



COMBINED SPECIALIST INTERNATIONAL MEDICAL GRADUATE (SIMG) COMPARABILITY AND AREA OF NEED (AON) SUITABILITY ASSESSMENT APPLICATION

To be eligible to apply for specialist recognition, you are required to have completed and satisfied all training and examination requirements (within a structured and recognised training program) and hold a specialist qualification from overseas that allows you to have specialist (ophthalmology) medical registration in your country of training (or another country).

APPLICATION/ASSESSMENT TYPE (tick appropriate box)

Specialist Recognition (Comparability Assessment)	Specialist Recognition (Area of Need)
<input type="checkbox"/>	<input type="checkbox"/>

Applicant Details (to be completed by all Applicants)

Family Name (Surname)	
Given Names	
Date of Birth	
Country of Birth:	
Address:	
Home phone:	
Work phone:	
Mobile:	
Facsimile:	
Email address:	

How to Complete this Application

Part A, B and D are to be completed by Specialist International Medical Graduates (“**SIMGs**”) seeking a *Comparability Assessment* as part of the Specialist Recognition Process.

Part A, B, C and D are used by SIMGs seeking a *Comparability Assessment* and a concurrent *Suitability Assessment* to enable them to take up an Area of Need (“AoN”) position.

Please note: The College does not conduct separate AoN suitability assessments.

All Applicants must complete the Application Fee form at **Appendix 1**.

All Applicants who wish to nominate an authorised third party to communicate with the College regarding this Application must complete **Appendix 2**.

Original Document Certification and Translations

RANZCO discourage the submission of original documents, certified copies of originals are preferred. All Required Documents must be certified and witnessed correctly. Please refer to the [Australian Medical Council \(AMC\)](#) and [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) websites for correct witnessing and certification procedures. It is important that the witness state in their wording that it is a ‘certified true copy’. The name and title of the witness and the date certified must also be included in the certification. Certification should be made on each page of the actual document. If the witness certifies the document on a separate page, it needs to be correctly notary bound (no staples allowed).

All documents must be in English. Where the original document is written in a language other than English, you must provide a certified English translation. All translations must comply with the Australian Health Practitioner Regulation Agency’s (AHPRA) translation policy

<http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>

Primary Source Verification of Medical Qualifications

Prior to lodging this Application, all Applicants must apply to have their medical qualifications verified by the AMC through the Educational Commission for Foreign Medical Graduates (ECFMG) Electronic Portfolio of International Credentials (EPIC) or International Credentials Services (EICS) and must provide an EPIC or EICS to RANZCO. Please refer to the [Australian Medical Council](#) website for further details.

Application Fee

Please ensure that the Assessment Fee of **AUD \$6,650** (see **Appendix 1**) accompanies your completed Application.

Incomplete Applications

Your Application shall be deemed incomplete until your Assessment Fee is paid in full.

Applications that are incorrectly completed will not be assessed and your Application will be deemed incomplete.

RANZCO shall not be responsible for any omission on your part relating to the Application.

Expired Applications

If your Application is deemed incomplete, you will have three months to submit outstanding documentation before your application expires.

If your Application expires, all documents submitted will be returned to you and you will receive a refund of **AUD \$6,000**.

If you wish to reapply for specialist recognition after your Application expires, you will be required to submit a new complete Application and pay a new Assessment Fee (see **Appendix 1**)

Privacy Statement

Your privacy is respected by the College.

Information collected by the College shall be used for administering this Application and may be provided to officers of the College, your employer, your supervisors, the Australian Medical Council and the Medical Board of Australia.

Under the Privacy Act 1988 (Cth), the College is generally not permitted to disclose any personal information to a third party without your consent. If you wish to nominate a third party to communicate with and receive information from the College regarding this Application, you must complete **Schedule 2**.

If you have any privacy concerns or would like to verify or correct information held about you, please contact the College.

Assessment of this Application by RANZCO

All Applications are assessed in accordance with RANZCO’s *SIMG Comparability and Area of Need Suitability Assessment Policy and Procedures (Australia)* published on RANZCO’s website

<https://ranzco.edu/home/policies-and-guidelines/>

Assessments conducted in accordance with the *SIMG Comparability and Area of Need Suitability Assessment Policy and procedures (Australia)* are subject for reassessment pursuant to RANZCO’s [Reconsideration, Review and Appeals Policy](#).

