

CA-1

Application for National Competency Assessment



vetassess

Barcode (Office use only)

Receipt number (Office use only)

File number (Office use only)

Important information about how to complete and print this form

- 1 Please read the **Explanatory Notes** at www.vetassess.com.au before you complete this form.
- 2 Make sure you provide all documents required and sign the photo and declaration.
- 3 To complete the form, please use a **black pen** and print clearly in **BLOCK LETTERS** as shown in the example below:

JOHN SMITH

- 4 When printing this form, set Page Scaling to "None" in the Print dialog window
In Adobe Acrobat Reader, see: File > Print > Page Scaling in the Page Handling section

1. Your occupation

1.1 Name of occupation

2. Your personal details

2.1 Date of birth

Day / Month / Year

2.2 Age at 1 January 2011

2.3 Preferred title

Mr Ms Mrs Miss Other Male Female

2.4 Name

Surname or family name No family name

Previous surname or family name (if applicable)


Given names

2.5 Country of birth

2.6 Citizenship/residency status

What is your citizenship/residency status?

I am an Australian citizen
I hold a permanent residency visa
I am a NZ citizen Special Category Visa (sub-class 444)
I am an East Timorese asylum seeker
I am the holder of a Temporary Protection Visa
None of the above

 You will need to attach evidence of your citizenship/residency status to your application.

2. Your personal details *continued*

2.7 Migration Visa Do you need a skills assessment for migration purposes?
No Yes

2.8 Postal address *(address where you want your mail sent – this may be your agent)* Postal address

Suburb or town State Postcode

2.9 Home address *(if different from your postal address)* Home address

Suburb or town State Postcode

2.10 Contact details Email address

Telephone number Mobile phone number

3. Authorising a representative

3.1 Do you authorise a representative to act for you in matters concerning this application *(this can be a family member or a migration agent)*
No Go to **Section 4**
Yes I authorise the representative below to act for me in all matters concerned with this application.
Give details below

3.2 Name of representative

3.3 Migration agent's company name *(if applicable)*

3.4 Migration agent's MARA number *(if applicable)*

3.5 Contact details of representative Address

Suburb or town State Postcode

Country

Email address

Telephone number Mobile phone number

TRAINING

4. Your general school education

4.1 Secondary and/or technical education

Started: Month / Year

Finished: Month / Year

Number of years

4.2 Country of education

4.3 Highest schooling

Highest school level completed

Completed Year 12

Completed Year 11

Completed Year 10

Completed Year 9 or equivalent

Completed Year 8 or lower

Did not go to secondary school

5. Your formal training

5.1 Have you completed any formal training?

No Go to **Section 6**

Yes Give details below

5.2 Was this part of an apprenticeship?

No

Yes

5.3 Occupation/Trade

5.4 Name of training program or qualification

5.5 Name of awarding authority

5.6 Apprenticeship/ Traineeship
(complete only if your training was part of an apprenticeship/traineeship)

Name of authority

Employer/Employment contract

Company name

Address

Suburb or town

State

Postcode

Country

6. Other training (e.g. company training, short courses etc)

6.1 Have you undertaken any other training programs?
No Go to **Section 7**
Yes Give details below

PROGRAM 1

Name of program

Training institute or company Name

Address

Suburb or town State Postcode

Country

Title of certificate obtained

Type of training Full time study Part time study
Training duration Course hours
Training date started: Month Year
Training date finished: Month Year

 You will need to attach evidence of completion of this training to your application.

PROGRAM 2

Name of program

Training institute or company Name

Address

Suburb or town State Postcode

Country

Title of certificate obtained

Type of training Full time study Part time study
Training duration Course hours
Training date started: Month Year
Training date finished: Month Year

 You will need to attach evidence of completion of this training to your application.

7. Licensing, registration and/or industry membership

7.1 Do you hold an occupational licence, registration or industry membership? No Go to **Section 8**
Yes Give details below


7.2 Occupation or industry area

7.3 Issuing authority

7.4 Title of licence, registration or industry membership

7.5 Description of what the licence, registration or membership entitles you to do

7.6 Dates Issued: Month Year / Valid to: Month Year /

 You will need to attach evidence of licence, registration and/or industry membership to your application.

WORK EXPERIENCE

8. Your employment history

8.1 Work experience in trade area How long have you been working in the trade area you have nominated in this application?
 Years Months

8.2 Are you self-employed? No Yes

8.3 Employment history
EMPLOYER 1
 Employer name and contact information

Company name

Address

Suburb or town State Postcode

Country

Email address

Telephone number

Contact person

Your occupation and/or position held with employer

Period in occupation From: Month Year / To: Month Year /

 You will need to attach evidence of employment to your application.

9. Other information (the following information is required for enrolment and qualification completion purposes)

9.1 Are you of Aboriginal and/or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

9.2 Do you speak a language other than English at home?

No, English Only

Yes Which language do you speak at home? If more than one language, please specify the language that is spoken most often.

9.3 How well do you speak English?

Very well

Well

Not well

Not at all

9.4 Do you consider yourself to have a disability, impairment or long term condition?

No

Yes Please indicate the area(s) of disability, impairment or long term condition. (Select ALL that apply)

Hearing/Deaf

Physical

Intellectual

Learning

Mental Illness

Acquired Brain Impairment

Vision

Medical condition

Other

Do you require advice or support in any of these?

