

Overseas Qualification Competency Assessment



*This is not an application for membership with Speech Pathology Australia. This form is to be used to assess for migration purposes and/ or competency to practise as a speech pathologist in Australia.

You must read the *Overseas Qualifications Competency Assessment Guide for Applicants* before preparing your application.

Current members of ASHA, SAC, IASLT, NZSTA or RCSLT: Check whether you are eligible to apply under the Mutual Recognition of Credentials agreement (MRA).

1. Personal details

Title: Mr/Mrs/Ms/Miss/Mx _____

Given name(s): _____

Family name: _____

Date of birth (day/month/year)	Country of birth	Dominant language	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
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Address line 1: _____

Address line 2: _____

Suburb: _____ State/Country: _____

Phone: _____ Email: _____

Alternative contact phone number or email address: (e.g. your work: migration agent; contact in Australia)	Name: _____
	Phone: _____
	Email: _____

2. English language competence

Speech Pathology Australia is keen to increase the number of languages in which competent clinical practice is available, but this does not replace or remove the requirement for competent professional use of English.

Applicants are exempt from providing evidence of the Occupational English Test (OET) if they hold an entry level speech pathology qualification conducted in English from a university in the UK, USA, Canada, New Zealand or the Republic of Ireland.

All other applicants will need to provide evidence of successfully completing the OET.

Please answer yes or no to the below statements:

	Yes / No	If you answered "NO", please record the languages.
My dominant language is English		
My speech pathology training was conducted in English		

Confirmation of OET results

Date of OET test: _____

OET Identifying Number: _____

OET Results: at least three subtest results in the Band 450 – 500 and one subtest result in the Band 350 – 440 (listening or reading subtests only).

Speaking _____ Writing _____ Listening _____ Reading _____

If any aspect of your application raises concerns about your English language competence, you will be directed to complete the OET or provide additional evidence of your English competence, even if you indicated that your

3. Qualifications

Speech pathology and related qualifications

	1st qualification	2nd qualification	3rd qualification
The original name of each degree qualification you have received relevant to speech pathology			
The usual English translation of the above			
The name and country of the universities where you completed each qualification			
The usual English translation of the name of the above institution			
The language(s) of instruction in these courses			
The dates during which you were enrolled			
The date on which you graduated			
The numbers you have assigned to the documents which verify these claims			
AQF classification of your qualifications			

Please number all of the documents you provide in support of your application and add the numbers to the relevant sections of the application form.

Copies of qualifications

I have enclosed a *certified (notarized) copy* of the degree and any post-graduate qualification(s) I have received in speech pathology, speech therapy, speech sciences or similar.

Document number/s: _____

Transcript of results

I have enclosed a *certified (notarized) copy* of the transcript of results for all courses specified in the table above. (A transcript specifies the results you obtained for all subjects undertaken in the course.)

Document number/s: _____

Translation of documents

Any documents in a language other than English must be accompanied by a *certified* translation into English by a professional translator. The name, official title, address and signature of the translator must be provided.

Any documents in a language other than English have been translated by a professional translator. The document is attached in both the original language and in translation. The primary document is certified as a true copy of the original and the translation is certified by the translator. The translator's full name and contact details appear on the document.

Document number/s: _____

4. Professional recognition

I have enclosed a *certified* (notarized) copy of evidence:

- that I have been recognised or accepted as a member by a speech pathology professional organisation in the country in which I have trained,

Document number/s: _____

- and/or that I have been recognised or accepted as a member by a speech pathology professional organisation in the country in which I have been working,

Document number/s: _____

5. Speech pathology related work experience

I have enclosed a certified (notarized) copy of evidence of my employment as a speech pathologist.

Document number/s: _____

	Employer 1	Employer 2 (if applicable)	Employer 3 (if applicable)
Employer name and country			
Job title			
Commencement date			
Completion date			

Recency of practise

I have enclosed *certified* (notarized) evidence of at least 1000 hours of work as a speech pathologist in the past five years.

Document number/s: _____

Evidence of name change

If your name has changed since graduation either through marriage or some other event, please attach a certified copy of the official document registering your change in name.

Document number/s: _____

Checklist of application

Portfolio of Evidence items (saved on a USB compatible with Microsoft Office)

I have provided the evidence items referred to above:

- Each item of evidence is numbered.
- Each item is identified with my own name.
- All identifying information regarding the client has been removed from documents.
- Consent has been given by the client for any recording and its subsequent use (I have not included the consent forms)
- I have read and signed the Applicant Declaration and Consent
- I have provided my OET results and OET identifying number if applicable

Identifying evidence items in portfolio

- 9.3.1 **List of Evidence Items** completed and enclosed
- 9.3.2 **Summary Table of all Portfolio Items** completed and enclosed
- 9.3.3 **Cover sheet for Each Item of Evidence** completed and attached to each evidence item
- Rationale for each evidence item completed

Identity documents

I have enclosed the following certified (notarized) hard copy documents.

- Passport
- Birth Certificate
- At least one other official photo bearing document

Note: All supporting documents should be high quality, colour copies of original documents.

Checklist

I have enclosed certified (*notarized*) hard copies of the following documents:

- Qualifications
- Transcript of results
- Professional recognition (if applicable)
- Speech pathology related work experience and recency of practise
- Evidence of name change (if applicable)

Applicant declaration and consent

I, _____
(name)

declare that:

- i) I have no found or pending charges, convictions and disciplinary actions against me in relation to the practice of speech pathology.
- ii) I do not have any conditions that may seriously affect my ability to practise as a speech pathologist.
- iii) I have not been refused registration as a health practitioner in any state or country.
- iv) I have not been charged with any offence or convicted of any criminal offence that would render me an unsuitable person to practise as a speech pathologist (note – if you have a prior conviction that may or may not be spent or lapsed at law, you should seek legal advice about whether you can make this declaration prior to completing this application).

and consent to allow Speech Pathology Australia to:

- i) obtain information regarding any convictions and disciplinary actions against me including any charges pending or that may arise subsequent to my application.
- ii) use and share any non-identifying information on the results of my application to monitor the functioning of this assessment process and for research purposes.
- iii) I provide permission for referees or supervisors to be contacted to confirm the authenticity and accuracy of information.

I hereby certify I have completed and written the attached portfolio without assistance. It is evidence of my capacity to understand and demonstrate the requirements of the profession and the level of my competence in written English.

Signature: _____

Date _____/_____/_____

Please note: The application will not be processed if the above is not signed.

Payment details

Payment due for Overseas Qualification Competency Assessment AUD **\$1,400**

I enclose my cheque/money order made payable to Speech Pathology Australia for AUD **\$1,400**
OR

Please charge my credit card AUD **\$1,400**

Credit Card Details (tick one)

Visa Mastercard

Card No:

EXP Date: /

Name on card: _____ Signature of cardholder: _____

Application is for migration purposes: Yes if yes VISA type _____ No

Please return the complete application and supporting documentation by mail (electronic lodgment of the form will not be accepted) to:

Speech Pathology Australia
Level 1, 114 William Street Melbourne Victoria 3000
T: 61 3 9642 4899 F: 61 3 9642 4922
membership@speechpathologyaustralia.org.au
www.speechpathologyaustralia.org.au

An application fee of \$1400
(Australian dollars) must
accompany this application.
This fee is non-refundable.