



## APPLICATION FOR COMPETENCY IN OPTOMETRY EXAMINATION ELIGIBILITY ASSESSMENT

**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](mailto:exam.manager@ocanz.org).  
All supporting documents must be attached as 600dpi colour scans.**

**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*):  
\_\_\_\_\_

**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](http://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<sup>1</sup>;
- 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: .....

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<sup>1</sup> 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:

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

### ☐ Online Payment

[Home | Optometry Council of Australia and New Zealand \(square.site\)](https://ocanz.square.site/)  
<https://ocanz.square.site/>

OFFICE USE ONLY		
Date Received	Payment Processed	Receipt sent to applicant