



# FLIP. TiPS

CORU Form



Ag Rialáil Gairmithe Sláinte  
agus Cúraim Shóisialaigh

Regulating Health +  
Social Care Professionals

**Official use only**

|                               |  |
|-------------------------------|--|
| <b>Date form received:</b>    |  |
| <b>Date fee received:</b>     |  |
| <b>Application reference:</b> |  |

# Application for recognition of international qualifications

## Application form checklist

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You must tick the relevant boxes below.

|    |  |  |
|----|--|--|
| 1  | I have read and understood the detailed <a href="#">general guidance notes</a> .<br><b>Please note speech and language therapists must read the <a href="#">additional guidance</a>.</b>   | <input type="checkbox"/>   |
| 2  | I have read the <a href="#">standards of proficiency</a> for my profession.  | <input type="checkbox"/>   |
| 3  | I have fully completed all sections of the application form electronically - <b>handwritten applications will not be accepted</b>  | <input type="checkbox"/>   |
| 4  | I have emailed my complete application <b>form</b> as a word document to <a href="mailto:recognition@coru.ie">recognition@coru.ie</a><br>Note: this is required for internal processing only. Your email version does not require section 4, 7 and 8 to be signed. (Please <b>do not</b> send any of the certified supporting documentation by email). | <input type="checkbox"/>   |
| 5  | I have printed a full copy of my application form and ensured that:<br>Section 4 – is completed by me and stamped on each page by my educational institute(s)<br>Section 7 – declaration is signed by me<br>Section 8 – consent to background checks is signed by me   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| 6  | I confirm that I will post my complete application form, including all pages in hard copy  | <input type="checkbox"/>   |
| 7  | <b>Certified copies must be certified by a solicitor / lawyer /notary public</b> to certify that the documents you submit are true copies of the originals. <b>I have included:</b>  |  |
| 8  | <b>Certified colour</b> copy of the identification page and front cover of my passport   | <input type="checkbox"/>   |
| 9  | <b>Certified</b> copy of my birth certificate  | <input type="checkbox"/>   |
| 10 | <b>Certified</b> copies of evidence of change of name (if relevant) e.g. marriage / deed poll  | <input type="checkbox"/>   |
| 11 | <b>Certified</b> copy of certificate of qualification awarded  | <input type="checkbox"/>   |
| 12 | <b>Certified</b> copy of official transcripts for qualification (s) awarded  | <input type="checkbox"/>   |
| 13 | <b>Certified</b> description of the course content – course syllabus / handbook showing details of the subjects taken each year, the subject content and the number of hours of study in each subject;   | <input type="checkbox"/>   |
| 14 | <b>Certified</b> copy evidence of eligibility to practice in country where my qualification was obtained   | <input type="checkbox"/>   |
| 15 | <b>Certified</b> copies of certificate/s for other relevant qualification/s if relevant<br>Note: acceleration onto any year of a program presented for recognition will require previous course transcripts and course content information to be provided where possible.  | <input type="checkbox"/>   |
| 16 | <b>Certified</b> copies of transcripts for other relevant qualification/s to be considered if relevant.  | <input type="checkbox"/>   |
| 17 | <b>Certified</b> copies of syllabus / handbook for other relevant qualifications to be considered if relevant  | <input type="checkbox"/>   |

|    |  |                          |
|----|--|--------------------------|
| 18 | Certified translation of all documents into English and certified copies of all documentation in original language also included | <input type="checkbox"/> |
| 19 | I have paid the €410.00 fee online <a href="http://coru.ie/payment/index.php">http://coru.ie/payment/index.php</a>               | <input type="checkbox"/> |
| 20 | I have kept a full copy of my application and supporting documents for my own records  | <input type="checkbox"/> |
| 21 | I have not stapled or bound any of my documents  | <input type="checkbox"/> |

**Failure to submit all the necessary information required for assessment purposes will result in your application being delayed.**

### Please DO:

- Type in all sections of the application form – handwritten applications will not be accepted;
- Obtain all your certified supporting documents, these must be certified by a solicitor / lawyer / notary public;
- Print your full application form (every page) to post to CORU:
  - Obtain the necessary confirmation from your education institute(s) for Section 4;
  - Sign the declaration and consent to background checks;
- Include all certified copies as per the checklist; Post your printed application form (all pages) with all signatures / stamps etc. and supporting certified documentation to The Registrar, CORU, Infinity Building, George's Court, George's Lane, Smithfield, Dublin 7, D07 E98Y
- Email your application form in **word format** electronically to [recognition@coru.ie](mailto:recognition@coru.ie). Note: this does not need your signatures or stamps from third parties;
- **Pay your fee online** - <https://payments.coru.ie>
- Don't forget to:
  - Mark boxes with an 'X';
  - Move from field to field by pressing the tab button or cursor arrow keys; move back through the previous fields by pressing the **SHIFT** and **Tab** buttons or the **arrow** keys;
  - Write dates in the form dd/mm/yyyy (day, month,year);
  - Complete all relevant sections and answer all questions fully. We may return incomplete applications resulting in delays
  - Use additional pages and **reference** the section and question if you need more space;
  - Keep a copy of all the material you send to us and save MS word version to your PC;

