

APPLICATION FOR SPECIAL CONSIDERATION

Before completing this form please ensure you have read all the information available at www.dietitiansaustralia.org.au > Working in dietetics > Process for overseas-educated dietitians > Application for Special Consideration. Please forward your completed application form with your supporting documents to the DSR Administrator at dsr@dietitiansaustralia.org.au or post to our National Office (details below).

DSR Number _____

Family name: _____

Given names: _____

Date of Birth: ____/____/____
Day Month Year

Signature: _____ Date: ____/____/____
Day Month Year

I request to submit the following application for Special Consideration on my MCQ / Oral examination held _____ (Month and nominated venue).

I understand and accept that the enclosed application fee is non-refundable.

The completed application form and supporting documents should be forwarded to: dsr@dietitiansaustralia.org.au or

DSR Administrator
Dietitians Australia
1/8 Phipps Close
DEAKIN ACT 2600
AUSTRALIA

PAYMENT SECTION - Tax Invoice - (ABN 34 008 521 480)

Amount AUD __\$50_____

Cheque/money order/bank draft Mastercard Visa (Note Amex/Diners Club not accepted)

Card Number:

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Expiry Date: ____/____ CVV: ____

Card Holder's Name: _____ Cardholder's Signature _____