



ACPSEM

Australasian College of Physical Scientists & Engineers in Medicine
ABN 44 005 379 162

OFFICE USE ONLY

APPLICATION NUMBER:

DATE RECEIVED:

APPLICATION FOR ASSESSMENT AS A MEDICAL PHYSICIST FOR MIGRATION PURPOSES

Notice to Applicants

The Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM) has been approved in accordance with the *Migration Regulations 1994* as the assessing authority for the occupation:

Medical Physicist ANZSCO 234914

The information provided on this form and in the applicant's supporting documents will be used to assess the applicant against the ACPSEM's educational, professional and English language requirements. ACPSEM may seek confirmation of qualifications and work experience from the institutions concerned.

For enquires via telephone, fax or email:

Tel: +61 2 8305 3900

Fax: +61 2 9700 8023

E-mail: admin.support@acpsem.org.au

Further information, including the [Manual of Guidelines and Assessment Procedures for the Assessment of Medical Physicists for Migration Purposes](#) is available on the ACPSEM website at www.acpsem.org.au.

How to Lodge your Application

Forward the completed application form, certified copies of all supporting documents and the assessment fee to:

General Skilled Migration
General Manager
ACPSEM
Suite 7.12, Aero 247
247 Coward St
Mascot, NSW 2020
AUSTRALIA

If any of your documents are in a language other than English, you **must** provide certified copies of the documents in the original language and translated into English.

Section E of this form must be completed if this application is lodged by a migration agent or a person other than the applicant.

Applicants should read the [Manual of Guidelines and Assessment Procedures for the Assessment of Medical Physicists for Migration Purposes](#) before completing this application. This document is available on the ACPSEM website (www.acpsem.org.au) under "Skilled Migration Assessment".

All sections of this application form and the Application Checklist **MUST** be completed. Incomplete applications will be returned.

Application For Assessment As Medical Physicist For Migration Purposes

Your application *CANNOT* be assessed until *ALL required supporting* documents have been provided to ACPSEM.

For documents in a language other than English, certified copies must be provided in the original language and translated into English.

If insufficient space is provided in any section, attach a separate sheet with details.

Please use block letters or typescript to complete this form.

SECTION A: PERSONAL DETAILS

Surname:	Given Names:
Any other names you have used:	
Date of Birth:	Country of Birth:
Address:	
Post code:	Country:
Telephone Number:	Email:

A certified copy of your birth certificate or the identification page of your current passport must be supplied to confirm your identity details.

You must also include evidence of any change of name with your application (if applicable).

SECTION B: ACADEMIC DETAILS

Certified copies of your degree certificates and complete course transcripts in the original language and in English translation **MUST** be included

Undergraduate Education

Country Where Qualification was Obtained:	
Name of Qualification Obtained:	
Name of Conferring Institution:	
Date Commenced:	Date Completed:

Postgraduate Education (if applicable)

Country Where Qualification was Obtained:	
Name of Qualification Obtained:	
Name of Conferring Institution:	
Date Commenced:	Date Completed:

Additional Education (if applicable)

Country Where Qualification was Obtained:	
Name of Qualification Obtained:	
Name of Conferring Institution:	
Date Commenced:	Date Completed:

SECTION C: PROFESSIONAL EXPERIENCE

Provide information on any registration as a medical physicist that you have achieved in any country.

Registration authority and status (if applicable):

Your Registration Number (if applicable):

Provide detailed information on all centers where you have gained professional experience (attach additional pages if you require more space). Where possible, attach a referee's report from your supervisor in each center at which you have worked.

The ACPSEM *may* contact each institution listed below for confirmation of the information listed.

Institution 1

Name of Institution:	
Contact person name:	
Contact person email:	Contact Person Telephone:
Position held by you:	
Date commenced:	Hours worked per week:
Date Finished:	
Description of your responsibilities and experience gained:	

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Institution 2

Name of Institution:	
Contact person name:	
Contact person email:	Contact Person Telephone:
Position held by you:	
Date commenced:	Hours worked per week:
Date Finished:	
Description of your responsibilities and experience gained:	

Institution 3

Name of Institution:	
Contact person name:	
Contact person email:	Contact Person Telephone:
Position held by you:	
Date commenced:	Hours worked per week:
Date Finished:	
Description of your responsibilities and experience gained:	

SECTION D: ENGLISH LANGUAGE

You must provide evidence that you have sufficient English language ability to work as a Medical Physicist in Australia.

