OVERSEAS REGISTRATION APPLICATION

In order to expedite the processing of your overseas registration application, please provide the following:

* Completed application form including details of your Clinical Education Placements (Fieldwork Hours)
* Proof of payment of application fee
* Valid identification
* Industry and/or country/ state/ province specific forms for the University to complete

The overseas registration application process may take 8 weeks (or more, from proof of payment date) to complete, as multiple areas of the University are sourced for the collection, verification, approval and authorisation of data/information.

The completed forms will be mailed to your nominated address upon completion or, in the case of some agencies, directly to the overseas registering body or agency.

# Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |       | **Student ID Number:** |       |
| **Address:** |       | **Phone Number:** |       |
| **Email address:** |       |
| **Name of Degree/(s):** |       |
| **Name of Overseas Registering Body:** |       | **Country of Overseas Registering Body:** |       |
| **ATTENTION: Occupational Therapy Applicants**Please contact shs.overseasregistration@sydney.edu.au to request an OT specific Clinical Education Placements Summary form. If you complete the form below, you will be asked to complete the correct form which will result in delays to your application being processed.  |

1. Application Fee

This service incurs a fee of **132 AUD** if mailing within Australia, **182 AUD** for applications being mailed to the USA or Canada and **152 AUD** for applications mailed to all other countries. These amounts include GST. Please refer to the University of Sydney’s Alumni page for information about [Overseas Registration](https://sydney.edu.au/medicine-health/industry-and-community/alumni.html) and to make an online payment via [Onestop Secure](https://sydney.onestopsecure.com/onestopweb/VW7/tran?UDS_ACTION=DEFAULT&TRAN-TYPE=862).

# Details of Clinical Education Placements (Fieldwork Hours)

Please provide detailed clinical placement information on the next pageand return the completed form via email to shs.overseasregistration@sydney.edu.au. Complete the form in date order for each placement and provide a brief summary of the workload providing details of the area worked in and the conditions that were treated.

# For further information about overseas registration, please contact the Sydney

# School of Health Sciences by email at shs.overseasregistration@sydney.edu.au.

| **STUDENT NAME** |       | **COURSE NAME** | [ ]  Choose an item. [ ]  Choose an item. | **COURSE START DATE** | Click or tap to enter a date. |
| --- | --- | --- | --- | --- | --- |
| **STUDENT ID NUMBER** |       | **COURSE** **END DATE** | Click or tap to enter a date. |
| **PLACEMENT LOCATION AND EDUCATOR** | **UNIT OF STUDY CODE AND NAME** | **PLACEMENT DATES** *(DD-MMM-YYYY)* | **DURATION** *(IN WEEKS)* | **CLIENT CONTACT HOURS** *(FACE TO FACE)* | **WORKLOAD: AREA / CONDITIONS TREATED** |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|       |       |       |       | Week/s |       | Hours |       |
|  |  |  | ***Total Hours >*** |  |  |  |
| **Areas of Practice Treated and/or Assessed:** |
|       |

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| --- |
| ***OFFICE USE ONLY*** |
| ***WORK INTEGRATED LEARNING PORTFOLIO PLACEMENT VERIFICATION:*** |
| [ ]  Venues listed are correct [ ]  Units of Study are correct and have been completed successfully [ ]  Dates listed are correct [ ]  Weeks/Hours are correct |
| **Information Verified By:**  |       | **Signature:**  |       |
| **Title:**  |       | **Date:**  | Click or tap to enter a date. |
| **Comments:**  |       |