

AUSTRALIAN ORTHOPTIC BOARD

PO Box 1035
Hampton North Vic 3188
Australia

Telephone +613 9005 1072
Facsimile +613 9005 1089
Email AOBoard@aob.org.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 2011 to 30 June 2013

OFFICE USE	Date Received	Application N ^o
Approved	Certificate	AOB Regn N ^o
Notes		Invoice N ^o

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Name *please print*:

- 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

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AOB International Registration

APPLICATION FEE for non-Australian qualified applicants:	AU\$ 60
PLUS Biennial Registration fee 2011-2013	AU\$ 190 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 2011-2013 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.	PAYMENT
.....	AU \$

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

Account Name Australian Orthoptists Registration Body Pty Ltd
BSB: **064 128** Account no: **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

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