Part A: General Information

All Applicants must complete **Tables 1, 2 and 3** (below) and provide all Required Supporting Documents behind a separate numbered Tab.

Evidence of Identity and Change of Name (Table 1)		
Evidence of Identity	<p>All Applicants must attach the following proof of identity behind Tab 1.</p> <p>Certified copy of current passport AND one of either:</p> <ul style="list-style-type: none"> certified copy of your driver's licence OR certified copy of your credit/debit card (front and back) - only bank-issued cards will be accepted; cards for internet/electronic use only are not acceptable. <p>One current (no older than 12 months) passport size photograph with your full name clearly printed on the back</p>	Tick if approved
Name Change/Variation	<p>If the name shown in the above details is not the same as the name shown on all attached documents, you must attach certified documentary evidence of your change of name behind Tab 2.</p> <p>If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes</p>	

Medical Qualifications, Training, Registrations and Experience (Table 2)			
Medical Qualifications	Required Details	Required Supporting Documentation	Tick if approved
Primary Medical Qualification(s)	For each qualification	Attach Certified Primary Medical Qualification(s) behind Tab 3 .	
Primary Qualification:			
Country of Training:			
Year Qualified:			
Year Awarded:			
Name on Qualification:			
Medical School:			
EPIC No:			
EICS No:			

Pre-ophthalmic Postgraduate Training	For each post	Attach evidence of position(s) in the form of a certificate or letter on letterhead from employer behind Tab 4.	
Institution:			
From (date):			
To (date):			
Rotations Covered:			
Specialist Qualification(s)	For each specialist qualification	Attach Certified Specialist Qualifications behind Tab 5.	
Qualification:			
Country of Training:			
Year Qualified:			
Year Awarded:			
Institution (medical College):			
Issuing University (if applicable):			
Name on Qualification:			
Field of Specialty:			
Duration of Training 1,2,3,4,5,6+ years: Structure of Training (length of rotations, areas of special interest, University or Hospital, theatre sessions, clinic sessions):			

	SIMGs trained in UK must also provide Primary Source Verification (PSV) of their CCT (Certificate of Completion of Training) from the General Medical Council. (For the purpose of Specialist Recognition Assessment this is considered a specialist qualification)		
AMC No:			
EPIC No:			
EICS No:			
Specialist Examination(s)	For each specialist examination	Attach Certified Examination results behind Tab 6.	
Examination name:			
Institution:			
Date:			
Specialty:			
Sub/Specialty:			
Subject and structure of examinations:			
National or Independent exams:			
Fellowships		Attach Certificate of Fellowship(s) of specialist medical institutions behind Tab 7.	
Medical Registration(s)		Attach current Certificate(s) of Medical Registration behind Tab 8.	
Detailed Surgical Logbook	A certified detailed logbook listing all surgical procedures performed during training and, where relevant, after training, indicating the Applicant's role in each procedure and compliant with RANZCO's Logbook Requirements for Specialist Recognition Assessment	Attach certified Detailed Surgical Logbook behind Tab 9.	

Certified Summary of Logbook(s)	Logbook Template	Attach certified Summary of Logbook(s) behind Tab 10.	
Certified Surgical Audits (including all complications)		Attach certified Surgical Audit(s) behind Tab 11.	
Clinical References	Three (3) clinical references prepared in accordance with the RANZCO Reference template	The clinical references are to be emailed directly to img@ranzco.edu Tab 12.	
Continuing Professional Development (CPD)	Provide details of your CPD activities for the last five (5) years in the form of Certificates, letters of participation and verified CPD program summaries prepared by relevant institutions	Attach evidence of completion of specified CPD activities behind Tab13.	
Research	Details and evidence of your research activities and publications	Attach copies of articles, abstracts and submissions behind Tab 14.	
Curriculum Vitae (RANZCO format)	Including details of all positions held since the completion of your primary specialist qualification RANZCO SIMG CV	Attach RANZCO format Curriculum Vitae behind Tab 15.	
Other (e.g. fellowships and awards)	Applicants are invited to submit any additional documentation which relates to their training and professional experience which they feel may provide information useful to RANZCO in assessing their application.	Attach other information behind Tab 16.	