The table below details the options available for evidence of English language ability. Indicate which option you are using for this application.

Evidence of English Language Ability	Please Tick (✓) <input type="checkbox"/> Category Chosen
Achieved the required minimum scores in one of the accepted English language tests, as specified in section 3.2.2. of the guidelines, in Listening, Reading, Writing, Speaking. You MUST supply your original Test Report Form.	
All secondary education was completed in a nominated English-speaking country*	
Applicants must have completed one or all of your professional qualifications in a nominated English-speaking country and were resident in that country for the period in which the qualification(s) were completed.	
At least 2 years relevant work experience in the past 5 years in a nominated English-speaking country*	

** Certified documentary evidence is required. A nominated English-speaking country is any of Australia, New Zealand, the United Kingdom, Ireland, Canada or the United States of America.*

If ACPSEM has any doubt about your English language ability, ACPSEM reserves the right to request that you provide the required evidence (see above) by taking the IELTS test.

SECTION E: AGENT AUTHORITY

If you want someone to deal with ACPSEM on your behalf for the purpose of this application (such as a family member or a migration agent), you and the person you wish to represent you must complete the declaration below:

I authorise the following person to act and receive communications from ACPSEM on my behalf for the purposes of this application:

Name of Person:

Signature of Person:

Your Signature:

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CHECKLIST

PLEASE ENSURE ALL REQUIRED DOCUMENTS HAVE BEEN PROVIDED
FOR ASSESSMENT AS A MEDICAL PHYSICIST

Documents Included:

**Please
Tick
✓**

SECTION A: PERSONAL DETAILS	
Certified copy of birth certificate or certified copy of identification page of current passport	
Official evidence of change of name (if applicable).	
SECTION B: ACADEMIC DETAILS	
Certified photocopies of your degree certificates and course transcripts in the original language and in translation	
SECTION C: PROFESSIONAL EXPERIENCE	
Evidence of registration status (if applicable)	
Evidence of professional experience	
Referees' reports (if applicable)	
SECTION D: ENGLISH LANGUAGE	
Original IELTS Test Report Form	
Or	
Certified evidence of completion of all secondary education in a nominated English-speaking country	
Or	
Certified evidence of completion of professional qualifications in a nominated English-speaking country	
Or	
Evidence of at least 2 years' full-time relevant work experience in the past 5 years in a nominated English-speaking country	
Payment of Application Fee (to occur as part of application submission process)	
Payment by bank cheque or credit card	

Declaration

I declare that:

- The information I have supplied in my application form and any attachment is complete, correct and up to date;
- I undertake to inform ACPSEM of any changes to my circumstances (e.g. address) while my application is being considered;
- I authorise ACPSEM to make enquiries necessary to assist in the assessment of my skills and qualifications and to use any information supplied in this application for that purpose;
- I understand that information in my application form is collected to provide assessment of my medical physics qualifications and experience for the purpose of General Skilled Migration to Australia as a medical physicist. Information collected about me on this form, and any documents attached to the form, can be provided, in certain circumstances, to the Department of Immigration and Multicultural Affairs, but will not otherwise be disclosed without my consent unless authorised or required by law;
- I have read and understood the information supplied to me in the requirements accompanying this application;
- I understand that successful assessment as a medical physicist for migration purposes does not necessarily:
 - guarantee me employment as a medical physicist;
 - entitle me to membership of ACPSEM;
 - entitle me to inclusion on any current or future list of registered medical physicists;
 - entitle me to acceptance into any medical physics accreditation scheme; or
 - imply that ACPSEM considers that I am competent in any particular sub-discipline of medical physics;
- I understand that providing false or misleading information is a serious offence under the Criminal Code.

APPLICANT'S SIGNATURE:

DATE: