Australian Society of Medical Imaging and Radiation Therapy

The national professional organisation representing medical radiation practitioners

ABN 26 924 779 836

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

(01 July 2021 Through to 30 June 2022)

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

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.

I understand the Statement of Qualfication I am applying for is valid for a three year period after which time a further Statement of Qualfication will be issued on evidence of Continuing Professional Development (CPD).

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 from New Zeland are to complete and sign this application form and return it by post 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 $305.00 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 (i.e. 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 - Overall score 65, all elements >65 achieved in a single test, completed in the last two years

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 $305.00 Australian Dollars	CHEQUE/ CREDIT CARD
3. Passport size photo Certified as a true copy of the individual	Attach certified passport size photo here
4. CERTIFIED COPIES* OF:	
a) Radiography or Radiation Therapy qualifications from the New Zealand or previous ASMIRT Statement of Qualification	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 IELTS / OET 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$305.00
DUPLICATE ISSUED		ADMIN. OFFICER	

PAYMENT AUTHORITY	
APPLICATION FOR ISSUE OF ASMIRT STATEMENT OF QUALIFICATION & SKILLS ASSESSMENT LETTER (Required for Immigration)	
COST	$AUD 305.00 (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