



# 2010 Complete Application

Application for an assessment of competency to practise as a speech pathologist in Australia

**Personal Details (PLEASE USE BLOCK LETTERS)**

Full Name and Title			
Date of Birth (day/month/year)	Country of Birth	First language	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Address: Number/Street: .....			
Suburb: ..... State/Country: ..... Postcode: .....			
Phone: ..... Email:.....			
Alternative contact phone number or email address: (e.g. your work; Migration agent; contact in Australia)		Name: .....	
		Phone: .....	
		Email: .....	

**Declaration of Authenticity of Application**

I have completed this application and it is evidence of my capacity to understand and demonstrate the requirements of the profession and the level of my competence in written English. I confirm that I understand the process for assessment of my eligibility for Practising membership of Speech Pathology Australia and the purpose of this application.

Signature: ..... Date: ...../...../.....

**Payment details**

Payment due for Complete Assessment: AUD\$ 1000

I enclose my cheque/money order made payable to Speech Pathology Australia for AUD\$1000

**OR**

Please charge my credit card AUD\$1000

Credit Card Details (*tick one*)

Visa       Mastercard

Card Number:

Name on credit card: ..... Expiry date: ...../...../.....

Signature of cardholder: ..... Date: ...../...../.....

Application is for Migration Purposes     Yes     No

*Speech Pathology Australia Office Use Only*    Amount \$.....

Signed:..... Date: ...../...../.....

# Complete Application

## Application for an assessment of competency to practise as a speech pathologist in Australia

You will need to refer to both the Applicant Information Guide and the CBOS 2001 to be able to complete this form.  
Please number all documents submitted.

*If you are a current member of ASHA, CASLPA or RCSLT you should refer to additional information about the Mutual Recognition of Credentials between Speech Pathology Australia, ASHA, CASLPA and RCSLT on their respective websites.*

**Please number all documents attached so it is clear which section of the application form they relate to.**

### CHECKLIST

#### 1.1 SPEECH PATHOLOGY AND RELATED QUALIFICATIONS

	1 <sup>st</sup> qualification	2 <sup>nd</sup> qualification	3 <sup>rd</sup> qualification
The original name of the degree qualification(s) you have received relevant to speech pathology.			
The usual English translation of the name of the above qualification(s)			
The name and country of the universities where you completed these qualification(s)			
The usual English translation of the name of the above institution(s)			
The language(s) of instruction in these courses			
The dates during which you were enrolled			
The date on which you graduated			
What numbers have you placed on the documents you have submitted to verify these claims?			

#### 1.2 COPIES OF QUALIFICATIONS

I have attached a *certified copy* of the degree qualification(s) I have received in speech pathology, speech therapy, speech sciences or similar.

Document number/s:

**1.3 TRANSCRIPT OF RESULTS**

I have provided a *certified copy* of the transcript of results for all courses specified in the table above. (A transcript specifies the results you obtained for all subjects undertaken in the course.)

Document number/s:

**1.4 TRANSLATION OF DOCUMENTS**

A *certified* translation into English by a professional translator has been provided for any documents in a language other than English. The document in both its original language and the translation are attached. The original document is certified as a true copy and the translation is *certified* by the translator.

Document number/s:

**1.5 EVIDENCE OF CHANGE OF NAME**

If your name has changed since graduation either through marriage or some other event, please attach a *certified copy* of the official document registering your change in name.

Document number/s:

**1.6 PROFESSIONAL RECOGNITION**

I have attached a *certified copy* of evidence:

that I have been recognised or accepted as a member by a speech pathology professional organisation in the country in which I have trained,

Document number/s:

and/or that I have been recognised or accepted as a member by a speech pathology professional organisation in the country in which I have been working,

Document number/s:

and/or of my employment as a speech pathologist.

Document number/s:

**1.7 REGENCY OF PRACTICE**

If you qualified more than five years prior to the date of this application, please provide *certified evidence* of at least 1000 hours of work as a speech pathologist in the past five years.

Document number/s:

**1.8 ENGLISH COMPETENCY**

I have attached test results from the Occupational English Test or other specified test of English language.