### Please DO NOT:

- Staple or bind any part of your application;
- Include any original documents. Instead, please send certified copies of documents;
- Make arrangements or incur any expenses which depend upon the approval of your application by us. We will not accept liability for any loss or expense that you experience. **Applicants who make travel, work or other arrangements before knowing the outcome of their application do so at their own risk.**

### Please note

- The Registration Board will not accept liability for any documents that we return to you;
- The Registration Board will check all your information and documents and reserves the right to seek confirmation or verification in relation to anything contained therein;
- The Registration Board may verify, or ask you to verify, any information as part of your application. We may also ask you to supply additional information.

## Timelines:

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- We aim to acknowledge receipt of your application within **7 days**. If you have not heard from us within 7 days please contact us.
- Further to this acknowledgement you will receive a notification that your application is complete or missing any documentation required for assessment within **1 month** of receipt;
- The Registration Board will make a decision on your application within **4 months**. This 4 month period begins when your application is considered complete for the necessary information required for assessment.

**CORU endeavours to process applications as quickly as possible and most applications do not take this time frame if the information submitted by the applicant is complete and provides enough clarity to facilitate the assessment process.**

## Section 1: Registration Board application

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This application form is a generic and is related to more than one profession. Please choose the Registration Board which relates to your application for recognition.

I am applying for recognition of my qualification with (please choose from only **one** of the following):

Dietitians Registration Board

Occupational Therapists Registration Board

Optical Registration Board

- Optometrist
- Dispensing Optician (General Division)
- Dispensing Optician (Contact Lenses Division)

Physiotherapist Registration Board

**Note certain Physiotherapists can apply using the EPC route**

[http://europa.eu/youreurope/citizens/work/professional-qualifications/european-professional-card/index\\_en.htm](http://europa.eu/youreurope/citizens/work/professional-qualifications/european-professional-card/index_en.htm)

Radiographers Registration Board

- Radiographer
- Radiation Therapist

Social Workers Registration Board

Speech and Language Therapists Board

Medical Scientists Registration Board

**Please note you must also read the additional guidance for this profession.**

Have you ever previously applied for recognition of your qualification for your profession in Ireland with CORU or another Competent Authority?

Yes

No

If yes please provide your application number?

## Section 2: Personal details

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|   |   |
|---|---|
| <b>Title:</b>   | Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> |
| <b>First name:</b>  | Joe   |
| <b>Last name:</b>   | Bloggs  |
| <b>Previous (last) name:</b><br>(Provide certified proof of name change)                            |   |
| <b>Date of birth:</b>   | 01/01/1985  |
| <b>Gender:</b>  | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>                        |
| <b>PPS number (if relevant):</b>  |   |
| <b>Passport number:</b>   | 1234567890  |
| <b>Nationality:</b>   | Australian  |
| <b>Country of birth:</b>  | Australia   |
| <b>Town or city of birth:</b>   | Sydney  |
| <b>Citizenship:</b>   | Australian  |
| <b>Home contact details</b>   |   |
| <b>Address 1:</b><br><b>Address 2:</b><br><b>Address 3:</b><br><b>Address 4:</b><br><b>Country:</b> | <b>123 Smith Street</b><br><b>Sydney</b><br><b>NSW</b><br><b>2000</b><br><b>Australia</b>       |
| <b>Direct telephone or mobile number:</b>   | +61 12345678  |
| <b>Personal email address:</b>  | <a href="mailto:Joe.Bloggs@gmail.com">Joe.Bloggs@gmail.com</a>                                  |
| By providing my email address I consent to being contacted by email                                 |   |

### Don't forget:

- Check you have read the guidance notes and completed this section fully;
- **Certified** copy of your passport;
- **Certified** copy of your birth certificate;
- **Certified** copy of proof of name change if relevant e.g. marriage certificate or deed poll;
- Please note all documentation must be presented in English by an official translator.

## Section 3: Proof of eligibility to practise in country of qualification

### 3.1 Are you eligible to practise your profession in the country where you obtained your qualification? If your answer is no this will be the end of your application.

Yes  No

**Note:** documentary evidence will be required stating eligibility to practise. Failure to present documentary evidence can result in your application being delayed. See guidance notes.

### 3.2 What is the title of the qualification that you are presenting for recognition? This is the qualification which gives you eligibility to practise your profession in the country where you obtained it?

