



## APPLICATION FOR STATEMENT OF QUALIFICATION FOR GRADUATES OF AN ASMIRT RECOGNISED OVERSEAS COURSE

(01 July 2019 Through to 30 June 2020)

CONTACT DETAILS (Please PRINT clearly in blue or black pen)											
SURNAME											
CERTIFICATE NAME (include evidence of change of name if applicable)											
GIVEN NAMES											
TITLE: MR/MRS/MS/MISS/ OTHER											
DATE OF BIRTH			D	D	M	M	Y	Y	Y	Y	
RESIDENTIAL ADDRESS											
TOWN/SUBURB					STATE				POSTCODE		
COUNTRY											
TEL (BH)					TEL (AH)						
MOBILE											
EMAIL											

QUALIFICATIONS												
NAME OF UNIVERSITY ATTENDED												
CITY						COUNTRY						
TITLE OF QUALIFICATION OBTAINED												
DIAGNOSTIC OR RADIATION THERAPY												
DATE COURSE COMMENCED			D	D	M	M	Y	Y	Y	Y		
DATE COURSE COMPLETED			D	D	M	M	Y	Y	Y	Y		
PLACE OF EMPLOYMENT												
EMPLOYER ADDRESS												
START DATE OF EMPLOYMENT			D	D	M	M	Y	Y	Y	Y		

FORM OF AGREEMENT			
<p>I declare that the information I have supplied in this application is complete, up-to-date and correct in every detail and that I understand that if I give false or misleading information, my application may be refused.</p> <p>I understand the Statement of Qualification I am applying for is valid for a three year period after which time a further Statement of Qualification will be issued on evidence of Continuing Professional Development (CPD).</p>			
APPLICANT SIGNATURE		DATE	

## GUIDE TO COMPLETING THIS APPLICATION FORM AND SUPPORTING DOCUMENTATION

COMPLETE THIS FORM ONLY IF YOUR QUALIFICATION IS AN UNDERGRADUATE PROGRAM FROM NEW ZEALAND  
OR  
IF YOU HAVE UNDERGONE THE OVERSEAS ASSESSMENT PROCESS PREVIOUSLY AND REQUIRE A NEW SKILLS ASSESSMENT LETTER

In order for ASMIRT to process a Statement of Qualification, applicants are to complete and sign this application form and return by post with supporting documentation to:

**Australian Society of Medical Imaging and Radiation Therapy  
PO Box 16234  
COLLINS STREET WEST. VIC. 8007  
Australia.**

Do not fax or email these documents, as they will not be accepted.

The following supporting documentation is to accompany the application:

1. A certified copy\* of your Radiography or Radiation Therapy qualifications from New Zealand.
2. A certified copy of your current Registration/Practising Certificate/Licence from New Zealand.
3. A certified copy of your marriage certificate or change name, if applicable
4. Employer verification of clinical experience post-graduation (12 months' minimum)#
5. Payment of \$292.00 Australian Dollars (payment made by Bank Draft drawn on an Australian bank or Credit Card: VISA, MasterCard, American Express).
6. Overseas currency is not accepted. **Do not send cash.**
7. Evidence of understanding and fluency in English (e.g. IELTS/OET/PTE and certified copy\* of Passport or Birth Certificate if you are not a citizen of Australia, New Zealand, Canada, Republic of Ireland, United Kingdom or United States of America)
8. Evidence of the past three years of Continuing Professional Development

The ASMIRT requirement of English Proficiency is evidence of one of the following:

- Birth Certificate – *Australia issued*
- Passport – *Australia, New Zealand, Canada, Republic of Ireland, United Kingdom or United States of America issued*
- IELTS – *overall band score of not less than 7 Academic with no element below 7 achieved in a single test*
- OET – *overall minimum of Level B in all elements achieved in a single test*  
*PTE Academic with no element below 65 in one sitting OR Cambridge English Advanced with no element below 185 in one sitting*

Do not send original documents, as their return cannot be guaranteed. Certified copies are to be submitted. Processing of applications takes up to two weeks.