Good Standing, Restrictions & English Proficiency (Table 3)

	Required Details	Required Supporting Documentation	Tick if approved
Good Standing		Attach Certificated of Good Standing (Dated within six (6) months of this Application covering at least the last twenty-four (24) months) for all current medical registrations behind Tab 17.	
Criminal Offences	Have you ever been charged or convicted of a criminal offense? Yes No If Yes, please provide details	Attach any judgment against you behind Tab 18.	
Civil Matter	Have you ever been the subject of a civil court case in relation to your professional activities? Yes No If Yes, please provide details	Attach any judgment against you behind Tab 19.	
Investigations	Have you ever been the subject of a medical authority's investigation in relation to your professional activities? Yes No If Yes, please provide details	Attach the outcome of any investigation including any findings against you behind Tab 20.	
Restrictions on Practice	Are you currently subject to any restrictions or limitation under any law or regulation? Yes No If Yes, please provide details	Attach notice of restriction behind Tab 21.	
English Language Proficiency	Certificate/proof of meeting the Medical Board of Australia English Language Skills Registration Standard. Certificates from approved tests must be dated within two (2) years of this Application.	Attach evidence of English Language Proficiency in accordance with the Medical Board of Australia Registration Standards behind Tab 22.	

Part B: The Comparability Assessment

Applicants seeking a Comparability Assessment as part of the Specialist Recognition Process, must complete **Tables 4 to 7** (below) and provide all Required Supporting Documents behind a separate numbered Tab.

Comparability with the Vocational Training Program (VTP)

All Australian trained Ophthalmologists are required to complete the Australian Vocational Training Program (VTP). The objective of the VTP is to produce specialist ophthalmologists who, on completion of training, are equipped to undertake safe, unsupervised, comprehensive, general ophthalmology practice. The VTP takes 5 years to complete Basic and Advanced Training.

Basic Training

In order to complete Basic Training (years 1 and 2), Australian Trained Trainees must demonstrate integrated clinical skills and knowledge in the Ophthalmic Sciences (OS) and the Ophthalmic Basic Competencies and Knowledge (OBCK) in accordance with RANZCO's published OS and OBCK Standards. A link to those Standards is available on RANZCO's website <https://ranzco.edu/home/future-ophthalmologists/vocational-training-program/curriculum-standards/>

Please complete the following table with a view to demonstrating your comparability, with the Basic Training component of the VTP:

Basic Training (Table 4)				
Curriculum Standard	Specify how, when and where you met this standard	Specify the assessment method that was used to assess your compliance with this standard i.e. written, oral or clinical examination, case study, etc.	Required Supporting Documents	Tick if provided
The Ophthalmic Sciences (OS)				
Anatomy <ul style="list-style-type: none"> • The Eyeball • Orbit and Ocular Adnexa • Neuroanatomy • Skull, Scalp, Face and Neck Anatomy • Imaging 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 23.	
Physiology <ul style="list-style-type: none"> • Lids, Cornea, Sclera and Ocular Surface • Lens, Accommodation and Emmetropisation • Aqueous Physiology and Ocular Blood Supply • Vitreous and Retina • Pupillary Reflexes and Visual Pathways • Paediatrics, Binocular Vision and Ocular Motility • Visual Perception and its Physiological Basis 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 24.	
Optics <ul style="list-style-type: none"> • Physical Optics • Geometrical Optics • Physiological Optics • Ultrasound • Ophthalmic Instruments 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 25.	

<p>Clinical Ophthalmic Pharmacology and Emergency Medicine (COPEM Module 1 & COPEM Module 2)</p> <ul style="list-style-type: none"> • General Pharmacology Principles • Diagnostic Drugs • Cornea and External Eye Disease • Glaucoma • Ocular Inflammation • Paediatrics • Vitreo-Retinal • Anaesthetics and Peri-Operative Management • Cataract • Ocular Effects of Non-Ocular Therapeutic Substances • Medical Emergencies • Ocular Emergencies 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 26.</p>	
<p>Evidence-based Ophthalmic Practice</p> <ul style="list-style-type: none"> • Critical Appraisal Skills • Global Eye Health • Research 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 27.</p>	
<p>The Ophthalmic Basic Competencies and Knowledge (OBCK)</p> <ul style="list-style-type: none"> • Obtain and Record an Appropriate Ocular History • Obtain and Record a general Medical History • Perform Eye Examinations • Perform selected Visual Function Assessments • Communication, Collaboration, Management and professional Behaviour 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 28.</p>	