Bachelor of Physiotherapy, University of Sydney

### 3.3 Please provide details below of the competent authority / regulatory body that will provide a statement to confirm your qualification entitles you to practise in your profession in the country where it was obtained. See guidance notes.

|  |  |
|--|--|
| <b>Name of body:</b>   | Australian Health Practitioner Regulation Agency (AHPRA)                   |
| <b>Address 1:</b>  | Level 7  |
| <b>Address 2:</b>  | 111 Bourke Street  |
| <b>Address 3:</b>  | Melbourne  |
| <b>Address 4:</b>  | Victoria   |
| <b>Country:</b>  | Australia 3000   |
| <b>Email address:</b>  | (Unfortunately, AHPRA doesn't have a direct email address to provide here) |
| <b>Phone number (include country code):</b>  | +61 3 9275 9009  |
| <b>What are the professional activities undertaken by your profession in the country in which your qualification was obtained?</b><br>Please list below?<br><br>Physiotherapists in Australia are allowed to assess patients, make a diagnosis, treat, refer to other specialists and offer preventative advice/services.<br><br>Professionally recognised areas of physiotherapy within Australia include musculoskeletal, sports, cardiorespiratory, neurology, acupuncture, animal, aquatic, cancer, palliative care and lymphoedema, emergency department, gerontology, occupational health, orthopaedic, paediatric, pain, men's health and women's health. |  |
| <b>Please specify in detail which activities within your profession you are not entitled to undertake?</b><br><br>I have no limitations placed on my individual practice.  |  |
| <b>If applicable, what level of autonomy does your profession have in your country? (See guidance notes)</b><br><br>Physiotherapists in Australia are allowed to act as first contact, autonomous practitioners.   |  |



**Are you currently registered with the competent authority / regulatory body in the country where you received your qualifications?**

Yes  No

**If yes, please state:**

|   |                          |
|---|--------------------------|
| <b>Your registration / license number:</b>                | 1234567890               |
| <b>Professional title under which you are registered:</b> | Physiotherapist          |
| <b>Period of registration:</b>                            | 01/01/2020 to 31/12/2020 |

**Don't forget:**

- Check you have read the guidance notes and completed this section fully;
- **Provide certified copies of original** documentation from the competent authority, regulator or relevant body for your profession stating your eligibility to practise your profession in the country of your qualification.

## Section 4: Qualification for recognition

Please enter the details for your undergraduate or post graduate qualification for which you are seeking recognition. **Note: this is the qualification which gives you eligibility to practise your profession in the country where you obtained it.** If a combination of both undergraduate and a postgraduate qualification gives you eligibility to practise, please enter details of both in this section.

### 4.1 Qualification details – Undergraduate

|   |                           |
|---|---------------------------|
| <b>Country of qualification:</b>                    | Australia                 |
| <b>Title of qualification in original language:</b> | Bachelor of Physiotherapy |
| <b>Title of qualification in English language:</b>  | Bachelor of Physiotherapy |

#### 4.1.1 Course details

|   |  |  |
|---|--|--|
| <b>Name of educational institution in English:</b>  | University of Sydney   |  |
| <b>Name of institution in original language:</b>  | University of Sydney   |  |
| <b>Name of department or school:</b>  | School of Physiotherapy  |  |
| <b>Address 1:</b><br><b>Address 2:</b><br><b>Address 3:</b><br><b>Address 4:</b><br><b>Country:</b><br><b>Email:</b>      | University of Sydney<br>456 Sydney Street<br>Sydney<br>NSW<br>Australia, 2000<br>University.of.sydney@gmail.com  |  |
| <b>Total number of years of course:</b> 4   | <b>Start date:</b> 01/01/2005 <b>End date:</b> 31/12/2008<br>(dd/mm/yyyy)  |  |
| <b>Did you accelerated onto any year of a course:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| <b>Completion date:</b> 31/12/2008  | <b>Date of qualification award:</b> 31/01/2009   |  |
| <b>Certificate number or equivalent:</b> 123456   | <b>Study mode:</b><br>full-time <input checked="" type="checkbox"/> part-time <input type="checkbox"/> distance learning <input type="checkbox"/> other <input type="checkbox"/> |  |
| <b>Proportion of total course time allocated to practice placement:</b>   | % 25   |  |
| <b>Proportion of total course time allocated to academic teaching:</b>  | % 75   |  |

|  |                                  |
|--|----------------------------------|
| <b>Name of Qualification Awarding Body</b> in English and original language. (If different from educational institute) | Australian Physiotherapy Council |
| <b>Qualification Accreditation Body</b> in English and original language. (if different from above):                   | Australian Physiotherapy Council |

Please expand table and insert rows for additional information / years if necessary.  
 You must sufficiently expand on the information contained in your transcript.

| Course Year 1,2,3,4 etc. | List of subjects / modules              | Subject description – please outline content to include learning outcomes and/or competencies     | Hours studied | Examination / assessment method                              | ECTS credits (if relevant) | Page / syllabus reference |
|--------------------------|---|---|---------------|--|----------------------------|---------------------------|
| Year 1                   | PHTY101 – Introduction to Physiotherapy | I'm not going to make up a whole course description! Provide the details from your syllabus here. | 60 hours      | Written exam<br><br>Written assignment<br><br>Practical exam | 10                         | Page xyz                  |
| Year 2                   |   |   |               |  |                            |                           |
| Year 3                   |   |   |               |  |                            |                           |
| Year 4                   |   |   |               |  |                            |                           |

#### 4.1.2 Practice placements undertaken during this qualification

**You must copy and insert a new table for each continuous block of practice / clinical placement.** Placement information should be included for each continuous block of placement within a year of study even if these placements take place at the same location. If a placement is broken up i.e. by lectures or holidays etc. a new table must be added for the next continuous block in chronological order. This may result in you inserting several tables according to your profession. If placement information does not provide the clarity required for assessment, this can result in delays and information being requested at a later stage. If you have not completed your placements in continuous blocks of hours, please complete the tables accordingly and provide an explanation.

