

## APPLICATION FORM- Overseas qualified Membership and Certificate of Clinical Practice (CCP)

Note that audiologists from New Zealand with a Masters of Audiology from the University of Auckland or the University of Canterbury should **not** fill in this form but instead apply using the Australian-qualified Membership and CCP Application Form.

### **Section 1. Identifying information**

<b>PERSONAL INFORMATION</b>			
Surname/ family name:		First/Given names:	
Title:			
Former name (a certified copy* of change of name documents is required):			
Gender:		Citizenship:	
First language:		Date of birth:	
Home phone:		Mobile:	
E-mail:			
<i>Postal address</i>			
Street & No:		Suburb:	
State/Province:		Postcode:	
Country:			
<b>OVERSEAS WORK DETAILS (if any)</b>			
Contact person:			
Company name:			
Telephone:		Fax:	
E-mail:			
<i>Postal address</i>			
Street & No:		Suburb:	
State/Province:		Postcode:	
Country:			
<b>AUSTRALIAN WORK DETAILS (if any)</b>			
Contact person:			
Company name:			
Telephone:		Fax:	
E-mail:			
<i>Postal address</i>			
Street & No:		Suburb:	
State:		Postcode:	

## Section 2. Academic qualifications related to audiology

Name of qualification	Date graduated	Name & address of education institution attended	Language of instruction

## Section 3. Documentary evidence

Note that for all documents where the original is in a language other than English, both the original and a copy that has been translated and certified by a professionally qualified translator must be provided as per Audiology Australia's Translated Documents Policy.

- A detailed course curriculum comprising an outline of the content of all subjects studied.
- A certified copy\* of your Academic Transcript of Results (ATR) stating Degree(s) awarded. If the Degree(s) awarded is/are not clearly stated on your ATR you must also provide a certified copy\* of your Degree Certificate.
- A certified copy\* of your proof of identity (passport, drivers licence, Medicare card, and birth certificate are all accepted as proof of identity).
- A certified copy\* of change of name documents, where required.
- Evidence within your audiology qualification of at least 200 clinical experience hours involving a range of areas such as paediatric diagnostic assessment, adult diagnostic assessment and aural rehabilitation.
- Evidence of any relevant work experience as an audiologist.
- An original or certified copy of an IELTS Academic Test within the past two years showing you have achieved at least 7 in all four bands: reading, writing, listening and speaking. *Note: This is not required if you have completed a tertiary qualification in audiology in Canada (except Quebec), Republic of Ireland, South Africa, the United Kingdom or the United States of America.* (It is the responsibility of the applicant to cover any costs related to completion of the IELTS Academic Test)

**\*Certified copy** requires that a proper person has personally sighted the original and signs a declaration on the copy to this effect "I have personally sighted the original and this is a fair and true copy", Signature, Name (print legibly), Date and Authority. (People who are able to do this include: Justices of the Peace, Lawyers, Medical Practitioners, Registered Pharmacists, Bank Managers). **Please Note: The Authority of the certifying person must be clearly shown.** This will normally be a Registration Number (e.g. JP Medical Practitioner) and/or a business stamp (e.g. Bank Manager).

## **Section 4. Employment in audiology**

Please provide details of employment experience relevant to the field of audiology in chronological order. An extra page can be added if necessary.

From - To (month/year)	Full or part-time**	Employer	Duties***	Supervising audiologist

\*\* If part-time, state the number of hours worked in audiology each week.

\*\*\* e.g. teaching (audiology), clinical audiology, research in audiology, management of audiology clinic.

## **Section 5. Membership nomination**

You are required to have your application proposed and seconded by a full member of Audiology Australia.

*For Overseas applicants intending to practice in Australia, but have not yet arrived in Australia, the proposer and seconder may be two hearing professionals of good standing in your own community who have personal knowledge of you and your qualifications and who are members of the local professional association (evidence of such membership must be attached).*

<b>PROPOSER- "I confirm that I have knowledge of the applicant and their qualifications"</b>			
Name:		Membership No:	
Postal address:			
Telephone:		Fax:	
E-mail:			
Signature:		Date:	
<b>SECONDER- "I confirm that I have knowledge of the applicant and their qualifications"</b>			
Name:		Membership No:	
Postal address:			
Telephone:		Fax:	
E-mail:			
Signature:		Date:	

## **Section 6. Mandatory declarations**

**All of the mandatory declarations below must be ticked and you must sign below in order your application to be approved.** If you have any questions regarding any of these declarations, or are unable to declare, please contact Audiology Australia at [info@audiology.asn.au](mailto:info@audiology.asn.au) or phone +61 3 9877 2727.

- I have read, understand and agree to abide by Audiology Australia's [Code of Conduct](#).
- I agree that Audiology Australia may pass on my name, membership status and contact details to the International Society of Audiology (ISA).
- I understand that by lodging my application for membership and a Certificate of Clinical Practice (CCP), I agree to be a member of Audiology Australia and to be bound by [Audiology Australia's Constitution](#) and any other rules, codes or by-laws of Audiology Australia.
- I give consent to the information about me contained in this form being used by Audiology Australia for the purposes of processing my membership application and for other purposes related to my membership and agree to the use and disclosure of personal information provided by me in accordance with [Audiology Australia's Privacy Policy](#).
- I agree to notify Audiology Australia as soon as practical if information relating to any of the above changes.
- I declare that the information I have provided is true and correct.

Signature of applicant: \_\_\_\_\_

Date (DD/MM/YY): \_\_\_\_\_

## **Section 7. Payment information**

<b>Payment due for membership and CCP application form assessment: AUD \$375</b>											
<input type="checkbox"/>	I enclose my cheque/money order/bank draft made payable to Audiology Australia for AUD \$375.00										
<b>OR</b>											
<input type="checkbox"/>	Please charge my credit card AUD \$375.00										
Credit Card Details ( <i>tick one</i> ): <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard											
Card Number:											
Name on credit card: _____						Expiry date: _____					
Signature of cardholder: _____											
						Date: _____					

**Send completed application form, payment details and all supporting documentation to:**

**Audiology Australia Ltd**  
**PO Box 504**  
**BRENTFORD SQUARE VIC 3131**  
**AUSTRALIA**

**Note 1:** The application form must be submitted with original signatures. **Faxed and emailed forms are not acceptable.**

**Note 2:** This application is confidential. Correspondence with third parties concerning this application can only be entered into with the written authority of the applicant, except (according to Rule 7.6 and any relevant by-laws) for acquiring additional information relevant to the application.