

FORM S1-NZ

DESK TOP ASSESSMENT OF QUALIFICATIONS AND SKILLS IN PODIATRY FOR MIGRATION PURPOSES (NEW ZEALAND) APPLICATION FORM

Please read the guide *Desk Top Assessment of Qualifications and Skills in Podiatry for Migration Purposes (New Zealand)* before deciding whether to apply.

ANZPAC Skills Assessment Questions

E-mail: qsa@anzpac.org.au

Website: http://www.anzpac.org.au/qualifications_&_skills_assessment.html

IMPORTANT:

Your application cannot be processed unless it is accompanied by the required documentation and the application fee

1. Type of assessment

I intend to apply for:

Registration in New Zealand Yes No

Skilled Migration to New Zealand Yes No

2. Personal details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Family Name	
Given Name	
Previous Names	
Date of Birth	
Country of Birth	
First Language	
Postal Address	
Phone number	
Mobile number	
Email address	

3. Third party authorisation (if required)

If you complete this option all correspondence will be made via the third party.

I consent to this application being discussed with and correspondence being sent to:

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other
Name	
Relationship	(e.g. Spouse, Migration Agent)
Postal Address	
Phone number	
Email address	

4. Registration

Refer to Section 5 of the *Full Assessment of Qualifications and Skills in Podiatry for Migration Purposes (New Zealand)* booklet. .

Are you currently registered or licensed as a podiatrist, or have you ever been registered or licensed as a podiatrist in any country?

Yes No

If yes, please provide the name and country of the relevant authority(ies) and period(s) of registration. Attach a separate sheet if there are more than three authorities.

Name of Authority	
Address	
Phone	
Registration Number	
Registration Period	

Name of Authority	
Address	
Phone	
Registration Number	
Registration Period	

Name of Authority	
Address	
Phone	
Registration Number	
Registration Period	

5. Podiatry education

Refer to Section 5 of the *Full Assessment of Qualifications and Skills in Podiatry for Migration Purposes (New Zealand)* booklet. Attach a separate sheet if there are more than two podiatry qualifications. Applicants must give details of all post-secondary or higher education qualifications they have completed which relate to their profession as a podiatrist

Primary podiatry qualification

Qualification name	
Language of instruction	
Name of institution	
Address	
Phone	
Email	
Course Supervisor	
Course entry requirements	
Normal length of full-time program, including any compulsory practical or clinical time	
Length of each semester	
Length of time to complete	
Date commenced	
Date completed	
Mode of study	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Was a period of practical/clinical experience compulsory? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was the length of time of this experience in clinical settings

Additional podiatry qualification

Qualification name	
Language of instruction	
Name of institution	
Address	
Phone	
Email	
Course Supervisor	
Course entry requirements	
Normal length of full-time program, including any compulsory practical or clinical time	
Length of each semester	
Length of time to complete	
Date commenced	
Date completed	
Mode of study	Full time <input type="checkbox"/> Part Time <input type="checkbox"/>
Was a period of practical/clinical experience compulsory? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was the length of time of this experience in clinical settings

6. Competent professional practice*

Applicants must be able to show that they have practised as a competent professional podiatrist within the last three years. *Podiatrists who have graduated within the 3 years immediately preceding the application date are not required to demonstrate Competent professional practice.

Have you practised as a podiatrist for at least twelve (12) months within the last three (3) years? Yes No

Is your employer, supervisor or colleague willing to attest to your professional competence throughout that period? Yes No

7. Requirements for electronic applications (Certification not required)

All documents submitted electronically must be scanned colour copies of the original document saved as PDF files. This information offers you guidance in attaching documents to your email application.

Compressed files

ANZPAC is not able to accept files that have been compressed. A compressed file is a container for documents, programs or other files that have been packaged together and reduced in size. A common example is files compressed using WinZip® with a '.zip' file extension.

If the document you are attempting to attach is too large we recommend that you create a PDF document.

See: <https://createpdf.adobe.com/>

What can you attach?

ANZPAC is only able to accept the following file formats:

Extension	File Type
.DOC	Microsoft Word 2002 or older document
.DOCX	Microsoft Word 2007 document
.JPG	JPEG image file
.PDF	Adobe Acrobat Portable Document Format file
.PPT	Microsoft PowerPoint presentation document
.XLS	Microsoft Excel spreadsheet document

The following table details the maximum number, size and allowable formats of files you are able to attach to your application:

Maximum number of files	Maximum size each file	Formats allowed
20	5MB	.DOC, .DOCX, .XLS, .PPT, .JPG, .PDF

9. Document Checklist

9.1 Identification

- Copy of your valid passport photo page
- Change of name documentation (if applicable)

If the name on any of your documents is not the same as that on your passport, you must provide a certified copy of one of the following with your original application as evidence of your change of name:

- Marriage certificate
- Divorce papers
- Deed poll
- Statutory declaration

If your documentation is in a language other than English, you must provide a copy of an official translation of this document.

9.2 Qualification certificate

- Copy of your Podiatry qualification award certificate*. Your qualification certificate must include the official university stamp.

* If you are applying before the date of your graduation ceremony and do not yet have your qualification certificate, you **MUST** provide a letter from your university stating the date that your qualification certificate will be conferred.

9.3 Official results transcript

- Copy of the official transcripts for your initial podiatry qualification.

