

## SCHEDULE A

### OPTOMETRISTS AND DISPENSING OPTICIAN DECREE 2013

#### SECTION 19

#### Application for Registration as an Optometrist/ Dispensing Optician

Passport  size  Photo	<b><u>TYPE OF REGISTRATION</u></b> Indicate the registration category you are applying for (please tick):  <table><tr><td><input checked="" type="checkbox"/></td><td>Optometrist</td><td><input type="checkbox"/></td><td>Full</td></tr><tr><td><input type="checkbox"/></td><td>Dispensing Optician</td><td><input checked="" type="checkbox"/></td><td>Temporary</td></tr><tr><td></td><td></td><td><input type="checkbox"/></td><td>Student</td></tr></table>	<input checked="" type="checkbox"/>	Optometrist	<input type="checkbox"/>	Full	<input type="checkbox"/>	Dispensing Optician	<input checked="" type="checkbox"/>	Temporary			<input type="checkbox"/>	Student
<input checked="" type="checkbox"/>	Optometrist	<input type="checkbox"/>	Full										
<input type="checkbox"/>	Dispensing Optician	<input checked="" type="checkbox"/>	Temporary										
		<input type="checkbox"/>	Student										

#### **PARTICULARS OF APPLICANT**

**FAMILY NAME**

**GIVEN NAME**

**TITLE**

.....

.....

.....

**BIRTH DETAILS**

**SEX**

**NATIONALITY**

Date ..... Town .....

Country .....

Male ☐

Female ☐

.....

**Present Residential Address:**

**Preferred Contact Address Postal**

.....

.....

.....

.....

.....

.....

**Phone: Home** .....

**Work:**.....

**Email:** .....

**Name of Spouse or personal Contact:** .....

.....

:.....

### Qualifications of Applicant

#### OPTOMETRY / DISPENSING OPTICIAN QUALIFICATIONS

Please include competency tests and/or courses, if any. Additional sheets may be used if necessary.

Name of Qualification (e.g. Degree/Diploma/Cert)	Country of Award	Course Duration (Year)	Year Obtained	Institution Name

### Postgraduate Qualification & Training

Date ( Year/Month)	Degree/Diploma/fellowship	Full Name and Location of Conferring Authority	CPD Yes/No

### Details of Employment /Prospective Employment

POSITION / DESIGNATION: ☐ Optometrist ☐ Dispensing Optician

ARE YOU THE BUSINESS OWNER?

☐ Yes ☐ No

TYPE OF EMPLOYMENT: TEMPORARY HUMANITARIAN

☐ Full- Time ☒ Part- Time

DATE OF COMMENCEMENT: .....Day ..... Month ..... Year

Name of Institution/Company/ Department :

Address :

Phone : Email:

Describe Type of Work: ☐ Clinical Practice ☐ Educational Institution ☐ Government Sector  
☐ Retail ☐ Research Institution  
☐ Others (Please specify) \_\_\_\_\_

## **Past Work Experience Of Applicant**

Please list in chronological order your work experience as an Optometrist / Optician

Name of Workplace	Address of Workplace	Country	Position Held	Duration
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

If you have more working experience, please fill in the Additional Work Experience in separate sheet and attach.

### **OTHER DETAILS**

Please circle correct answer

Have you been convicted in Fiji or elsewhere of an offence which if committed in Fiji shall be a felony or a misdemeanour?      Yes      No

Have you ever been convicted or subject to any inquiry or any investigation by any professional body, licensing health authority or police?      Yes      No

Have you ever suffered or are you suffering from any physical or mental illness?      Yes      No

If “Yes”, to any of above, give details:

.....

.....

.....

.....

## IMPORTANT

Please attach the following to your application:

- \* originals or certified copies of optometric certificates
- \* original or certified copies of final year exam results (New Graduates)
- \* originals or certified copies of registration certificates or licence/s (where applicable)
- \* a recent passport size photograph
- \* prescribed fee for registration

## DECLARATION BY APPLICANT

I solemnly and sincerely declare that I am the person named in the attached documents and that the statements made in this application and in the attached documents are to the best of my knowledge true and correct. My name has not been removed from any register of optometrists established or kept under any law in any country for any reason relating to my conduct in any professional respect.

Signature of applicant ..... / /20

If currently on a register of optometrist established or kept under any law in any country, the certificate below completed by the registration authority. In the case of applicants not currently registered (including new graduates), the certificate below completed by the head of school of optometry where graduation obtained, including final year exam results.

## CERTIFICATE REGARDING APPLICANT

I, Janet A. Walker..... certify that  
the photograph is that of the applicant  
the applicant is currently registered  
the applicant has not been guilty of  
professional misconduct  
the applicant holds the qualifications claimed

Signature 

Designation Executive Team Coordinator

Name and address of Authority or School Mission at Natuvu Creek, Vanua Levu

Common Seal of the Authority or School.

  
Elizabeth Aguilera, M.D.  
Medical Director

**the MISSION**  
at Natuvu Creek  
FIJI  
TIN: 75-00237-0-6

## **BACKGROUND AND CHARACTER**

The applicant is required to provide the name of 2 character referees from any of the following:

Registered or licensed optometrist, head of optometry school, medical or legal practitioner, minister of religion, bank manager, justice of the peace, commissioner for oaths, notary public, serving commissioned officer in the armed services.

The applicant must arrange for the character references detailed below to be completed by the referees and forwarded by them to the registration board by airmail.

REFEREES	(1)	(2)
Name .....	.....	.....
Address .....	.....	.....
Designation .....	.....	.....

### **Application for Registration – character reference**

You have been named as a referee by .....who is an applicant for registration as an optometrist in Fiji. Please provide a confidential reference about the applicant. This should include details about the applicant of the following matter:

- \* reputation and standing
- \* criminal convictions or professional misconduct, if any, or which you are aware

Please state:

- \* your occupation and position
- \* in what capacity you have known the applicant
- \* whether you are related to the applicant

You are required to forward this reference directly to the Fiji Optometrists Board by airmail:

The Secretary  
Fiji Optometrist Board,  
P. O. Box 2223,  
Government Bldg,  
Suva.

## SCHEDULE B

### OPTOMETRIST AND DISPENSING OPTICIAN DECREE, 2012

#### Section 39

#### *Application for re-registration of name to the Register.*

I hereby make application for my name to be re-registered to the Register of Optometrists/ Dispensing Optician and a Certificate of Registration to be issued.

State Previous Registration No:.....

The reasons for this application are as follows:-

.....  
.....  
.....  
.....  
.....  
.....

I hereby enclose a sum of \$..... as

1. Re-registration Application Fees: \$100
2. Certificate of Registration Fees: \$50.

I further apply for waiver of (state part) .....of the fee on the following grounds:-

(Here state grounds for waiver) .....

.....

Signed .....

Address .....

Date .....

## **SCHEDULE C**

### **OPTOMETRIST AND DISPENSING OPTICIAN DECREE 2012**

#### **Section 50(2)**

**Certificate of Authorization to use drugs in the practice of Optometry.**

No: .....

This is to certify that ..... a  
registered Optometrist is authorized to use drugs in the practice of Optometry under and in  
accordance with the provisions of Section 50 of the Optometrist and Dispensing Optician  
Decree.

Dated at Suva, this .....day of.....year.....

*Secretary, Fiji Optometrists Board.*