

17 Details of authorised person

Authorised person's Title: Mr Mrs Miss Ms Other

Authorised person's family name (surname)

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Authorised person's given names

--

Authorised person's address for correspondence (indicate country, if outside Australia)

Checklist

Contact details

These details are for you, the applicant, and must be completed.

Email correspondence

Correspondence by email ensures you receive all information regarding your candidature reliably and efficiently.

Email correspondence will include PDF attachments.

Please ensure you have ticked yes or no for email correspondence.

Checklist

Authorisation of third party

You must complete this section if you wish to authorise another person (ie. family member or migration agent) to act on your behalf in connection with your application for assessment of your physiotherapy qualifications by Australian Physiotherapy Council.

The Australian Physiotherapy Council will send all correspondence to the authorised third party and not to you.

Section C continues overleaf

Section C: Third party contact details (continued)

Authorised person's email address

Authorised person's telephone number

Alternate telephone number

Your signature

Date (day/month/year)

Section D: Your passport photograph

Has your
photograph
been signed by
your
guarantor?

Checklist

Your passport photograph

Securely attach (do not glue) a passport sized photograph of yourself which is not more than three months old and has been endorsed by a guarantor. Your guarantor must:

- not be related to you by birth or marriage
- have known you for at least 12 months
- be at least 18 years of age
- be able to endorse the back of the photo by writing, "this is a true photo of (your name)" and signing their name

Section E: Your professional education

Please give details of your physiotherapy qualification. If you have more than one qualification attach a separate sheet giving the additional details.

18 What is the level of the qualification (For example, Diploma, Bachelor etc)

19 What is the name of the qualification?
In English

In your own language (where applicable)

20 Name of the institution

21 Full address of the institution

22 Date course commenced:
(day/month/year)

23 Date course completed:
(day/month/year)

Checklist

Graduation certificates

Provide **1 certified copy** of your physiotherapy graduation certificate, diploma or degree.* Your official certificate must include:

- the official university stamp

* If you are applying before the date of your graduation ceremony and do not yet have your graduation certificate, you **MUST** provide a letter from your university stating the date that your graduation certificate will be conferred.

Your official results transcripts

Provide **1 certified copy** of your official transcripts for your initial physiotherapy course. Your official transcripts must include:

- a statement that confirms that you have completed the course requirements
- a list of each individual subject in your entire physiotherapy course
- the grade or result you were awarded for each subject
- the official university stamp

Section F: Are you currently registered?

No *If you completed an Australian qualification and have not yet registered, please go to Section H*

Yes Give details below

24 Country

25 Registering authority

26 Date of registration

27 Date of expiry

28 Have you ever been refused a licence or registration to practice physiotherapy, or had a license or registration to practice physiotherapy withdrawn?

Yes No

Section G: Where were you first registered?

Please provide an explanation if not applicable to you.

29 Country

30 Registering authority

31 Date of registration

IF YOU HAVE OBTAINED REGISTRATION IN NEW ZEALAND, AUSTRALIA YOU MUST ALSO SEND ONE CERTIFIED COPY OF YOUR INITIAL REGISTRATION CERTIFICATE FOR EACH OF THESE COUNTRIES.

Section H: Professional references

32 Please provide two (2) professional letters of reference written by a physiotherapy colleague or senior (see box for details).

Please ensure you provide the documents as detailed in the checklist

Checklist

Your current registration in Australia or New Zealand

Provide **1 certified copy** of your current practising certificate(s).

A copy of your Registration Certificate is not acceptable.

Checklist

Your initial registration certificate (if applicable)

Provide **1 certified copy** of your initial registration certificate. If your transcript is in a language other than English, provide **1 certified copy** of the original document and **1 certified copy** of the official translation.

If there is no registration in your country of training, provide documentary evidence that your qualification was recognised for the practice of physiotherapy in your country of training.

Checklist

Two professional references

Provide **1 certified copy each of two (2)** professional references. These must be less than six months old, be written on letterhead paper and include comments in regard to the following aspects:

- a statement identifying the relationship of the referee to yourself
- a comment on the quality and breadth of your work as a physiotherapist
- the name, signature and position of the referee
- the date the reference was written

Both references must address these aspects and at least one reference must be from a physiotherapist, preferably an employer or direct supervisor. A statement of employment or character reference will not be accepted.

Section I: Declaration

33 I declare that:

- The information in the application and any attachments is true, complete and up to date
- I am the person photographed and named in the application and any attachments
- I undertake to inform the Australian Physiotherapy Council of any changes to my circumstance (including address) while my application is being considered
- I have read and understand the Australian Physiotherapy Council's Privacy Statement issued with this application and I consent to the Australian Physiotherapy Council collecting and using my personal information in accordance with the Privacy Statement
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of the Australian Physiotherapy Council's Privacy Statement available to that person
- I acknowledge that this application and any attachments become the property of the Australian Physiotherapy Council and **will not be returned**.

Signature of applicant

Date (day/month/year)

Signature of witness

Legal title of witness

Address of witness

Telephone number of witness

Date (day/month/year)

Checklist

This declaration must be witnessed by one of the following persons only:

- Legal Practitioner
- Justice of the Peace
- Peace Commissioner
- Commissioner of Oaths
- Judge
- Magistrate
- Person legally designated to sign documents from an embassy or consulate.

Please note that other persons such as Police Officers, Pharmacists, Doctors cannot witness this application unless they provide evidence that they are also one of the above.

Stamp/Seal of Witness
(if applicable)

Section J: Application* fee \$220

34 Payment Method – please tick:

- Bank Cheque (enclosed) Money Order (enclosed) EFT/Direct Deposit **

** **ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT:** The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers

The fee is \$220

* The application fee is current at the date of publication (indicated on the lower right corner of the form) The fee is subject to change without notice. Refunds of application fees are **not** available.

35 Application Submission – Please send your completed 1249a form, required documents, and the application fee of AUD \$220.00 by:

Mail: Australian Physiotherapy Council **Courier:** Australian Physiotherapy Council
GPO Box 587 Unit 1, "Southern Cross House"
Canberra ACT 2601 9 McKay Gardens
AUSTRALIA Turner ACT 2612
AUSTRALIA

Please ensure you provide the documents as detailed in the checklist

Checklist

Payment of application fee

Payment may be made by:

1. Bank cheque (no personal, business, or company cheques will be accepted)
2. Money order payable to: **Australian Physiotherapy Council** or
3. EFT/Direct Deposit ** to:
Bank: National Australia Bank
Account name: Australian Physiotherapy Council
BSB: 082-365
Account #: 57-218-4028
Bank Address: Cnr Prospect Hwy and Federal Rd Seven Hills NSW 2147

Swift Code: NATAAU3302S
(international use only)