

# AUSTRALIAN ORTHOPTIC BOARD

PO Box 1035  
Hampton North Vic 3188  
Australia

Telephone 03 9597 0979  
Facsimile 03 9598 9499  
Email AOBBoard@vicnet.net.au  
www.australianorthopticboard.org.au

## INTERNATIONAL APPLICATION FOR REGISTRATION

PLEASE PRINT

I, (Dr/Mr/Mrs/Miss/Ms) .....  
[First names IN FULL]
[Family name]

previous name/s .....

of [address] .....

P/code ..... Country .....

Phone ..... Mobile .....

E-mail ..... Fax .....

hereby apply for registration with the Australian Orthoptic Board. My academic orthoptic qualifications are:

Qualification	Abbrev	Institution	Country	Year Conferred

The following documents must be provided in support of this application:

- 1. a certified copy of orthoptic qualification certificate/s
- 2. a certified copy of academic transcript
- 3. a brief explanation of each orthoptic subject listed on the academic record
- 4. the number of teaching hours for each of those subjects
- 5. a CV detailing employment, areas of expertise and practical experience
- 6. a current certified copy of Registration or Certificate to Practice, if applicable.

**Signature of Applicant:** ..... **Date** .....

CONTINUED ON PAGE 2 - additional signature/s required

**AOB Registration is biennial - 1 July 2009 to 30 June 2011.**

<b>OFFICE USE</b>	Date Received .....	Application N <sup>o</sup> .....
Approved .....	Certificate .....	AOB Regn N <sup>o</sup> .....
Notes .....		Receipt N <sup>o</sup> .....

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Name please print: .....

## SECTION A - applicable to OBA registrants

- I certify that to the best of my knowledge the information given to the Orthoptic Board of Australia (OBA) was correct.
- I consent to the AOB keeping the register in place of the OBA and to the continuation of the register on the amended terms set out in the new Regulations and as they may from time to time be modified and in force.

Signed ..... Date.....

## SECTION B

- I acknowledge having received a copy of the Regulations adopted by the AOB.
- I undertake to inform myself of my responsibilities as an orthoptist registered by the AOB and abide by its regulations (including the continuing professional education scheme of the AOB) while I am registered and in active practice.
- I understand that my registration is liable to be cancelled or I am liable to be disciplined in the event of breach of any of the requirements referred to in the Regulations.
- I undertake to provide any further information referred to in the Regulations and understand that if I refuse to provide any of the information this may affect my registration.
- I certify that to the best of my knowledge the above information is correct.

Signed ..... Date.....

**AOB Registration is biennial - cycle 1 July 2009 to 30 June 2011.**

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## AOB International Registration

<b>APPLICATION FEE for non-Australian qualified applicants: AU\$60</b>
<b>PLUS Biennial Registration fee 2009-2011 AU\$165</b> if application is successful

### Fee Remittance

#### For applicants with qualifications gained outside Australia:

- Please return this form with an application fee of AU\$60.
- The 2009-2011 registration fee will be invoiced and due if your application is successful. Registration is not granted until this fee is received in full. Pro-rata or part payment of Registration is not available.

Applicant's Name: ..... Date .....

*Please print*

Contact phone ..... email .....

- Australian Money Order** Please write your name and address clearly on the back.
- Australian Cheque** Payable to: **AUSTRALIAN ORTHOPTIC BOARD**
- International Bank Draft**

Drawer	Cheque no.	BSB no.	Account no
.....	.....	.....	.....

<b>PAYMENT</b>
AU \$

- Direct Deposit\*** Payment can be made directly to the AOB bank account:

Account Name Australian Orthoptists Registration Body Pty Ltd  
BSB and Account 064 128 1015 2859  
Bank/Branch Commonwealth Bank, Stone's Corner Qld

**\*IMPORTANT PRINT AND ENCLOSE THE DEPOSIT RECEIPT. Registration cannot proceed without this receipt.**

**Mail to:** AOB Registration  
PO Box 1035  
Hampton North Vic 3188  
Australia

<b>OFFICE USE</b>	Date Received .....	Application N <sup>o</sup> .....
Chq   m/order   Intl draft   Dr Deposit: Receipt enclosed? .....		AOB Regn N <sup>o</sup> .....
Application fee AU\$60	Registration fee AU\$165	Date Banked .....
		Invoice N <sup>o</sup> .....