Your official transcripts must include:

- a statement that confirms that you have completed the course requirements
- a list of each individual subject in your entire podiatry course
- the grade or result you were awarded for each subject
- the official university stamp

9.4 Evidence of course content[#]

(#UK degree qualified and HCPC registered Podiatrists do not need to provide evidence of course content at the time of application. ANZPAC may request this evidence at the time of processing if required.)

Copy of the official course book for your initial podiatry qualification.

Copy of the official syllabus for each subject for your initial podiatry qualification.

Copy of the records relating to practical and clinical training completed for your initial podiatry qualification.

9.5 Registration (if applicable)

Copy of your current practicing certificate(s).

Evidence of previous or current registration in Australia or New Zealand (if applicable)

Copy of evidence of registration/licensure from all countries where you have been registered as a podiatrist.

If your certificate is written in a language other than English you must provide a copy of an official translation of this document.

9.6 Competent professional practice*

*Podiatrists who have graduated within the 3 years immediately preceding the application date are not required to demonstrate competent professional practice.

- Copy of Applicant Referee Proforma (available for download from <http://www.anzpac.org.au/publications.html> completed and signed by your employer, supervisor or colleague to cover the last three (3) years. More than one proforma may be used.
- Copy of your signed professional curriculum vitae, detailing:
 - the dates of each period of your employment or self-employment;
 - your employer's name, address and the nature of their business;
 - your job title and job description; and
 - the nature of your employment or self-employment, including the most important tasks you performed or major projects you completed.

9.7 English language (If English is not your first language)

- Copy of your test report form demonstrating that you achieved a minimum score of seven (7) in each of the four modules (listening, reading, writing and speaking) and an overall band score of at least 7.5 in the International English Language Testing System (IELTS) test (Academic version), within the three (3) years prior to applying for a migration skills assessment.

OR

English is my first language

10. Application Fee

The application fee is listed below please tick your preferred option;

- \$945 Australian Dollars = 670* + \$275 (*Professional Practice and Culture in the New Zealand context* open book exam (OBE)) for standard processing within 4 weeks of receipt of a complete application, complete OBE and full payment.

Payment Method – please tick:

- EFT/Direct Deposit ** (Electronic Lodgement)
- Bank Cheque (Hard copy lodgement only)

** ELECTRONIC FUNDS TRANSFER/DIRECT DEPOSIT

The applicant's name must be included as the reference for the payment. A copy of the deposit receipt or similar evidence of the funds transfer must be included with the application. The applicant is liable for all bank fees incurred for Electronic Funds Transfers.

Fees must be made payable to ANZPAC by one of the following methods:

- a bank cheque in Australian Dollars drawn by a bank outside Australia that has bank clearance arrangements with an Australian bank;
- a bank cheque drawn by an Australian bank;
- electronic transfer to ANZPAC's bank account

Account Name: Australian and New Zealand Podiatry Accreditation Council Inc
Bank: Westpac
BSB: 033082 (Australian bank to bank transfers only)
Account Number: 283534
Bank Address: 108 Acland St, St Kilda South, Victoria, 3182, Australia
SWIFT Code: WPACAU2S (for international bank transfers only)

11. Applicant declaration

You must read and sign this declaration. I declare that:

- the information I have supplied on this form and in the attached documentation is complete, correct and up-to-date;
- I undertake to inform the Australian and New Zealand Podiatry Accreditation Council (ANZPAC) of any changes to my circumstances while my application is being considered;
- I authorise ANZPAC to make any inquiries necessary to assist in the assessment of my application and to use any information supplied in this application for that purpose; and
- I have read and understood the information supplied to me in the *Assessment of Podiatry Qualifications and Skills for Migration Purposes (New Zealand)* booklet accompanying this application.

Signature: **Date:**

Print Full Name:.....

12. Privacy Statement

The Australian and New Zealand Podiatry Accreditation Council (ANZPAC) is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000, which sets out the requirements for the collection and use of personal information.

ANZPAC is required to include a statement relating to ANZPAC's privacy procedures in each of its application forms. Each application form must be signed by the applicant to give formal consent for ANZPAC to collect and hold personal information. **If consent is not provided, ANZPAC will not be able to process your application.**

Your privacy is respected by ANZPAC. Information on applicants collected by ANZPAC may be provided to persons involved in the migration skills assessment process.

The ANZPAC privacy procedures are set out in a Policy Statement which can be obtained from ANZPAC or from its website www.anzpac.org.au. If you have any privacy concerns or would like to verify information held about you, please contact the Privacy Officer, ANZPAC, 12-16 Parker St, Williamstown, VICTORIA, 3000.

Consent to Collect Information:

Signature: **Date:**

Print Full Name:.....

13. Lodgement Options

Email your application including the colour scans of the S1-NZ application form and supporting documents to qsa@anzpac.org.au

(Applicants are advised to refer to section 12 of the *Assessment of Podiatry Qualifications and Skills for Migration Purposes (New Zealand)* booklet to ensure that any attachments are in an accepted format)

ANZPAC Skills Assessment Questions

E-mail: qsa@anzpac.org.au

Website: http://www.anzpac.org.au/qualifications_&_skills_assessment.html

Please note that the *Professional Practice and Culture in the New Zealand context* open book exam will be sent to you once your application is received by ANZPAC.