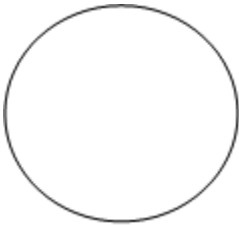
| <b>Practice placement 1</b>  |   |   |
|--|---|---|
| <b>Name of placement setting: (workplace)</b>  | Sydney Public Hospital  |   |
| <b>Practice areas:</b>   | Cardiopulmonary Physiotherapy   |   |
| <b>Type of service:</b>  | public service <input checked="" type="checkbox"/> private sector <input type="checkbox"/> non-governmental organisation <input type="checkbox"/> other <input type="checkbox"/> (specify): |   |
| <b>Start date (dd/mm/yyyy):</b> 04/03/2008   | <b>End date (dd/mm/yyyy):</b> 05/04/2008  |   |
| <b>Total number of hours spent in placement:</b>   | 200   |   |
| <b>Was the placement assessed?:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | <b>Outcome:</b> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> Other <input type="checkbox"/>   |   |
| <b>Assessment method:</b><br>Assessment of Physiotherapy Practice (APP)  | <b>Was the placement supervised by a professionally qualified senior person in your profession?</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |   |
| <b>Name of supervisor:</b><br><b>Position of supervisor:</b>   | John Citizen<br>Physiotherapist   | <b>Frequency of supervision:</b><br>40 hours per week |
| <b>If you answered no please tell us how you were supervised and by whom</b><br>As above   |   |   |
| <b>Main duties, core skills and knowledge acquired in this placement (Expand table as required):</b><br><br>I'm not going to make this part up. You can insert the details of your APP/assessment feedback here. |   |   |

### 4.1.3 Research project / thesis completed during this qualification

|   |  |
|---|--|
| <b>Did you complete a project / thesis as part of your undergraduate studies?</b>   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |
| <b>If yes what was the title of the project:</b>  | How many physiotherapists applying to CORU are successful in obtaining international registration? |
| <b>No of words required:</b>  | 3000   |
| <b>Please provide a structured summary of the thesis to include hypothesis and research methodology:</b><br>ABSTRACT:<br>Objectives:<br>Design:<br>Setting:<br>Participants:<br>Method:<br>Results:<br>Discussion:<br>Conclusion: |  |

#### 4.1.4 Confirmation by educational institute

**Official stamp required on each page of section 4.**

|  |   |
|--|---|
| I hereby certify that the particulars that <b>JOE BLOGGS</b> has supplied in section 4 about his/her academic and practice placement training are true and accurate, to the best of my knowledge and belief. <b>I have provided an official stamp on each page of section 4.</b> |   |
| <b>Official course contact:</b>  | Professor Jane Smith  |
| <b>Job title:</b>  | Course co-ordinator   |
| <b>Signed:</b>   | <b>Date:</b> 01/01/2020   |
| <b>Name in block capitals:</b>   | PROFESSOR JANE SMITH  |
| <b>Position held:</b>  | Course co-ordinator   |
| <b>Address 1</b><br><b>Address 2</b><br><b>Address 3</b><br><b>Address 4</b><br><b>Country</b>   | University of Sydney<br>456 Sydney Street<br>Sydney<br>NSW, 2000<br>Australia |
| <b>Telephone number:</b> +61 2 1234 5678   | <b>Work email address:</b> Jane.Smith@sydneyuni.com                           |
| <b>Official stamp of educational institution:</b>  |   |
|   |   |
| <p><b>Please also officially stamp each page completed in Section 4 to verify this information on behalf of the applicant.</b></p>   |   |

#### Applicant note – Don't forget:

- Check you have read the guidance notes and completed this section fully;
- **Provide certified** copy of certificate of qualification (s);
- **Provide certified** copy of transcripts of qualification (transcripts are a formal official declaration by the college of subjects studied and the examination results / grades obtained leading to your qualification);
- **Provide certified** description of the course content – course syllabus / handbook showing details of the subjects taken each year, the subject content and the number of hours of study in each subject;
- Section 4 must be stamped and certified by your educational institution to include contact details for official course contact; please note each page must include the official stamp.
- Add extra tables for any block of placement even if they are in the same study year, same location. Only placements not split by e.g. lectures can be counted as one continuous placement.

