Australian Society of Medical Imaging and Radiation Therapy



# The national professional organisation representing medical radiation practitioners ABN 26 924 779 836

## 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 <u>https://asmirt.org/overseas-assess</u>ments/

CONTACT DETAILS									
SURNAME									
MAIDEN NAME (If Applicable)									
GIVEN NAMES									
TITLE: MR/MRS/MS/MISS/OTHER					DAT	e of Birth			
POSTAL ADDRESS									
TOWN/SUBURB			STATE			POSTCODE			
COUNTRY (Applicable for Overs	cants only)								
TEL (H)						TEL (M)			
EMAIL									

PERSONAL DETAILS AND QUALFICATIONS							
AHPRA REGISTRATION							
UNIVERSITY ATTENDED							
YEAR COMMENCED			YEAR COMPLETED				
QUALFIICATION OBTAINED							
DISCIPLINE	DIAGNOS	TIC RADIOGRAPHY		RADIATION THERAPY			
ARE YOU REQUIRED TO COMPLETE A	Yes	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					
SUPERVISED PRACTICE PROGRAM (SPP)	No	<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.					

DOCUMENT REQUIREMENTS						
ENGLISH LANGUAGE REQUIREMENTS	All English language requirements must be certified English Language requirements as per the ASMIRT w English language requirement differ for skills assessme Please supply one (1) of the following: <u>Birth certificate</u> – Australia issued <u>Passport –</u> Australia, New Zealand, Canada, R Kingdom or the United States of America issu <u>High School Certificate or equivalent</u> – Must school and show that you have completed th as a second language will not be accepted. <u>International English Language testing system</u> of not less than 7 in the academic version wit achieved in a single test in the last 2 years <u>Occupational English Test (OET)</u> – overall mir elements achieved in a single test and completed	ent and ASMIRT membership. Republic of Ireland, United ued passports be from an Australian high ne "English" subject. English <u>m (IELTS)</u> – overall band score th no element below 7, nimum of Level B in all				
QUALIFICATION REQUIREMENT	All Qualification requirements must be certified   You are required to show proof that you have completed an Australian MF approved program of study. In some cases your university will supply a liss successful graduates to ASMIRT. In the event they do not supply this list you be required to submit confirmation of your successful completion   I have provided consent to my I have attached a certificate supplying a list to ASMIRT   certified confirmation of your successful completion I have attached a certificate of my degree certificate					

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	CHEQUE (Please send cheque to the Australian Socie CREDIT CARD Medical Imaging and Radiation Therapy, PO Box 162 Collins Street West VIC 8007						
CREDIT CARD TYPE		CREDIT CARD NUMBER					
EXPIRY DATE		<b>CCV NUMBER</b> (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.

Pay by Direct Deposit to ASMIRT: BSB 633000, Acct #: 5679675

Quote Ref: Invoice #, or email remittance advice to finance@asmirt.org and certification@asmirt.org

#### 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 <u>certification@asmirt.org</u>

#### **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:

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