

SCHEDULE A

OPTOMETRISTS AND DISPENSING OPTICIAN DECREE 2013

SECTION 19

Application for Registration as an Optometrist/ Dispensing Optician

Passport style photo

TYPE OF REGISTRATION

Indicate the registration category you are applying for (please tick):

- | | | | |
|-------------------------------------|---------------------|-------------------------------------|-----------|
| <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

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Present Residential Address:

Preferred Contact Address Postal

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Phone: Home

Work:.....

Email:

Name of Spouse or personal Contact:

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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 : Mission at Natuvu Creek

Address : Mission at Natuvu Creek, Buca Bay, Vanua Levu

Phone : 1+949-525-1188 (US)

Email: janet@natuvu.org

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:

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IMPORTANT

Please attach the following copies to your application:

- * Optometric degree or certificate
- * Licence/s (where applicable)
- * a recent passport size photograph
- * prescribed fee for registration (will be sent by Mission at Natuvu Creek)

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 *Janet A. Walker*..... 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
 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 bywho 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

Send completed character reference to: janet@natuvu.org for submission to the Fiji Ministry of Health, Board of Optometry

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:-

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... **To be paid by Mission at Natuvu Creek**.....

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) ...\$100.....of the fee on the following grounds:-

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

.....

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, thisday of.....year.....

Secretary, Fiji Optometrists Board.