- Please note all documentation must be presented in English by an official translator.

## 4.2 Qualification details – Post graduate (if applicable)

|   |                          |
|---|--------------------------|
| <b>Country of qualification:</b>                    | Australia                |
| <b>Title of qualification in original language:</b> | Masters of Physiotherapy |
| <b>Title of qualification in English language:</b>  | Masters of Physiotherapy |

### 4.2.1 Course details

|  |   |  |
|--|---|--|
| <b>Name of educational institution in English:</b>   | University of Sydney  |  |
| <b>Name of institution in original language:</b>   | University of Sydney  |  |
| <b>Name of department or school:</b>   | School of Physiotherapy   |  |
| <b>Address 1:</b><br><b>Address 2:</b><br><b>Address 3:</b><br><b>Address 4:</b><br><b>Country:</b><br><b>Email:</b> | University of Sydney<br>456 Sydney Street<br>Sydney<br>NSW, 2000<br>Australia<br>University.of.sydney@gmail.com   |  |
| <b>Total number of years of course:</b> 1  | <b>Start date:</b> 01/01/2011 <b>End date:</b> 31/12/2011<br>(dd/mm/yyyy)   |  |
| <b>Completion date:</b> 31/12/2011   | <b>Date of qualification award:</b> 01/02/2012  |  |
| <b>Certificate number or equivalent:</b> 123456  | <b>Study mode:</b><br>full-time <input type="checkbox"/> part-time <input checked="" type="checkbox"/> distance learning <input checked="" type="checkbox"/> other <input type="checkbox"/> |  |
| <b>Did you accelerated onto any year of a course:</b>  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| <b>Proportion of total course time allocated to practice placement:</b>  | % 25  |  |
| <b>Proportion of total course time allocated to academic teaching:</b>   | % 75  |  |

|  |                                  |
|--|----------------------------------|
| <b>Name of Qualification Awarding Body</b> in English and original language. (If different from educational institute) | Australian Physiotherapy Council |
| <b>Qualification Accreditation Body</b> in English and original language. (if different from above):                   | Australian Physiotherapy Council |

Please expand table and insert rows for additional information / years if necessary.  
 You must sufficiently expand on the information contained in your transcript.

| Course Year 1,2,3,4 etc. | List of subjects / modules                | Subject description – please outline content to include learning outcomes and/or competencies | Hours studied | Examination / assessment method                                   | ECTS credits (if relevant) | Page / syllabus reference |
|--------------------------|---|---|---------------|---|----------------------------|---------------------------|
| Year 1                   | PHTY303 – Advanced Physiotherapy Practice | I won't make up a whole course syllabus, just copy and paste the relevant details here.       | 40            | Oral presentation<br><br>Practical exam<br><br>Written assignment | 10                         | Page xyz                  |
| Year 2                   |   |   |               |   |                            |                           |
| Year 3                   |   |   |               |   |                            |                           |
| Year 4                   |   |   |               |   |                            |                           |



### 4.2.3 Practice placement details

**You must copy and insert a new table for each continuous block of practice / clinical placement.** Please note that placement information needs to be included for each continuous block of placement within a year of study even if these placements take place at the same location. If a placement is broken up i.e. by lectures or holidays etc. a new table must be added for the next continuous block. This should be done in chronological order and may result in your inserting several tables according to your profession. Please number each table. Please note that if placement information does not provide the clarity required for assessment, this can result in applications being delayed due to information being requested at a later stage. If you have not completed your placements in continuous blocks of hours, please complete the tables accordingly and provide an explanation.

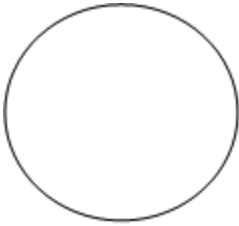
| <b>Placement 1</b>  |   |   |
|---|---|---|
| <b>Name of placement setting: (workplace)</b>   | Sydney Private Practice   |   |
| <b>Practice areas:</b>  | Musculoskeletal Physiotherapy   |   |
| <b>Type of service:</b>   | public service <input type="checkbox"/> private sector <input checked="" type="checkbox"/> non-governmental organisation <input type="checkbox"/> other <input type="checkbox"/> (specify): |   |
| <b>Start date (dd/mm/yyyy):</b> 01/06/2011  | <b>End date (dd/mm/yyyy):</b> 01/08/2011  |   |
| <b>Total number of hours spent in placement:</b>  | 200   |   |
| <b>Was the placement assessed?:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | <b>Outcome:</b> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> Other <input type="checkbox"/>   |   |
| <b>Assessment method:</b><br>Clinical Placement Practical Assessment  | <b>Was the placement supervised by a professionally qualified senior person in your profession?</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  |   |
| <b>Name of supervisor:</b><br><b>Position of supervisor:</b>  | Paul Hogan<br>Senior Physiotherapist  | <b>Frequency of supervision:</b><br>20 hours per week |
| <b>If you answered no please tell us how you were supervised and by whom</b><br>As above  |   |   |
| <b>Main duties, core skills and knowledge acquired in this placement (Expand table as required):</b><br><br>I won't make all of this up. One suggestion might be to copy and paste your assessment results/feedback from your supervisor. |   |   |

