



# 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](http://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](http://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 \$55.00 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 5 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](mailto:enquiries@physiocouncil.com.au) Website: [www.physiocouncil.com.au](http://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)

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(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

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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

**Your official results transcripts**

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

- 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 the following:

- 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

**Note: At least one reference must be from a physiotherapist, preferably an employer or direct supervisor.**

A statement of employment or character reference is not sufficient.

## 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 Australian Physiotherapy Council collecting and using my personal information in accordance with the Privacy Statement; and
- If I have disclosed anyone else's personal information in this application, I confirm that I have made a copy of Australian Physiotherapy Council's Privacy Statement available to that person.

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 Police Officers, Pharmacists, Doctors, and other people 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  
GPO Box 587  
Canberra ACT 2601  
AUSTRALIA

**Courier:** Australian Physiotherapy Council  
Unit 1, "Southern Cross House"  
9 McKay Gardens  
Turner ACT 2612  
AUSTRALIA

## 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)

Please ensure you provide the documents as detailed in the checklist