

OPTICAL DISPENSERS ACT 1963

APPLICATION FOR LICENSING AS AN OPTICAL DISPENSER

OPTICAL DISPENSERS LICENSING BOARD

Please affix your
photograph here
endorsed on the
back:

This is a true photo
of

(full name of
applicant)

(signature of
Guarantor)

To: Secretary
PO Box K599
HAYMARKET NSW 1238
Email: opticalreg@hprb.health.nsw.gov.au
Website: www.opticalreg.health.nsw.gov.au

Level 6
477 Pitt Street
SYDNEY NSW 2000
Telephone: 9219 0237
Facsimile: 9211 9318

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.

I, _____, wish to apply for an optical dispensers licence in the State of New South Wales and I provide for the following information in support of my application.

1. PERSONAL DETAILS

- 1.1 Surname: _____ (nee _____)
If applicable
- 1.2 Given names: _____
- 1.3 Address: _____

Postcode _____
- 1.4 Telephone (Daytime): _____ facsimile: _____
- 1.5 Date of birth: _____
- 1.6 Sex (M or F): _____

2. QUALIFICATIONS

Certificate/Diploma	Institution	Year conferred
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. REGISTRATION IN OTHER STATES

- 3.1 Are you or have you ever been registered, certified, and/or licensed as an optical dispenser or to otherwise practise optical dispensing in any other States, Territories or countries? YES/NO
- 3.2 If the answer to Q 3.1 is "YES", please provide the following information in respect of each such registration, certification or licence:
- 3.2.1 Name of State, Territory or country?
- 3.2.2 Name of registering authority:
- 3.2.3 Date of registration:
- 3.2.4 Registration number (if any):

If your registration is current in New Zealand you can apply for a license under the Trans-Tasman Mutual Recognition Act. Contact the Board for more information.

4. CONVICTIONS FOR OFFENCES

- 4.1 Have you been convicted of any offence in or outside of New South Wales? YES/NO
- 4.2 If the answer to Q4.1 is "YES", please supply the following information in respect of each offence:
- 4.2.1 Date of offence:
- 4.2.2 Nature of offence:
- 4.2.3 Date of conviction:
- 4.2.4 Court imposing conviction:
- 4.2.5 Penalty imposed (if applicable):

5. GOOD CHARACTER

Refusal of registration

- 5.1 Has any application for registration, certification or licensing as an optical dispenser been refused in another State or country? YES/NO
- If the answer to Q5.1 is "YES", please supply full details.
- 5.2 Has any registration referred to in paragraph 3 been suspended, withdrawn, revoked, cancelled and/or removed for any reason? YES/NO
- If the answer to Q5.2 is "YES", please supply full details.
- 5.3 Has any registration referred to in paragraph 3.1 been made subject to any restrictions or conditions? YES/NO

If the answer to Q5.3 is "YES", please supply full details.

Current complaints

- 5.4 Are you currently as an optical dispenser as a registered health care professional the subject of a complaint of lack of good character, professional misconduct or other matters? YES/NO

If the answer to Q5.4 is "YES", please supply full details.

Academic conduct

- 5.5 Have you ever been suspended or expelled from a tertiary education institution? YES/NO
- 5.6 Have you ever been found guilty of cheating or other dishonesty by a tertiary education institution? YES/NO

If the answer to Qs 5.5 and 5.6 is "YES", please supply full details.

Adverse finding of Courts etc

- 5.7 Have you ever been the subject of an adverse finding relating to your conduct or character as an optical dispenser by a court, Royal Commission, special commission of inquiry, the Independent Commission Against Corruption or any other statutory investigatory body? YES/NO

- 5.8 If the answer to Q5.7 is "YES", please supply the following information:

- 5.8.1 Name of court etc:
- 5.8.2 Nature of proceedings or inquiry:
- 5.8.3 Details of adverse finding:
- 5.8.4 Date of adverse finding:

6. In support of my application I enclose the following documents:

IMPORTANT – All photocopies must be certified by a Justice of the Peace or Solicitor to be a true copy of the original document. Uncertified photocopies will not be accepted and will delay the processing of your application.

6.1 **EVIDENCE OF QUALIFICATIONS**

Certified photocopy of your diploma or certificate in optical dispensing.

6.2 CHARACTER REFERENCES

Two completed character references (on forms provided), relating to your good character. The character references should be completed by professional persons such as a medical practitioner, legal practitioner, registered optometrist, or a licensed optical dispenser. Character references must be originals, faxes are not acceptable.

6.3 PHOTOGRAPH

Please attach a recent photograph of your self to the front of the application form which is endorsed by a guarantor. If you have any questions regarding this requirement, please contact the Board.