#### 4.2.4 Research project / thesis (if applicable)

|   |  |   |
|---|--|---|
| <b>Did you complete a project / thesis as part of this course?</b>  |  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| <b>If yes what was the title of the project:</b>  | Is Ireland the most fun country for physiotherapists to work in? An observational study. |   |
| <b>No of words required:</b>  | 5000   |   |
| <b>Please provide a structured summary of the thesis to include hypothesis and research methodology:</b><br>ABSTRACT<br>Background:<br>Hypotheses:<br>Study design:<br>Methods:<br>Results:<br>Discussion:<br>Conclusion: |  |   |

#### 4.2.5. Confirmation by educational institute

##### Official stamp required on each page of section 4

|  |  |
|--|--|
| I hereby certify that the particulars that <b>JOE BLOGGS</b> has supplied in section 4 about his/her academic and practice placement training are true and accurate, to the best of my knowledge and belief. <b>I have provided an official stamp on each page of section 4.</b> |  |
| <b>Official course contact:</b>  | Professor Kylie Minogue  |
| <b>Job title:</b>  | Course co-ordinator  |
| <b>Signed:</b>   | <b>Date:</b> 01/01/2020  |
| <b>Name in block capitals:</b>   | PROFESSOR KYLIE MINOGUE  |
| <b>Position held:</b>  | Course co-ordinator  |
| <b>Address 1</b><br><b>Address 2</b><br><b>Address 3</b><br><b>Address 4</b><br><b>Country</b>   | Sydney University<br>456 Sydney Street<br>Sydney<br>NSW, 2000<br>Australia |
| <b>Telephone number:</b> +61 2 1234 5678   | <b>Work email address:</b> kylie.minogue@sydneyuni.com                     |
| <b>Official stamp of educational institution:</b>  |  |
|   |  |
| <b>Please also officially stamp each page completed in Section 4 to verify this information on behalf of the applicant.</b>  |  |

#### Don't forget:

- Check you have read the guidance notes and completed this section fully;
- **Provide certified** copy of certificate of qualification (s);
- **Provide certified** copy of transcripts of qualification (transcripts are a formal official declaration by the college of subjects studied and the examination results / grades obtained leading to your qualification);
- **Provide certified** description of the course content – course syllabus / handbook showing details of the subjects taken each year, the subject content and the number of hours of study in each subject;
- Section 4 must be stamped and certified by your educational institution to include contact details for official course contact; please note each page must include the official stamp.
- Please note all documentation must be presented in English by an official translator.

## Section 5: Relevant additional (post qualifying) education and training

If deficits are identified in the qualification you are seeking to have recognised, additional **relevant** post qualifying education and training may be taken into consideration. Please only include that which is **relevant** to your profession and complete a separate sheet for each course studied.

### Don't forget:

- Check you have completed this section fully;
- **Provide certified** qualification certificates for any additional relevant qualifications to be considered;
- **Provide certified** transcripts for any additional relevant qualifications to be considered.

### Additional education and training 1

|   |   |
|---|---|
| <b>Course title in English:</b>   | Ultrasound Imaging for Physiotherapists                                   |
| <b>Course title in original language:</b>   | Ultrasound Imaging for Physiotherapists                                   |
| <b>Educational institution:</b>   | Australian Physiotherapy Association                                      |
| <b>Course / programme duration:</b>   | <b>Start date:</b> 02/11/2019 <b>End date:</b> 03/11/2019<br>(dd/mm/yyyy) |
| <b>Date of qualification award:</b> 03/11/2019  | <b>Certificate number or equivalent:</b> 987654321                        |
| <b>Study mode:</b> full-time <input checked="" type="checkbox"/> part-time <input type="checkbox"/> distance learning <input type="checkbox"/>  |   |
| <b>Type of course:</b> Please choose from Appendix 2 if relevant<br><br>Weekend training course   |   |
| <b>Brief summary of course content and experience acquired:</b><br><br>Ultrasound for Physiotherapists is a course offering evidence-based, practical, and portable professional development for those seeking to upskill on the foundations of ultrasound imaging, develop competency skills for ultrasound imaging, and assimilate ultrasound imaging into daily clinical practice. |   |
| <b>Type of assessment:</b> Please choose from Appendix 3 (if relevant)<br><br>Written exam<br>Practical exam  |   |

## Section 6: Relevant post qualifying employment in your profession

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It is important to give sufficient information about your **relevant professional** post qualifying work experience in this section. This is important because if a deficit is identified in your education and training against the minimum standards of proficiency expected from an Irish graduate, post qualifying work experience will be considered. The Registration Board may also seek verification from your employers.

Please provide this information in **reverse chronological order** i.e. the **most recent first**. It will be assumed that you are not working in your profession for any period not accounted for.

