

**APPLICATION  
FOR  
SPECIAL PURPOSE REGISTRATION  
AS AN  
OPTOMETRIST  
IN QUEENSLAND**

*Section 101, Optometrists Registration Act 2001*

**Optometrists Board of  
Queensland**

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**Please read the Accompanying Guidelines  
before completing this form.**

**Complete Form and Return with Accompanying Documents  
to address below.**

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***Mailing Address:***

Optometrists Board of Queensland  
GPO Box 2438  
BRISBANE QLD 4001



***Enquiries:***

Telephone: (07) 3225 2509  
Facsimile: (07) 3225 2527  
Monday to Friday 9.00 am – 4.00 pm  
Email: [optometry@healthregboards.qld.gov.au](mailto:optometry@healthregboards.qld.gov.au)  
Website [www.optomboard.qld.gov.au](http://www.optomboard.qld.gov.au)



***Location:***

8<sup>th</sup> Floor, Forestry House  
160 Mary Street  
BRISBANE QLD 4000

***YOUR APPLICATION WILL NOT BE  
PROCESSED WITHOUT ALL THE  
REQUIRED DOCUMENTATION,  
THE APPLICATION FEE AND THE  
REGISTRATION FEE***

**APPLICATION DETAILS** - Please ✓ Appropriate Box and Print Complete Information as per Accompanying Information

**TITLE:** (circle preferred title)      **MR    MRS    MS    MISS    DR    OTHER** \_\_\_\_\_  
(please specify)

**FAMILY NAME** \_\_\_\_\_

**GIVEN NAME/S** (in full) \_\_\_\_\_

**PREVIOUS NAME(S)** (if applicable) \_\_\_\_\_

**LANGUAGES SPOKEN** (other than English) \_\_\_\_\_

<b>Date of Birth</b> _____	<b>Place of Birth</b> _____	<b>Gender</b> Male <input type="checkbox"/> Female <input type="checkbox"/>
	<b>Country of Birth</b> _____	

<p><b>REGISTRATION/POSTAL ADDRESS</b>  <b>(For Inclusion in Public Register)</b>  <b>All Changes must be notified to the Board</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p> <p>Is this your residential address? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "Yes" do you agree that it be available for inspection on the Register?    YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If you do not tick any of these boxes, and the address above is not a P.O. Box, an address will NOT appear against your name in the register.</p>	<p><b>PROFESSIONAL / BUSINESS ADDRESS</b>  <b>(if different from Registration address)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p>	<p><b>RESIDENTIAL ADDRESS</b>  <b>(if different from Registration address)</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Postcode _____</p>
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**CONTACT PHONE NUMBERS:** Day \_\_\_\_\_ After Hours \_\_\_\_\_ Mobile \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**QUALIFICATIONS ON WHICH APPLICATION IS BASED:** (earliest qualification first)

Degree /Examination and/or Assessment Certificate	University/College/Examining Body	Year Conferred
_____	_____	_____
_____	_____	_____

**REGISTRATION:** (if not previously registered, write NA)

1. State/Territory/Country where first registered as an **optometrist** \_\_\_\_\_ and year \_\_\_\_\_

2. Do you hold registration that gives you legal authority to currently practise as an **optometrist** elsewhere?  
 YES  NO

If Yes, give the State/Territory/Country \_\_\_\_\_

3. Have you ever been registered as a **health practitioner\*** in another State or Territory of Australia or another country ?      YES  NO

If yes, give State/Territory/Country and indicate profession \_\_\_\_\_

4. Have you ever been registered as a **health practitioner\*** in Queensland?  
 \*see definition on page 4      YES  NO

If yes, give profession and year registered \_\_\_\_\_

**SPECIAL PURPOSE REGISTRATION (please tick the category for which you are applying)**

- study or train at postgraduate level
- teach
- engage in research
- give clinical demonstrations

Details of the special purpose activity

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**SUITABILITY TO BE A SPECIAL PURPOSE REGISTRANT:**

**If you answer "Yes" to any of the following, please provide full details on a separate sheet.**

- |  |  |
|--|--|
| 1. Have you ever been convicted of an indictable offence   | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| 2. Have you ever been convicted of an offence against the <i>Optometrists Act 1974</i> (repealed), the <i>Optometrists Registration Act 2001</i> , or the <i>Health Practitioners (Professional Standards) Act 1999</i> , or a corresponding law applying, or that applied, in another State, or territory, or a foreign country that provides or provided for the same matters?   | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| 3. Have you been registered under the <i>Optometrists Registration Act 2001</i> or the <i>Optometrists Act 1974</i> (repealed), or are you or have you been registered under a corresponding law applying, or that applied, in another State, or territory, or a foreign country, <b>and</b> the registration was affected either by the imposition of an undertaking, a condition, suspension or cancellation, or in any other way? | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| 4. Has your registration as a <b>health practitioner</b> ever been cancelled or is currently suspended as a result of disciplinary action in any Australian State or Territory or in another country?  | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |
| 5. Have you ever been refused registration as a <b>health practitioner</b> in any Australian State or Territory, or in another country?  | <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> |

**Note:**

- If you answered **Yes** to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject. (Please attach in a sealed envelope).
- The term '**health practitioner**' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing or any functionary aspect thereof.
- The Board may enquire with relevant authorities regarding an applicant's criminal history (please see guidelines for an explanation of criminal history).

**ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR SPECIAL PURPOSE REGISTRATION AS AN OPTOMETRIST (if insufficient space set out on separate page)**

I consent to the Optometrists Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories, or other countries, regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bears my signature and are a recent likeness as certified on the back by

.....

I also undertake to comply with all relevant legislation, codes of practice, and Optometrists Board of Queensland policies.

.....  
Printed Name of Applicant

.....  
Signature of Applicant

.....  
Printed Name of Witness

.....  
Signature of Witness

Date: ..... day of .....20.....

## REFERENCES

**REFEREE:** (this section to be completed by a Referee who has known you for at least 12 months and is not a relative)

**REFERENCE**

(Applicants for registration as an Optometrist in Queensland)

I .....certify that I have known  
(Name of Referee)

.....for a period of .....years and that in my  
(Name of Applicant)  
opinion this person is a fit person to be an optometrist.

The capacity in which I have known this applicant is .....

My details are:

Occupation: .....

Address: .....  
.....

Telephone: Day ..... After hours .....

**Signature:** ..... **Date** .....

**REFEREE:** (this section to be completed by a Referee who has known you for at least 12 months and is not a relative)

**REFERENCE**

(Applicants for registration as an Optometrist in Queensland)

I .....certify that I have known  
(Name of Referee)

.....for a period of .....years and that in my  
(Name of Applicant)  
opinion this person is a fit person to be an optometrist.

The capacity in which I have known this applicant is .....

My details are:

Occupation: .....

Address: .....  
.....

Telephone: Day ..... After hours .....

**Signature:** ..... **Date** .....

## ITEMS TO BE ATTACHED WITH THIS APPLICATION

[All photocopies must be certified as true copies by a Justice of the Peace, a Commissioner for Declarations, or a Notary.]

1. **APPLICATION AND REGISTRATION FEES**                      **THIS IS A TAX INVOICE**
  - The fees due with this application are GST exempt and are set out in the accompanying Information Sheet.
  - Please note: Fees due with this application only cover registration until 30 June (the end of the registration year). [Renewal of registration beyond 30 June is subject to you applying between 1 May and 30 June each year for registration renewal and paying the associated annual registration fee.]
2. **PROOF OF IDENTITY:**
  - certified copy of driver's licence, passport, or other official identification document which includes a photograph
  - certified copy of marriage certificate or other document evidencing change of name (if applicable)
  - statutory declaration for any name changes
3. **TWO RECENT PASSPORT-TYPE PHOTOGRAPHS WITH SIGNATURE ON THE BACK AND CERTIFIED AS A TRUE LIKENESS**
4. **PROOF OF QUALIFICATIONS:**
  - certified copy of qualifications
  - TRANSLATIONS (where applicable) - English translation of any documents must be by a certified translator.
5. **PROOF OF REGISTRATION STATUS ELSEWHERE** (Only applicable if you hold legal authority to currently practise elsewhere.)
  - certified copy of current annual practising certificate from registration body elsewhere
6. A letter from the relevant university, association or body detailing the special activity for which registration is being sought.

## ADDITIONAL DOCUMENTATION REQUIRED

If you are currently, or were recently, registered elsewhere, a Certificate of Good Standing must be provided directly to the Board from each registration body with whom you hold or recently held registration. It is your responsibility to arrange for the Certificate/s of Good Standing to be forwarded directly from the registration body to the Board. The date of issue of a Certificate of Good Standing must not pre-date your application by more than 3 months.

~~~~DO NOT DETACH~~~~

**Credit Card Payments** (Visa, Mastercard or Bankcard through mail or over counter only; not by fax or phone)

For this payment to be accepted you must complete all sections below.

To assist with credit card processing, please provide a daytime contact no:- \_\_\_\_\_

VISA

MASTERCARD

BANKCARD

CARD NUMBER \_\_\_\_\_

EXPIRY DATE

CARD HOLDER'S NAME (print)

CARD HOLDER'S SIGNATURE

AMOUNT \$

## PRIVACY STATEMENT

The Optometrists Board respects your privacy. The Board is collecting the information on this form in order to register you as an Optometrist and carry out other functions relevant to the administration of the *Optometrists Registration Act 2001*. (The fully shaded sections of the form may not be specifically or generally mandated by the Act, but have been included in order to be able to confirm your identity and to expedite the processing of your application).

Your name, registration address, qualifications, type of registration and any conditions of registration will be entered on the Register, which is available to the public for inspection (with the exception that your residential address will only be available if you have given notice to the Board that you agree to the details being able to be inspected).