<p>Your Guarantor must</p> <p><input checked="" type="checkbox"/> Not be related to you by birth or marriage</p> <p><input checked="" type="checkbox"/> Not be in a defacto relationship with you nor live at your address</p> <p><input checked="" type="checkbox"/> Have known you for at least 12 months</p> <p><input checked="" type="checkbox"/> be an Australian citizen who is 18 years of age or over</p> <p><input checked="" type="checkbox"/> 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.</p>	<p>Endorsing the back of the photograph</p> <hr/> <p>This is a true photo of</p> <p>_____</p> <p>(full name of applicant)</p> <p>_____</p> <p>(signature of Guarantor)</p>
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6.4 REGISTRATION FEE

Application fee \$90.00 payable to the Board by cheque/money order, Visa/BankCard/MasterCard.

6.5 RECORD OF PRACTICAL TRAINING IN OPTICAL DISPENSING (LOG BOOK)

If you have any questions regarding this requirement please contact the Board.

6.6 EVIDENCE OF IDENTITY

A certified photocopy of your birth certificate, current drivers licence or passport.

STATUTORY DECLARATION

Oaths Act 1900 Sections 21 & 24

I, _____
(name of applicant)

of _____
(address of applicant)

do solemnly declare that:

1. I am the applicant for registration as an optical dispenser referred to in this application.
2. The information supplied by me in this application is complete and true to the best of my knowledge and belief.

And I made this declaration conscientiously believing the same to be true, and by virtue of the Oaths Act 1900.

Dated:

Declared at

Before me:

Signature of Applicant

Justice of the Peace

AUTHORISATION

1. I authorise and consent to the Optical Dispensers Licensing Board of New South Wales and its secretary, inspectors and employees to approach and request information from the persons, institutions and organisations named in my application and from other persons, institutions or organisations as the Board may consider appropriate in order to determine my eligibility for registration as an optical dispenser in New South Wales.

2. I indemnify the Optical Dispensers Licensing Board, its secretary, inspectors and employees from any actions and claims by any persons arising from my request for and supply of information and the consideration and processing of my application for registration as an optical dispenser.

Dated:

Signature of Applicant

OPTICAL DISPENSERS LICENSING BOARD

CHARACTER REFERENCE

I, (full name) _____

Of (address) _____

_____ Post code _____ daytime phone no. _____

Occupation _____

Address _____

Do solemnly and sincerely declare that I have known

(Full name of applicant for registration)

for _____ years, and that in my opinion this person is of good fame and character, and in that respect suitable for registration as an optical dispenser in accordance with the provisions of the Optical Dispensers Act 1963.

Signed: _____

Dated: _____

NB As a guide this character reference should be dated within the last 6 months and be from a person who has known the applicant for a minimum of 12 months.

This character reference should be completed by a professional person, such as a medical practitioner, solicitor, registered optometrist or licensed optical dispenser.

OPTICAL DISPENSERS LICENSING BOARD

CHARACTER REFERENCE

I, (full name) _____

Of (address) _____

_____ Post code _____ daytime phone no. _____

Occupation _____

Address _____

Do solemnly and sincerely declare that I have known

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for _____ years, and that in my opinion this person is of good fame and character, and in that respect suitable for registration as an optical dispenser in accordance with the provisions of the Optical Dispensers Act 1963.

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This character reference should be completed by a professional person, such as a medical practitioner, solicitor, registered optometrist or licensed optical dispenser.

OPTICAL DISPENSERS LICENSING BOARD QUESTIONNAIRE

SECOND LANGUAGE SKILLS OF OPTICAL DISPENSERS

The Board occasionally receives requests from individuals wanting optical dispensing services from a person who speaks their language. To assist the Board direct members of the public, please supply the following:

Language: _____

Name: _____

Suburb: _____

Phone: _____

Practice Address: _____

Do you consent to your information as above being released? Such information will be released at the discretion of the Secretary. (Please tick the box.)

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Information Sheet
Conviction of Offences

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 registered psychologist 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 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 optical dispenser from holding a driver licence.

CREDIT CARD PAYMENTS

Should you wish to pay your licence fee of \$90 fee by credit card (**Bankcard, Visa and Mastercard only acceptable**), please complete below:

Bankcard Mastercard Visa

Card Number: _____

Card expiry date: __/__/__

Card holders signature:.....

Date:

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

APPLICATION CHECK-LIST

To assist in the prompt processing of your application, please follow this check-list to ensure your application is complete.

Have you

1.	completed the application form (pages 1-3), statutory declaration (page 5) and authorisation (page 6)?	YES/NO
2.	attached certified photocopies of your qualifications in optical dispensing?	YES/NO
3.	attached a passport-sized photo of yourself (a) to the front page of this application? (b) Is this photograph is endorsed on the back by a guarantor as a true likeness of yourself? (refer to page 3 of the application form for an explanation of this requirement)	YES/NO
4.	attached a cheque, money order or credit card details for \$90.00 to this application form as payment for your licence application?	YES/NO
5.	attached two (2) original character references? Faxed copies will not be accepted.	YES/NO
6.	attached your logbook?	YES/NO
7.	attached a certified copy of your birth certificate, current driver's licence or passport?	YES/NO

Thank you for your application.