A table is provided on the next page.

Note: you should copy and insert a new table should you wish to include any additional details on work experience

Please outline a summary of your experience in your profession since you received the qualification you are seeking to have recognised (the qualification which gives you eligibility to practise your profession).

You must copy and insert a new table for each new employment you wish to include. This should be done in chronological order. Please number each employment.

| Professional employment 1   |  |
|---|--|
| <b>Name of employer:</b>  | Sydney Sports Physiotherapy Clinic   |
| <b>Workplace name if different:</b>   | Sydney Sports Physiotherapy Clinic   |
| <b>Address 1:</b><br><b>Address 2:</b><br><b>Address 3:</b><br><b>Country:</b>  | 987 Sydney Street<br>Sydney<br>NSW, 2000<br>Australia  |
| <b>Self-employed:</b>   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| <b>Job title / position held:</b>   | Senior Physiotherapist   |
| <b>Type of service:</b>   | public service <input type="checkbox"/> private sector <input checked="" type="checkbox"/> non-governmental organisation <input type="checkbox"/><br>other <input type="checkbox"/> (specify): |
| <b>Start date (dd/mm/yyyy):</b> 01/01/2009  | <b>End date (dd/mm/yyyy):</b> Current  |
| <b>Number of years and months employed:</b>   | 11 years 03 months   |
| <b>Contract of employment:</b>  | full-time <input checked="" type="checkbox"/> part-time <input type="checkbox"/> unpaid <input type="checkbox"/> Hours per week: 42  |
| <b>Area of work:</b><br>(Insert from the relevant list at Appendix 1)<br><br>Musculoskeletal Physiotherapist  | <b>Area of specialism if any:</b><br><br>Sports Physiotherapy<br>Musculoskeletal Physiotherapy   |
| <b>Main duties and tasks:</b>   |  |
| <ul style="list-style-type: none"> <li>• Assessment of general musculoskeletal and sports physiotherapy caseload</li> <li>• Treatment of cervical, thoracic and lumbar spine pain; upper limb injuries and lower limb pain using a variety of evidence-based techniques such as manual therapy, electrotherapeutic modalities and exercise prescription</li> <li>• Liaison with general practitioners, surgeons, exercise physiologists, radiographers, pharmacists and massage therapists</li> <li>• Facilitation of group pilates classes</li> <li>• Note writing, letter writing, report writing and other administrative responsibilities</li> <li>• Participation in weekly inservice training schedule</li> </ul> |  |
| <b>Skills and knowledge acquired:</b>   |  |
| <ul style="list-style-type: none"> <li>• Tip: Use the CORU Standards of Proficiency document to really nail the elements they are looking for</li> <li>• Time management skills</li> <li>• Written and verbal communication skills</li> <li>• Teamwork skills</li> <li>• Etc.</li> </ul>  |  |

**Equipment used (if applicable to your profession):**

- Sports tape, kinesiotape
- Acupuncture needles
- Theraband
- Weights: dumbbells, barbells, kettlebells
- Pilates reformer
- Shockwave, ultrasound and interferential machines
- Etc.

**Level of responsibility:** Please describe your level of responsibility and give examples of how you demonstrated this e.g. supervision of staff, responsible for education and training of students on placement:

- Autonomous practitioner responsible for managing my own caseload.
- Supervisor of therapy assistant and massage therapy staff.
- Physiotherapy student placement educator for 1<sup>st</sup> Year University students.

**Do you work independently or are you supervised?** Independently

**Professional supervision: Who is / was your line manager / practice supervisor?** Chris Hemsworth

**Was your supervisor from your profession?** Yes

**Name:** Chris Hemsworth

**Job Title:** Senior Physiotherapist

**Telephone:** +61 2 9876 5432

**Email address:** Chris.hemsworth@sydneyclinic.com

**Qualifications:** APA Titled Sports Physiotherapist

**What is / was the frequency and format of your supervision?**

- Weekly 1 hour formal group inservice training
- Monthly 1 hour formal individual performance appraisal
- Regular informal complex case discussion

**Employer certification – this is to be provided for your current or most recent employment only**

I hereby certify that the particulars that **JOE BLOGGS** has supplied about this employment are true and accurate, to the best of my knowledge and belief.

**Line Manager / supervisor :**

Chris Hemsworth

**Official stamp of employer:**

**Job title:**

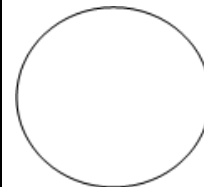
Senior Physiotherapist

**Signed:**

**Date:** 01/01/2020

**Telephone number:**  
+61 9876 5432

**Work email address:**  
Chris.hemsworth@sydneyclinic.com



## Section 7: Declaration

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**Any recognition granted on the basis of fraudulent or falsified information, material misrepresentation or a statement designed to mislead shall be invalid.** The onus for ensuring the full and accurate disclosure of information rests with the applicant.

