



STAGE 2 PRACTICAL ASSESSMENT

APPLICATION TO SIT THE EXAMINATION

Please read the Candidate Information Handbook for the Stage 2 Practical Assessment before completing this application.

Location:

Australian & New Zealand Podiatry Accreditation Council
Level 31, 120 Collins Street
MELBOURNE, VICTORIA, 3000
AUSTRALIA

Enquiries:

Phone: 1300 267 687
+ 61 3 8080 2953

E-mail: admin@anzpac.org.au

Web: www.anzpac.org.au

Occupation Podiatrist – ANZSCO Code 252611

IMPORTANT:

**Your application cannot be processed unless it is accompanied
by the application fee**

Note: *Candidates presenting for this practical assessment must have already completed the Stage 1 Desk Top Assessment but have not met the Competent Professional Practice criterion.*

CONTACT DETAILS

Full Name: **ANZPAC File No.**

Address:

..... Postcode

Phone and E-mail:

Phone: Fax:

E-mail:

EXAMINATION VENUE / DATES

What is your preferred date and location?

June / July

November / December

Australia Name of State:

Applications must be lodged at least 2 months prior to 1 June or 1 November to be eligible to sit the practical assessment in those months.

APPLICATION FEES

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

- ♦ A bank cheque drawn by a bank outside Australia that has bank clearance arrangements with an Australian bank;
- ♦ A foreign draft on an Australian bank;
- ♦ A money order issued by Australia Post;
- ♦ A bank cheque drawn by an Australian bank;
- ♦ A personal cheque drawn on an Australian bank account.
- ♦ Electronic transfer to ANZPAC's bank account. The applicant must contact the office of ANZPAC to obtain the bank account details.

The correct fee must accompany this application - **\$1300.00 AUD**

APPLICANTS DECLARATION

You must read and sign this declaration.

I declare that:

- ♦ The information I have supplied on this form 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 (eg address) 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 Candidate Information Handbook accompanying this application.

Signature: .. Date:

Print Full Name:

STATEMENT ON PRIVACY

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.

*Each of the Application Forms used by ANZPAC is required to include a statement relating to ANZPAC's privacy procedures. Each 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.***

You MUST sign one of these consent forms for every application form that you are submitting to ANZPAC.

Your privacy is respected by ANZPAC. Information 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 the web site 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, Level 31, 120 Collins Street, MELBOURNE, VIC, 3000.

Consent to Collect Information:

Signature: **Date:**

Print Full Name:.....

HOW TO LODGE YOUR APPLICATION

Mail your application form and the assessment fee to ANZPAC:

Postal Address: Level 31, 120 Collins Street
MELBOURNE, VICTORIA, 3000
AUSTRALIA

CONTACT DETAILS

Phone: 1300 267 687
Outside Australia: +61 3 8080 2953

E-mail: admin@anzpac.org.au
Website: www.anzpac.org.au