

NSW OPTICAL DISPENSERS LICENSING BOARD

tel: (02) 9219 0237
fax: (02) 9211 9318
opticalreg@hprb.health.nsw.gov.au

PO Box K599
Haymarket NSW 1238
www.opticalreg.health.nsw.gov.au

APPROVAL TO PRACTISE & LOG BOOK

Information sheet for Optical Dispensing Students

Attached is your application for an *Approval to Practise*. This must be submitted to the Board for approval to allow you to legally carry out optical dispensing under the supervision of a registered optometrist or licensed optical dispenser in order to gain the necessary 800 hours of practical experience to be licensed as an optical dispenser in New South Wales.

An Approval to Practise may be granted to a person who proposes to practise optical dispensing for the purposes of qualifying for a licence or who is undertaking practical training in optical dispensing for that purpose.

Approvals to Practise are renewed annually on or before 31 May each year.

A renewal will only be issued if satisfactory progress is made in your course of study. Satisfactory progress is considered to be successful completion of a minimum of four (4) modules (subjects) per year or such satisfactory progress as may be determined by the Board.

You must attach to your renewal a transcript of your academic results showing satisfactory progress of 4 modules each year. If satisfactory progress of 4 modules cannot be demonstrated, applicants are required to also enclose a letter explaining the lack of progress.

The Board will contact TAFE or OTEN if further information on an applicant's progress is sought.

In order to satisfy the Board's requirements for licensing as an optical dispenser you will need to complete a logbook which can be issued when the attached Approval to Practise application is approved.

Please attach a cheque or money order for ten (10) dollars, made out to the Optical Dispensers Licensing Board, to your application so that we can issue your logbook. If paying by credit card please complete the payment slip enclosed in the application form.

Attach photograph
here Refer page 3

NSW OPTICAL DISPENSERS LICENSING BOARD

tel: (02) 9219 0237
fax: (02) 9211 9318
opticalreg@hprb.health.nsw.gov.au

PO Box K599
Haymarket NSW 1238
www.opticalreg.health.nsw.gov.au

APPLICATION FOR APPROVAL TO PRACTISE UNDER DIRECT SUPERVISION

OPTICAL DISPENSERS ACT 1963

Your personal information is required by the Board to complete this application. Limited personal information may be provided to or accessed by any interested party to determine the registration status of the individuals.

1. Family/Surname _____ (nee _____)
if applicable

Given names _____ Title: Dr, Mr, Mrs, Ms, Miss

2. Home address _____

_____ Postcode _____

Daytime Telephone No: _____

Email: _____

3. I am _____ years of age. Date of birth ____/____/____

Previous Approval to Practice Number, if applicable _____

I hereby apply for an approval to practice optical dispensing in accordance with Section 22B of the Optical Dispensers Act 1963, as I propose to undertake practical training in optical dispensing for the purpose of qualifying for a License pursuant to Section 22(a) or (b) of the Act.

Please tick or complete (a) (b) or (c)

(a) I am enrolled in the Optical Dispensers Course at the

_____ Institution Student No. _____

OR

(b) I am planning to enrol in the Optical Dispensing Course at

_____ / ____ / ____
_____ Institution commencing _____

OR

(c) I have completed my studies and am currently completing 800 hours of practical training in optical dispensing in New South Wales. YES

4. I am currently employed by:

Name of employer: _____

Address of employer: _____

_____ Postcode _____

Business telephone No: _____

Name of supervisor if different to employer: _____

Employer/Supervisor's signature: _____

Employer/Supervisor's registration No: _____

Check list in support of my application I enclose the following documentation:

- STATUTORY DECLARATION** completed certifying that I have not been convicted of a misdemeanour, felony, crime or offence nor has my name been erased or removed from any Register of Optical Dispensing for any reason affecting my conduct in any professional respect.
- PASSPORT STYLE PHOTOGRAPH** One recent colour passport style photograph **attached (staple or sticky tape) to the front** of the application form.

The photograph of the applicant is to be endorsed by a Guarantor. The Guarantor is to endorse the back of the photograph by writing "this is a true photo of (full name of applicant) and sign their name as the Guarantor", as per example below.

