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GPO Box 959

South Perth WA 6951

ACN 159 509 387 ABN 50 377 833 627

**APPLICATION FOR RECOGNITION OF**

**OCCUPATIONAL THERAPY QUALIFICATIONS**

**For**

**Skilled Migration and/or Registration**

**Stage 1 Desktop Assessment**

**Please refer to the Stage 1 Explanatory Notes to assist in completing this application.**

**This application is required by occupational therapists who have:**

* an international qualification and are seeking to apply for skilled migration to work in Australia and also apply for registration to practise in Australia (Stage 2 is required), or
* graduated from an Australian university with an occupational therapy degree that has been accredited for registration, and are seeking to apply for skilled migration to work in Australia (Stage 2 is not required).

**This application should be forwarded in the mail with all supporting documentation to:**

**Occupational Therapy Council of Australia Ltd**

**PO Box 959**

**South Perth WA 6951**

***Note: If you require more space to answer questions, please attach a signed and dated sheet giving the necessary details.***

**All copied documentation must be high quality (a minimum of 300dpi), in colour and certified correctly in accordance with the requirements outlined in the explanatory notes.**

**If you are overseas, you are able to ask the solicitor who certifies your documents to email the application and all supporting documents directly to the OTC from their formal practice address.**

**Documents must be scanned in colour and be high quality (a minimum of 300dpi)**

**YOUR PERSONAL DETAILS**

Family name ………………

Given names ………

Any other names you have used (Marriage Certificate, decree nisi, Deed Poll)

……….

Sex: Male Female

Date of Birth: Day Month Year

Country of birth: …

Address for results. The results will be sent via ordinary mail/air mail. If you would like them sent to you via a more secure, tracked method, please indicate this below. If you have chosen to do this, please sign the authority for the OTC to debit your credit card with the postal charges. Please ensure your card details are included with your application.

Alternatively, if you are residing in Australia, include a self-addressed – express or registered – return envelope to avoid postal delays.

Name: …………………….

Address: ……

……………………………………………………………………………………………………………………

I would like the results forwarded to me via a more secure, tracked method (please circle) Yes

I authorise the OTC to debit my credit card with the postal charges.

Signed: ………………………………………………………… Name: …………………………………………

**Contact details:**

The OTC will contact you via Facetime or WhatsApp once the application is received.

Please put the OTC mobile phone number in your contacts.

Please ensure you include relevant country codes and area codes.

Mobile: ………………………………………….…

Other: ……………………………….……………

**Email** – please print your email address clearly

……………………………………………………………………………………………………………

If applicable – please refer to the explanatory notes - details of high school AND university education (where your occupational therapy degree was obtained) undertaken in English in one of the following countries:

* United Kingdom
* United States of America
* New Zealand
* South Africa
* Canada
* Ireland
* Australia

Name of high school ……………………………………………………………………………………

Country of high school ………………………………………………………………………………….

Name of university ……………………………………………………………………………..

Country of university …………………………………………………………………………..

**Evidence** of high school AND university education in one of the countries listed above must be provided, and all copied documents must be certified correctly in accordance with the details in the explanatory notes.

**PROFESSIONAL EDUCATION AS AN OCCUPATIONAL THERAPIST**

Give details of all post-secondary or higher education courses (that have led to a qualification) that you have completed which relate to your profession as an occupational therapist. If you have more than two qualifications, attach a separate sheet giving the additional details.

**Main professional qualification obtained**

What is the name of the qualification?

In English: ………………………………………………………………………………………

………………………………………………………………………………………………………………………

In your own language, if not English:

………………………………………………………………………………………………………………………

Teaching language:

Name of institution:

………………………………………………………………………………………………………………………

Full address, telephone number and e-mail address of institution:

Name of person or title of position for verification of course information:

Normal length of full-time/part-time course, including any compulsory practical or clinical experience:

…………………… years

Date course commenced: Date course completed:

Did you study: Full-time Part-time? (please circle as appropriate)

**Other OT qualification obtained** (if applicable)

What is the name of the qualification?

In English: …………..

In your own language, if not English:

Teaching language:

Name of institution:

Full address, telephone number and e-mail address of institution:

Name of person or title of position for verification of course information:

Normal length of full-time/part-time course, including any compulsory practical or clinical experience:

…………………… years

Date course commenced: Date course completed:

Did you study: Full-time Part-time? (please circle as appropriate)

**Privacy**

In collecting, storing and using information, the Occupational Therapy Council of Australia Ltd (OTC) is bound by the provisions of the Privacy Act 1998 (the Act). The Act sets out a series of privacy principles that must be observed in the management of personal information. Our policies in relation to these principles are set out below.

Upon request to OTC you may find out the personal information OTC holds about you, for what purposes it holds this information and how it collects, holds, uses and discloses that information.