Advanced Training

In order to complete Advanced Training (years 3 and 4), Australian Trained Trainees must demonstrate integrated clinical and surgical skills and knowledge in each of the following clinical practice areas, as indicated in the Clinical Curriculum Performance Standards: A link to those Standards is available on RANZCO's website <https://ranzco.edu/home/future-ophthalmologists/vocational-training-program/curriculum-standards/>

Please complete the following table with a view to demonstrating comparability, with the Advanced Training component of the VTP:

Advanced Training (Table 5)				
Curriculum Standard	Specify how, when and where you met this standard	Specify the assessment method that was used to assess your compliance with this standard i.e. written, oral or clinical examination, case study, etc.	Required Supporting Documents	Tick if provided
Ophthalmic Pathology (OP) <ul style="list-style-type: none"> • General OP • Microbiology • Genetics • Clinical OP 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 29.	
Clinical Curriculum Performance				
Cataract <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Cataract • Perform Eye Examinations Appropriate for Cataract • Characterise Cataract • Develop and Implement a Cataract Management Plan 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 30.	
Clinical Refraction <ul style="list-style-type: none"> • Adult Refraction • Paediatric Refraction 			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 31.	

<p>Cornea and External Eye Disease</p> <ul style="list-style-type: none"> • General medical and Ocular History Relevant to Corneal and External Eye Conditions • Perform Eye Examinations for External Eye and Corneal Conditions • Characterise External Eye and Corneal Conditions • Develop and Implement a Management Plan for External Eye and Corneal Conditions 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 32.</p>	
<p>Glaucoma</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Glaucoma • Perform Eye Examinations Appropriate for Glaucoma • Characterise Glaucoma • Develop and Implement a Glaucoma Management Plan 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 33.</p>	
<p>Neuro- Ophthalmology</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Neuro-Ophthalmic Conditions • Perform Eye Examinations for Neuro-Ophthalmic Conditions • Special Neuro-Ophthalmic Testing • Implement a Neuro-Ophthalmic Management Plan 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 34.</p>	
<p>Ocular Inflammation</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Ocular Inflammatory Conditions • Perform Eye Examinations for Ocular Inflammatory Conditions • Ocular Inflammation Diagnosis and Investigation • Implement a Management Plan for Ocular Inflammatory Disorders 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 35.</p>	
<p>Ocular Motility</p> <ul style="list-style-type: none"> • Medical and Ocular History Relevant to Ocular Motility Conditions • Perform Eye Examinations and Tests Appropriate for Ocular Motility Conditions • Characterise Ocular Motility Conditions • Develop and Implement a Management Plan for Ocular Motility Conditions 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 36.</p>	

<p>Oculoplastic and Orbit</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Oculofacial, Orbital and Lacrimal Conditions • Perform Eye Examinations for Oculofacial, Orbital and Lacrimal Conditions • Characterise Oculofacial, Orbital and Lacrimal Conditions • Develop and Implement a Management Plan for Oculofacial, Orbital and Lacrimal Conditions 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 37.</p>	
<p>Ophthalmic Ultrasound</p> <ul style="list-style-type: none"> • Ultrasound Principles • Ultrasound Anatomy • Ultrasound Instrument Application & Skill Acquisition • Clinical Applications of Ophthalmic Ultrasound 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 38</p>	
<p>Paediatric Ophthalmology</p> <ul style="list-style-type: none"> • Paediatric Eye Examination • Amblyopia • Retinoblastoma (Rb) • Uveitis • Paediatric Glaucoma • Lens Abnormalities – Cataract and Subluxation of the Lens • Paediatric Retinal Diseases • Retinopathy of Prematurity (ROP) • Paediatric Neuro-Ophthalmology • Paediatric Systemic Diseases with Ocular Involvement • The Apparently Blind Infant • Accidental and Non-Accidental Eye Injury • Learning Disabilities • Visual Electrophysiology • Functional Visual Impairment 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 39.</p>	
<p>Refractive Surgery</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Refractive Errors • Perform Eye Examinations relevant to Refractive Surgery • Characterise Refractive Surgery Options • Develop and Implement a Management Plan for Patients who have had Refractive Surgery 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 40.</p>	
<p>Vitreoretinal</p> <ul style="list-style-type: none"> • General Medical and Ocular History Relevant to Vitreoretinal Conditions • Perform Eye Examinations for Vitreoretinal Conditions • Vitreoretinal Diagnosis and Investigations • Implement a Vitreoretinal Management Plan 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 41.</p>	