Your Guarantor must

- Not be related to you by birth or marriage
- Not be in a defacto relationship with you nor live at your address
- Have known you for at least 12 months
- Be an Australian citizen who is 18 years of age or over
- Possess a current Australian passport that was issued with at least two year's validity, or have been on the Australian Electoral Roll at their current address for the past 12 months

Endorsing the back of the photograph
This is a true photo of

(name of applicant)

(signature of Guarantor)

- EVIDENCE OF FULL IDENTITY:** a certified copy of your birth certificate, current driver's licence or passport. A certified copy is a photocopy that has been certified by a Justice of the Peace or solicitor to be a true copy of the original document.

Applicant's signature _____

Date ____/____/____

- Approval to practise Optical Dispensing in order to undertake practical training in optical dispensing for the purpose of qualifying for a licence is granted only to an applicant working under direct supervision of a registered Optometrist or licensed Optical Dispenser whilst the applicant is carrying out duties of Optical Dispensing.
- Approvals are renewed annually on or before 31 May each year.
- An approval may be revoked or varied at any time.

STATUTORY DECLARATION

This declaration must be signed before a Justice of the Peace, Solicitor or Magistrate who has explained to the applicant the implication of the Oaths Act.

I, _____
(name of applicant)

of _____
(address of applicant)

in the state of New South Wales do solemnly and sincerely declare that:

- (i) I have not been convicted of a misdemeanor, felony, crime or any offence (including certain offences under the Traffic Act specified on the reverse) in New South Wales or elsewhere.
- (ii) I am not, nor have I been, the subject of a complaint of lack of good character, professional misconduct or any other matter.
- (iii) I have not been refused registration, certification or licensing as a health care professional for any reason in another State or Territory.
- (iv) I have not been the subject of any adverse finding relating to the my conduct as a health care professional or to my character by a court, Royal Commission, special commission of inquiry, the Independent Commission Against Corruption or any other statutory investigatory body.
- (v) I have not been named as a defendant in any court action negligence or other malpractice in the provision of services as a health care professional.

I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.

Taken and declared at _____)

in the said State, this _____)

day of ____/____/20____ before me.)

Signature of Applicant

Magistrate/Solicitor/Justice of the Peace

If for any reason you are unable to complete this Statutory Declaration you may contact the Secretary of the Board stating your reasons and requesting that the Board consider your application.

Information Sheet

CONVICTION OF OFFENCES UNDER THE TRAFFIC ACT

With reference to convictions for offences in the application form, applicants are *not required to disclose offences relating to the parking of motor vehicles or any offences under the road transport legislation except for the following offences.*

- (a) an offence under section 42 of the *Road Transport (Safety and Traffic Management) Act 1999* relating to driving a motor vehicle upon a public street furiously or recklessly or at a speed or in a manner which is dangerous to the public,
- (b) an offence under section 42 of the *Road Transport (Safety and Traffic Management) Act 1999* relating to driving a motor vehicle upon a public street negligently if the applicant is, by way of penalty, sentenced to imprisonment or fined a sum of not less than \$200,
- (c) any offence under section 19 (2) of the *Road Transport (General) Act 1999* (which relates to refusing to produce a driver's licence when required or to state name and home address, or stating a false name and home address),
- (d) any offence under section 12 (1) of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to driving etc while under the influences of alcohol or any other drug),
- (e) any offence under section 25A (1), (2) or (3) of the *Road Transport (Driver Licensing) Act 1998* (which relates to driving while unlicensed),
- (f) any offence under section 70 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to failing to stop after an accident),
- (g) any offence under section 9 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to presence of prescribed concentration of alcohol in person's blood),
- (h) any offence under section 43 of the *Road Transport (Safety and Traffic Management) Act 1999* (which relates to menacing driving),
- (i) any other offence under the road transport legislation if the court orders the disqualification of the applicant from holding a driver's licence.

CREDIT CARD PAYMENTS

Should you wish to pay your **\$10** fee by credit card please complete below:

Only the following cards are accepted

Bankcard

MasterCard

Visa

Card Number: _____ Amount of **\$10.00**

Card expiry date: ____ / ____

Cardholders signature _____ Date: ____ / ____ / ____

You must return this completed form as credit card payments will not be accepted by telephone or facsimile.