*Collection of personal information*

The OTC will only collect personal information with your prior knowledge and consent. The information provided by you will be used by the OTC for the purposes it was collected.

*Use and disclosure of personal information*

The OTC collects information from applicants and candidates for the Stage 1 and Stage 2 assessment processes.

The OTC collects information from education providers in relation to the accreditation of occupational therapy programs.

The OTC will not disclose personal information to a third party unless required by law and other regulation.

**Specific issues relating to the use and disclosure of information**

*Data quality and security*

The OTC endeavours to ensure the personal information it holds is accurate, complete and up to date. To assist OTC with this, please inform the office of any changes to your details.

The storage, use and transfer of personal information is undertaken in a manner that ensures security and privacy.

The OTC will remove personal information from its system when it is no longer required.

*Openness*

The OTC will inform you what personal information is collected and why it is collected.

*Access to and correction of personal information*

You are entitled to request access to the personal information the OTC holds and to seek to correct inaccurate information.

*Sensitive information*

In general, the OTC does not collect sensitive information. If sensitive information were to be provided, national privacy principles would be applied.

*Contact us if:*

• You believe someone has gained access to your personal information by mistake.

• You would like to discuss our privacy policy.

• You wish to know what personal information the OTC is holding about you, or you would like to gain access to or amend that information.

In the event of a breach of your personal data, the OTC will notify you in compliance with Section 26WL of the *Privacy Act 1988.*

***All communication should be addressed to the Chief Executive Officer at: ceo@otcouncil.com.au***

**CHECK LIST**

Documents which you MUST include with this application. All copied documentation must be of high quality (a minimum of 300dpi), in colour and bear **ORIGINAL** certification in accordance with the certification requirements of the OTC outlined in the explanatory notes:

Photograph identification – you need to include your passport, driver’s licence or ID card where applicable. You need to provide two pieces of official documentation with a photograph.

Birth certificate

Evidence of English language competence – high school and university education (see English language requirements in the explanatory notes). You may need to provide the OTC with login details to verify results on line.

Qualification papers (for example, your degree, diploma, certificate etc.) in the original language. You may be asked to provide links and log in details to verify qualifications on line.

Educational transcript/parchment relating to your qualification showing subjects and examination results, and where applicable, details of practical and clinical education, in the original language. You may be asked to provide links and log in details to verify qualifications on line.

Evidence of change of name, eg Marriage Certificate, decree nisi, Deed Poll (this is required if the name on your professional documentation is different from your current name).

Official certified translation into English of any documents originally issued in a language other than English in accordance with the OTC translation requirements (please see explanatory notes for clarification).

Payment details.

If you would like the OTC to be able to speak with a third party on your behalf, please provide their details below:

Third Party Name: ..............................................................................................................

Contact no.: .....................................................................................................

Date of birth (for identification purposes): .......................................................

**APPLICANT'S DECLARATION**

You must read and sign this declaration. I declare:

1. The information I have supplied on this form and any attachments is complete, correct and up-to-date.
2. I undertake to inform the Occupational Therapy Council of Australia Ltd (OTC) of any changes to my circumstances (eg address) while my application is being considered.
3. I authorise OTC to make any inquiries necessary to assist in the assessment of my qualifications, and to use any information supplied in this application for that purpose.
4. I have read and understood the information supplied to me in the explanatory notes accompanying this application.
5. I have read and understood the privacy information.
6. I authorise the person nominated above to discuss my application with the OTC (this is not a compulsory requirement):

Name: ……………………………………………………Signature: ……………..

Date:

**STATEMENT ON PRIVACY**

**Migration and Registration**

The Occupational Therapy Council of Australia Ltd (OTC) is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000, effective from 21 December 2001. It sets out the requirements for the collection and use of personal information collected before and after that date.

As from 21 December 2001 each of the Application Forms used by the OTC is required to include a statement relating to the OTC’s privacy procedures. Each must be signed by the applicant to give formal consent for the OTC to collect and hold personal information.

**If you have any concerns regarding this statement, please contact the OTC via email at admin@otcouncil.com.au**

**If consent is not provided, the OTC will not be able to process your application.**

**You must sign one of these consent forms for every application form that you are submitting to the OTC.**

*Your privacy is respected by the OTC. Information collected by the OTC may be used for administering the assessment process and provided to OTC, members of the Australian Health Practitioner Regulation Agency (Ahpra), The Occupational Therapy Board of Australia (OBTA), and approved supervisors.*

*Consent to Collect Information:*

***Full name: ………………………………………………………….***

***Signature: Date:***

**HOW TO LODGE YOUR APPLICATION**

Before lodging this form, please check you have:

1. Read the explanatory notes.
2. Attached the required documents, certified appropriately.
3. Enclosed the correct fee in Australian dollars.
4. Signed the Declaration and Statement on Privacy