## SKILLS ASSESSMENT APPLICATION FORM

(INTERNATIONAL CANDIDATES WHO HAVE COMPLETED AN AUSTRALIAN MRPBA APPROVED PROGRAM)

Fees current 01 July 2024 through to 30 June 2025

# Complete this form if you are:

 An International graduate who has completed an Australian <u>MRPBA</u> <u>approved program.</u>

# Do not complete this form if you have:

 Completed an overseas qualification, Please go to <a href="http://asmirt.org/careers-and-employment">http://asmirt.org/careers-and-employment</a>

CONTACT DETAILS								
	CONTA	CI DEIAL	LS					
SURNAME								
MAIDEN NAME (If Applicable)								
GIVEN NAMES								
TITLE: MR/MRS/MS/MISS/OTHER				DATE	OF BIRTH			
POSTAL ADDRESS								
TOWN/SUBURB		STATE			POSTCODE			
COUNTRY (Applicable for Overseas Applicants only)								
TEL (H)	_	·			TEL (M)			
EMAIL	_	·			·			

PERSONAL DETAILS AND QUALFICATIONS							
AHPRA REGISTRATION							
UNIVERSITY ATTENDED							
YEAR COMMENCED			YEAR COMPLETED				
QUALFIICATION OBTAINED							
DISCIPLINE	DIAGNOS <sup>-</sup>	TIC RADIOGRAPHY		RADIATION THERAPY			
ARE YOU REQUIRED TO COMPLETE A SUPERVISED PRACTICE PROGRAM	Yes	There are two types of skills assessments  Temporary Assessment- This is for those undertaking or about to undertake a supervised practice program and who hold provisional registration with AHPRA					
(SPP)	No	Permanent Assessment This is for those who have completed their degree who have either finished their supervised practice program or who are not required to undertake a supervised practice program. These candidates will hold general registration with AHPRA.					

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DOCUMENT REQUIREMENTS					
ENGLISH LANGUAGE REQUIREMENTS	All English language requirements must be certified  English Language requirements as per the ASMIRT website. Please note the  English language requirement differ for skills assessment and ASMIRT member  Please supply one (1) of the following:  Birth certificate – Australia issued  Passport – Australia, New Zealand, Canada, Republic of Ireland, Unit Kingdom or the United States of America issued passports  High School Certificate or equivalent – Must be from an Australian school and show that you have completed the "English" subject. En as a second language will not be accepted.  International English Language testing system (IELTS) – overall band of not less than 7 in the academic version with no element below 7 achieved in a single test in the last 2 years  Occupational English Test (OET) – overall minimum of Level B in all elements achieved in a single test and completed in the last 2 years				
QUALIFICATION REQUIREMENT	university and they are of my	ity will supply a list of it supply this list you will completion e attached a certified copy degree certificate of ed confirmation of my			

FORM AUTHORITY						
DATE SUBMITTED	DATE OF BIRTH					
SIGNATURE						
By signing this form you agree the information provided is true and accurate.						

OFFICE USE ONLY						
DATED				SKILLS ASSESSMENT TYPE	TEMP	PERM
TOTAL AMOUNT RECEIVED	\$319	Yes	No	RECEIPT NO.		
PREPAID FOR PERMANENT SKILLS ASSESSMENT		Yes	No			
CERTIFICATE NO.						
INFORMATION MAILED TO:		APPLICA	NT	OTHER		

PAYMENT AUTHORITY					
FEES \$319.00					
SKILLS ASSESSMENT TYPE	Temporary	Permanent			

#### Skills assessment type

There are two types of skills assessments...

<u>Temporary Assessment-</u> This is for those undertaking or about to undertake a supervised practice program and who hold provisional registration with AHPRA

<u>Permanent Assessment-</u> This is for those who have completed their degree who have either finished their supervised practice program or who are not required to undertake a supervised practice program. These candidates will hold general registration with AHPRA

PAYMENT TYPE	CREDIT CARD	CHEQUE (Please send cheque to the Australian Society of Medical Imaging and Radiation Therapy, PO Box 16234 Collins Street West VIC 8007		
CREDIT CARD TYPE		CREDIT CARD NUMBER		
EXPIRY DATE		CCV NUMBER (Last 3 digits on back of card, or last 4 digits for AMEX)		
SIGNATURE				

## Cash is not accepted

Please note, those who are paying \$319 for their Temporary skills assessment will not be required to pay an additional fee when upgrading to their permanent skills assessment.

### To submit via post,

Please print and send to PO Box 16234, Collins Street West, VIC 8007

### To submit via email,

or click on File > Send file. The form will then attach in your email client. Forms can be sent to <a href="mailto:certification@asmirt.org">certification@asmirt.org</a>

#### **Registered Office:**

Suite 1040 (Level 10) 1 Queens Road Melbourne Vic 3004 Australia

### All Correspondence to:

P.O. Box 16234 Collins Street West Vic 8007 Australia

#### Contact us:

T +61 3 9419 3336 F +61 3 9416 0783 W www.asmirt.org



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