

Osteopaths Registration Board of Victoria

PO Box 248, Collins Street West Vic 8007

Form C - Application to sit the Examination for Overseas Trained Osteopaths

Mr Mrs Miss
Family Name Ms Dr Other

Given Names Sex M/F.....

Address.....
(This address will be used for all mail)

..... Postcode

Telephone Business (....) Private (....)

Facsimile (....) E-mail:

I hereby apply to sit for the Examination for Overseas Trained Osteopaths (Tick the parts you are applying to sit):

Written Examinations

Location.....

Date.....
(insert date of examination)

Clinical Examinations

Location.....

Date.....
(insert date of examination)

Signature Date

The fees for each part of the Examination are (Tick the part(s) you are applying to sit):

Written Examination \$200

Clinical Examination \$2,300

This application form is accompanied by my cheque for \$.....
(Your cheque should be in Australian dollars, payable to the "Osteopaths Registration Board of Victoria")

Please return the completed application form and payment to:

Osteopaths Registration Board of Victoria
PO Box 248, Collins Street West Vic 8007, Australia

OSTE100/EXAM/FORM C

OFFICE USE ONLY Date received / /20 File No. Fee \$
Receipt No.