\* A "certified Copy" of a document means a copy authorised or stamped as being a true and unaltered copy of the original document by a person or agency recognised by the law of your country. In Australia, it must be certified by a Justice of the Peace, Commissioner for Declarations of a person before whom a statutory declaration may be made. e.g. accountant, lawyer, doctor, police officer.

# Employer verification of clinical experience post-graduation: Substantiated evidence is required from your employer verifying your Radiography/ Radiation Therapy experience. The minimum requirement is 12 months' experience.

This evidence of clinical experience should be from a Superintendent Radiographer/Radiation Therapist/Head of Department or similar and written on hospital or centre letterhead.

The letter/s must state:

- The start and end dates of your employment as a radiographer/radiation therapist at the hospital/centre and whether your employment was full or part time.
- The work performed by you, including duties and responsibilities, participation in shift work or "on-call" work if relevant. A percentage breakdown of different modalities must be included e.g. 50% general radiography, 30% CT Scanning, 20% mammography etc. or 80% Treatment and 20% Simulation & Planning.

A personal employment history or resume will need to be submitted but is not acceptable as a substitute for the above.

## CHECKLIST

These documents are to be included or your application will not be processed.

DOCUMENT	INCLUDED
1. Completed and signed application form (original)	YES/NO
2. Payment of \$292.00 Australian Dollars	CHEQUE/ CREDIT CARD
3. Passport size photo  Certified as a true copy of the individual	<div style="border: 1px solid black; padding: 20px; width: fit-content; margin: auto;"> <p style="text-align: center;">Attach certified passport size photo here</p> </div>
<b>4. CERTIFIED COPIES* OF:</b>	
a) Radiography or Radiation Therapy qualifications from the New Zealand	YES/NO
b) Current Registration/ Practising Certificate/ Licence	YES/ NO
c) Employer verification of clinical experience post-graduation. (12 Months' minimum)#	YES/ NO
d) Marriage certificate or change of name, if applicable	YES/ NO
e) Evidence of English fluency and understanding Include certified copy of passport and relevant english language test if applicable	YES/ NO
f) Evidence of the past three years of Continuing Professional Development	YES/ NO

## OFFICE USE ONLY

OQAP APPROVED		STATEMENT NO	
ASMIRT RECOGNISED COURSE		DATE OPERATIVE	
COUNTRY		SIGNED	
DIAGNOSTIC/ RADIATION THERAPY		POSTED	
PREVIOUS RECIPROCAL AGREEMENT		FAXED TO	
OTHER		PAYMENT TAKEN:	AUD\$292.00
DUPLICATE ISSUED		ADMIN. OFFICER	

## PAYMENT AUTHORITY

### APPLICATION FOR ISSUE OF ASMIRT STATEMENT OF QUALIFICATION & SKILLS ASSESSMENT LETTER (Required for Immigration)

**COST** \$AUD 292.00 (inc GST)

Payment of FEE, which must be included with the Application Form, is to be in Australian Dollars drawn on an Australian Bank or by MasterCard/Visa Card/American Express. Overseas currency is not acceptable. Do not send cash.

Cheque – Please make payable to “**Australian Society of Medical Imaging and Radiation Therapy**” (Australian Dollars Only)

**CREDIT CARD (Please tick):**     **MASTERCARD**             **VISA**             **AMERICAN EXPRESS**

            

**EXPIRY DATE** \_\_\_\_\_

**CCV NO.** \_\_\_\_\_  
(LAST 3 DIGITS ON BACK OF CARD, OR 4 DIGITS ON FRONT OF CARD)

**SURNAME OF CARDHOLDER (Please Print)**

**I hereby authorise the Australian Society of Medical Imaging and Radiation Therapy to debit the said amount as payment for Statement of Qualification Fee:**

**SIGNATURE OF CARDHOLDER**

**APPLICANT'S NAME**

**ADDRESS**

**DATE**

**Submit via post,**  
Please print and send to  
PO Box 16234, Collins Street West, VIC 8007

**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](http://www.asmirt.org)

