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:** |  |

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](mailto: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](mailto: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 |  | |
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|  |  |  |  | Week/s |  | Hours |  | |
|  |  |  |  | Week/s |  | Hours |  | |
|  |  |  | ***Total Hours >*** | |  |  |  | |
| **Areas of Practice Treated and/or Assessed:** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***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:** |  | | |