Document number/s:

**1.9 CURRICULUM VITA**

I have attached a brief Curriculum Vita listing places of employment and primary responsibilities. (Optional)

Document number/s:

**1.10 COMPLETED APPLICANT DECLARATION AND CONSENT FORM**

(please see over)

**PORTFOLIO**

**2.1 REFERENCE LIST OF ITEMS OF EVIDENCE IN PORTFOLIO**

I have attached a Reference List which identifies by name, type, location and number each item of evidence in my portfolio. (Form 2.1)

**2.2 THE CBOS 2001 SUMMARY TABLE OF ALL PORTFOLIO ITEMS**

I have collated all my evidence related to CBOS 2001 in the "CBOS 2001 Summary Table of all Portfolio Items" (Form 2.2)

**2.3 THE CBOS 2001 COVER SHEET FOR EACH ITEM OF EVIDENCE IN PORTFOLIO**

For each item of evidence I have completed a table listing the Units for which the item provides evidence. (I have attached a copy of Form 2.3 to each item.)

**2.4 EVIDENCE**

I have provided the actual evidence for the CBOS 2001 which has been summarised above.

- Each item of evidence is numbered.
- Each item is identified with my own name.
- All identifying information regarding the client has been removed from documents.
- Consent has been given by the client for any recording and its subsequent use (do not send copies of completed consent forms).
- I have read and signed the Declaration of Authenticity of Application.

**Please return completed application and supporting documents to:**

Speech Pathology Australia  
2<sup>nd</sup> floor, 11-19 Bank Place  
Melbourne VIC 3000 Australia

**An application fee of \$1000 (Australian dollars) must accompany this application.**

**This fee is non-refundable.**

**Applicant Declaration and Consent Form**

I, ..... (name)

declare that:

- i) I have no found or pending charges, convictions and disciplinary actions against me in relation to the practice of speech pathology.
- ii) I do not have any conditions that may seriously affect my ability to practise as a speech pathologist.
- iii) I have not been refused registration as a health practitioner in any state or country.
- iv) I have not been charged with any offence or convicted of any criminal offence that would render me an unsuitable person to practise as a speech pathologist (note – if you have a prior conviction that may or may not be spent or lapsed at law, you should seek legal advice about whether you can make this declaration prior to completing this application).

and consent to allow Speech Pathology Australia to:

- i) obtain information regarding any convictions and disciplinary actions against me including any charges pending or that may arise subsequent to my application.
- ii) use and share any non-identifying information on the results of my application to monitor the functioning of the Agreement and for research purposes.

Signature: ..... Date: ...../...../.....

Witness: ..... Date: ...../...../.....

**Please note:** The application will not be processed if the declaration and consent form is not signed.

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The Speech Pathology Association of Australia Limited  
Level 2 / 11-19 Bank Place Melbourne Victoria 3000  
T: 61 3 9642 4899 F: 61 3 9642 4922  
office@speechpathologyaustralia.org.au www.speechpathologyaustralia.org.au  
ABN 17 008 393 440



**FORM 2.2**

**CBOS 2001 SUMMARY TABLE OF ALL PORTFOLIO ITEMS  
(To be submitted with Complete Applications)**

- Please list the Item Numbers of each piece of evidence you have supplied in the appropriate cells below.
- All identifying information regarding the client must be removed from documents, and consent given by the client for any recording and its subsequent use.
- It is unlikely that you will have direct evidence in all the cells below. For any major gaps (e.g. a whole Range Indicator, such as adult language) you should provide indirect evidence.

**Your Name:** .....

	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1: Assessment										
Unit 2: Analysis and Interpretation										
Unit 3: Planning of Speech Pathology Intervention										
Unit 4: Speech Pathology Intervention										
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services										
Unit 6: Professional, Group and Community Education										
Unit 7: Professional Development										
Effective use of English										

**FORM 2.3**

**CBOS 2001 COVER SHEET FOR EACH ITEM OF EVIDENCE IN PORTOLIO  
(To be submitted with Complete Applications)**

**Please complete and attach one of these forms to each item of evidence in your portfolio.**

Your name:	
Item Number:	
Title of item(s) of evidence:	
Type or format of evidence:	
Context of evidence:	

<b>CBOS 2001 Units addressed by this item:</b>										
	Speech		Language		Voice		Fluency		Swallowing	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Unit 1: Assessment										
Unit 2: Analysis and Interpretation										
Unit 3: Planning Speech Pathology Intervention										
Unit 4: Speech Pathology Intervention										
Unit 5: Planning, Maintaining and Delivering Speech Pathology Services										
Unit 6: Professional, Group and Community Education										
Unit 7: Professional Development										
<b>ENGLISH COMPETENCE</b>										
Evidence of effective use of English										

**Comments by assessors:**