<p>Research</p> <p>Ophthalmic Research i.e.:</p> <ul style="list-style-type: none"> • A publication in a peer-reviewed journal as first author. • Being first author and a significant contributor to a paper presented at a meeting for which abstracts are subject to peer review and selection, for example: The Colleges Annual Scientific Congress, the Australian Visual and Ophthalmic Science Conference, or a State/ New Zealand Branch Scientific meeting. • An approved period of full-time research (confirmed by a written report from a RANZCO Fellow). • A higher degree gained by research or thesis (a higher degree by course work alone is not sufficient). 			<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 42.</p>	
---	--	--	---	--

FINAL YEAR (Year 5) Training

Subject to passing RACE and satisfactorily completing 4 years of training, the Trainee may undertake the final advanced training year of the VTP.

During the final year, the Trainee is expected to broaden his or her specialist experience in final preparation for specialist qualification and to function in the community as an independent ophthalmologist (preferably in an institution or network other than that in which the Trainee completed the basic and advanced in-service component of their training). Trainees are required to obtain the Censor-in-Chief's approval for their final year program.

Please complete the following table with a view to demonstrating comparability, with the Final Year Training component of the VTP:

Final Year (Year 5) Training (Table 6)				
Curriculum Standard	Specify how, when and where you met this standard	Specify the assessment method that was used to assess your compliance with this standard i.e. written, oral or clinical examination, case study, etc.	Required Supporting Documents	Tick if provided
Broad Experience			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 43.	
Ability to Practice Independently			Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 44.	

The Key Roles of an Australian Ophthalmologist

RANZCO's VTP is informed by the CanMEDS framework which identifies and describes the abilities that physicians require to effectively meet the health care needs of the people they serve.

Please complete the following table with a view to demonstrating your comparability with the following key roles expected of a practicing Ophthalmologist in Australia:

Key Roles (Table 7)			
Key roles expected of a practicing Ophthalmologist in Australia	Specify how, when and where you have demonstrated your capacity to fulfil this role:	Required Supporting Documents <i>(Where reliance is placed on documents attached behind other tabs, please specify)</i>	Tick if provided
<p>Professional <i>Ophthalmologists have a unique societal role as professional with a distinct body of knowledge, skills and attitudes dedicated to the maintenance and improvement of eye health in the community. Ophthalmologists are committed to excellence in clinical care and ethical conduct, and to ongoing mastery of ophthalmology.</i></p>		Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 45.	
<p>Scholar <i>Ophthalmologists engage in a lifelong pursuit to master their domain of professional expertise. They recognize the need to be continually learning, and model this to others. Through their scholarly activities they contribute to the appraisal, collection, and understanding of health care knowledge, and facilitate the education of their students, patients and others.</i></p>		Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 46.	
<p>Communicator <i>To provide humane, high quality care, ophthalmologists establish effective relationships with patients, medical practitioners and other health professionals. Communication skills are essential for the functioning of ophthalmologists and are needed for obtaining information from and conveying information to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses, and for assessing factors that have an impact on a patient's eye health</i></p>		Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 47.	

<p>Collaborator <i>Ophthalmologists work with others who are appropriately involved in the care of individuals or groups of patients. Thus, ophthalmologists must be able to collaborate with patients and multidisciplinary team of health professionals to provide optimal patient care, education and research.</i></p>		<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 48.</p>	
<p>Manager <i>Ophthalmologists function as managers when they make daily practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient care, practice organizations, and in the broader context to the health care system. Thus, ophthalmologists should be able to prioritize and execute tasks through teamwork and make systematic decisions when allocating finite health care resources. Ophthalmologists take on positions of leadership in the context of professional organizations and the health care system.</i></p>		<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 49</p>	
<p>Health advocate <i>Ophthalmologists recognize the importance of advocacy activities in responding to the challenges represented by the socio-economic, environmental, and biological factors that determine the health of patients and society. They view advocacy as an essential component of health promotion that occurs at the level of individual patient, the practice population, and the community. Health advocacy is appropriately expressed both by the individual and collective responses of ophthalmologists in influencing public health policy.</i></p>		<p>Attach all documents relied upon by you to demonstrate that you have met this standard behind tab 50.</p>	

Part C: Suitability Assessment (Area of Need Position)

SIMGs who have been offered and wish to commence practice in an approved Area of Need (AoN) position in Australia must apply for concurrent Specialist Recognition and AoN Assessment by completing Parts A, B, C and D of this Application.

All Applicants seeking a *Suitability Assessment* for an Area of Need (AoN) Position must complete **Table 8** (below) and provide all Required Supporting Documents behind a separate numbered Tab.

Area of Need Position Details (Table 8)		
Required Details	Required Supporting Documents	Tick if provided
AON declaration	Attach the AoN Declaration issued by the health department in the state or territory in which the position(s) is located behind Tab 51	
Letter of employment offer	Attach the Letter of Employment offer for the AoN Position behind Tab 52 (Please remove details of remuneration)	
Position Description	Specify:	
Employers contact details		
Name of Employer:		
Employer's Address:		
Name of Contact Person:		
Position of Contact Person:		
Business Phone:		
Email Address:		

Part D: Applicant Declaration

This Part Must be completed by **All** Applicants

Please complete all fields.

I,.....(Name)

of..... (Address)

.....(Occupation)

Do solemnly and sincerely declare, acknowledge and agree:

- I am the Applicant named in this Application.
- I am the person who has signed below.
- This Application will be determined in accordance with RANZCO's *SIMG Comparability and Area of Need Suitability Assessment Policy and Procedures (Australia)*.
- The statements made, and the information provided, in this Application form and in all supporting documents are true and complete.
- I am liable for the Application Fee regardless of the outcome of this Application.

Signature of person making the Declaration:

.....

Declared at(city, Town or locality)

on the day of (month)(year)

Before me*

Signature of person before whom the Declaration is made

Signature of witness

.....

Insert Name of witness:

.....

Insert official title of witness:**

.....

Insert address of witness:

.....

Contact number of witness:

.....

* The person witnessing this Declaration must be the same person who certifies the documents of the applicant. If a different eligible witness is used to certify the supporting documentation you must submit a statutory declaration explaining why a different witness was used and it must be witnessed by the new eligible witness.

** The title of the witness must be written (e.g. Notary Public, Justice of the Peace).

PLEASE SEND YOUR COMPLETED APPLICATION FORM, REQUIRED DOCUMENTS AND PAYMENT TO THE COLLEGE:

RANZCO
Manager, Specialist International Medical Graduates and Area of Need
94-98 Chalmers Street
Surry Hills NSW 2010
Australia

Appendix 1

Specialist Recognition Assessment Fee Payment Form

Complete name:.....

Postal address:

Please select one of the following options

Specialist Recognition assessment fee AUD \$6,650

Area of Need/Specialist Recognition assessment fee AUD \$6,650

1. Credit Card

Visa Mastercard

Card number:

Card expiry:

Cardholder's name:

Cardholder's signature:

All payments made by credit card will incur a 1% surcharge to reflect the cost of fees charged for credit card transactions

Credit card verification number:

(last 3 digits of the number on the reverse side of your credit card)

2. EFT Direct Deposit

For EFT Deposits to RANZCO's Bank Account please enter the following information:

Within Australia:

BSB: 062 016

Account number: 0090 4644

Account name: RANZCO

Reference number: <your surname> <your first name>

From outside Australia:

Account Name: The Royal Australian and New Zealand College of Ophthalmologists

Bank: Commonwealth Bank

Account Number: 062016-00904644

Swift code: CTB AAU 2S

Reference Number: <your surname> <your first name>

Appendix 2

Authority to Receive Information about this Application

Under the *Privacy Act 1988* (Cth), the College is generally not permitted to disclose any personal information to a third party without your consent. If you wish to allow a third party (your "Agent") to communicate with and receive information from the College regarding this Application, you must complete this form.

Candidate/Applicant authorisation (Please print clearly)

I,(fullname).....

Date of birth:(DD/MM/YYYY)

Address:

.....

Authorise my agent to (Please tick appropriate box/es):

Communicate with the College by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my Application.

Communicate with the College on my behalf regarding the results of relevant assessments.

Undertake any other action reasonably necessary for the processing of my application on my behalf, except withdrawal forms/letters (they must be completed by the candidate/applicant).

Candidate/Applicant's Signature: Date:..... (DD/MM/YYYY)

Agent's consent (Please print clearly)

I, (full name):(the "Agent")

consent to act as agent of (candidate/applicant's name).....as authorised above.

My contact details are:

Company Address:

.....

Business phone:

Mobile phone:

Email address:

Agent's Signature:

Date: (DD/MM/YYYY)