- I declare that the information given in this document and in all attached documentation is true and accurate.
- I declare that I am eligible to practise my profession in the country where my professional qualification was obtained.
- I understand that failure to disclose full information, or any deliberate misrepresentation of information, is a serious matter and will invalidate my application.
- I understand that I may be required to submit further documentary evidence or information in support of any particulars given by me on my application form.
- I understand that any false, misleading or incomplete information submitted by me will result in the revocation of the recognition of my qualifications.
- I agree to notify CORU in writing, of any change of personal details during the application process, e.g. change of last name or address, as and when any such changes occur.
- Failure to sign the application form will render it invalid.

I have read and understood the guidance notes and accept that any decision in relation to my qualification/s will be made in this context, based upon the evidence provided by me.

I hereby declare that all particulars I have supplied in this form and attached documents are true and accurate to the best of my knowledge and belief.

**Name of Applicant:** Joe Bloggs \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** 01/01/2020 \_\_\_\_\_

**Home address:** 123 Smith Street, Sydney, NSW, Australia, 2000 \_\_\_\_



## Section 8: Consent to background checks

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In making my application for recognition of my qualification as part of the registration process:

1. I understand that, in order to verify the accuracy of the information I have provided, the Registration Board may undertake further background checks to verify the information I have given.
2. I agree that:
  - 2.1 the Registration Board may undertake such background checks as it considers appropriate
  - 2.2 the Registration Board may appoint agents as it sees fit to carry out such checks;
  - 2.3 the recipient of any inquiries made as part of such checks may release information about me which they hold and which is relevant to a request for information made by or on behalf of the Registration Board;
  - 2.4 information I have provided with my application may be used for the purposes of verifications with:
    - any other persons or bodies identified in my application;
    - IMI system (IMI is a multilingual online tool that helps Competent Authorities to cooperate across borders);
    - such other third parties as the Registration Board considers appropriate both in the Republic of Ireland and in other jurisdictions; and that, for the purpose of conducting background checks, the Registration Board and any agent appointed by the Registration Board may transfer my personal data outside of the European Economic Area to be processed and stored in any appropriate format.
3. I confirm that the information I have provided in my application is true and accurate and understand that, if I have made a false declaration or provided any false information or documents in support of my application, the Registration Board may refuse my application to have my qualification recognised and I may be liable to prosecution under Section 81 (1) of the Health and Social Care professionals Act 2005.

**Name of Applicant:** Joe Bloggs \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** 01/01/2020 \_\_\_\_\_

**Home address:** 123 Smith Street, Sydney, NSW, Australia, 2000\_\_\_\_

## Section 9: Fee payment

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The recognition application fee is **€410.00 euro**.

Please pay your fee online: <http://coru.ie/payment/index.php>

**A receipt will be emailed to you. Please retain your receipt and make sure you include a copy with your application form.**

## Section 10: Sending us your application form and supporting documents

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- You must complete this application electronically. Save a version to your PC;  
**Note: handwritten applications will not be accepted;**
- Obtain all certified documents – refer to checklist;
- After completing electronically, print your application form and send the relevant pages e.g. Section 4 to your educational institute for certification;
- Obtain certification for the work experience you have included from your previous employers. If you can provide this for your current employment please also include;
- Print and sign the declarations in Section 8 and 9;
- Email this application form (completed electronically) to [recognition@coru.ie](mailto:recognition@coru.ie);
- Post your application form and all documentation to CORU.

The Registrar  
CORU,  
Infinity Building,  
George's Court,  
George's Lane,  
Smithfield,  
Dublin 7, D07 E98Y  
Ireland

**Note:** we may return incomplete applications resulting in delays

## Appendix 1: Areas of work by profession

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### **Social Workers**

- Addiction
- Adoption & Fostering
- Child & Family
- Community Work
- Learning disability
- Physical disability
- Sensory disability
- Housing welfare
- Medical
- Occupational / private
- Old age
- Probation/criminal justice
- Mental Health
- Child Psychiatry
- Other

### **Other professions**

- No reference information currently provided.

## Appendix 2: Types of course by profession

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Please note these are examples and are not an exhaustive list:

### **Social Workers**

- No details provided

### **Radiographers**

- Ultrasound
- Computed Tomography
- DEXA Scanning
- Patient Achieve Communication System /Radiology Information System Administration
- Positron Emission Tomography
- Radiation Safety
- Magnetic Resonance Imaging
- Radionuclide Imaging
- Mammography
- Other, please specify

### **Radiation Therapist**

- Therapy Planning
- Computed Tomography
- Mould Room
- Linear Accelerators
- CT Sim

- Magnetic Resonance Imaging
- Radionuclide Imaging
- Brachytherapy
- Cobalt 60
- Simulation Room
- Other, please specify

### Appendix 3: Type of assessment - academic

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Please note these are examples and are not an exhaustive list:

- Examination
- Oral
- Project Work
- Multiple Choice Questions
- Written
- Continuous Assessment
- Course Work
- Thesis
- Assignments
- Other
- None