No

Yes

9.5 Which of the following categories BEST describes your current employment status? (Select one)

Full-time Employee

Part-time Employee

Self-Employed – Not Employing Others

Employer

Employer – Unpaid Worker in a Family Business

Unemployed – Seeking Full-Time Work

Unemployed – Seeking Part-Time Work

Not Employed – Not Seeking Employment

9. Other information (for enrolment and qualification completion purposes) *continued*

9.6 Please indicate if you have **SUCCESSFULLY** completed any of the following Australian qualifications. (Select ALL that apply)

Bachelor Degree or Higher Degree	<input type="checkbox"/>
Advanced Diploma or Associate Degree	<input type="checkbox"/>
Diploma or Associate Diploma	<input type="checkbox"/>
Certificate IV or Advanced Certificate/Technician	<input type="checkbox"/>
Certificate III or Trade Certificate	<input type="checkbox"/>
Certificate II	<input type="checkbox"/>
Certificate I	<input type="checkbox"/>
Certificates other than the above	<input type="checkbox"/>

Do you have a Victorian Student Number?

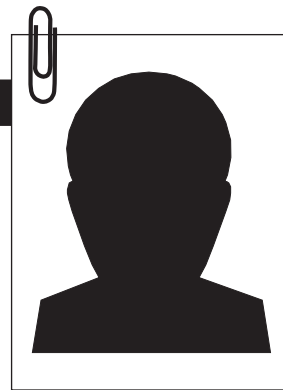
Yes <input type="checkbox"/>	▶ Please specify
<input type="text"/>	
Yes – but VSN is unknown	<input type="checkbox"/>
No – VSN has not been issued to me	<input type="checkbox"/>

9.7 Which of the following categories **BEST** describes your main reason for undertaking this assessment? (Tick one box only)

To get a job	<input type="checkbox"/>
To develop my existing business	<input type="checkbox"/>
To start my own business	<input type="checkbox"/>
To try for a different career	<input type="checkbox"/>
To get a better job or promotion	<input type="checkbox"/>
It was a requirement of my job	<input type="checkbox"/>
I wanted extra skills for my job	<input type="checkbox"/>
To get into another course of study	<input type="checkbox"/>
For personal interest or self development	<input type="checkbox"/>
Other	<input type="checkbox"/>

10. Privacy statement and applicant's declaration

Please use a paperclip to attach two (2) certified photographs of yourself here.
DO NOT STAPLE



I (print name)

understand that:

- VETASSESS is required to provide the Victorian Government, through Skills Victoria, with student and training activity data which may include information I provide in this enrolment form. Information is required to be provided in accordance with the Victorian VET Student Statistical Collection Guidelines (which are available at www.skills.vic.gov.au/corporate/statistics/submit_data). Skills Victoria may use the information provided to it for planning, administration, policy development, program evaluation, resource allocation, reporting and/or research activities. For these and other lawful purposes, Skills Victoria may also disclose information to its consultants, advisers, other government agencies, professional bodies and/or other organisations.
- The Education and Training Reform Act 2006 requires VETASSESS to collect and disclose my personal information for a number of purposes including the allocation to me of a Victorian Student Number and updating my personal information on the Victorian Student Register.
- Applicants eligible for VET Fee Help:
VETASSESS is collecting the information in this form for the purpose of assessing my entitlement to Commonwealth assistance under the Higher Education Support Act 2003 and allocation of a Commonwealth Higher Education Student Support Number (CHESSN) to me. VETASSESS will disclose this information to the Department of Education, Employment and Workplace Relations (DEEWR) for those purposes. DEEWR will store the information securely in the Higher Education Information Management System. DEEWR may disclose the information to the Australian Taxation Office. VETASSESS and DEEWR will not otherwise disclose the information without my consent unless required or authorised by law.
- For more information in relation to how student information may be used or disclosed please contact VETASSESS' Privacy Officer on phone +61 3 9655 4801 or email vetassess@vetassess.com.au

I acknowledge and agree to the terms described in this privacy statement.

I declare that:

- The information I have supplied on this form and in attachments is complete, correct and up to date.
- I have included the required documents as listed on the Required Document Checklist.
- All the evidence I have provided relates to me and my work and can be verified.
- I will inform VETASSESS of any changes to my circumstances in writing (e.g. change of address) while my application is being considered.
- I authorise my appointed representative to act in all matters concerned with this application.
- I authorise VETASSESS to make any enquiries necessary to assist in the assessment of my skills (including contacting training institutions, employers or other authorities) and to use any information supplied for that purpose.
- I understand that VETASSESS may verify and/or provide information relating to this application to Australian state or territory licensing or training authorities or Commonwealth government departments.
- I understand that my photograph may be taken and/or videotaping/recording may occur during the assessment. This may be used for identity checking, assessment and assessment moderation purposes.
- I understand that information collected through the assessment process may be provided to Australian state and federal government for the purposes of statistical data collection.
- * I acknowledge that if I undertake a practical assessment it is at my own risk and that it is my responsibility to adhere to safe work practices during the scheduled practical assessment. I acknowledge that it is my responsibility to ensure that at all times during the assessment activities that I work safely when working on my own and when working with others, and while using any tools and equipment. I agree that VETASSESS and any third party providing services in respect of or hosting the assessment is not liable in respect of any personal injury, death or property damage arising during the course of the assessments.
- * I have read the information in the Explanatory Notes and/or on the VETASSESS website regarding fees and conditions for assessment, reassessment, review and appeal.

I have read and abide by the above declaration

Applicant's signature

(representatives/agents DO NOT sign on behalf of applicant)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Required Document Checklist

I have included:

Identity documents

- Evidence of permanent residency or other type of visa
- Certified copy of my Australian driver's licence or relevant biography page from my passport or my birth certificate
- Evidence of change of name (where applicable)
- Two (2) recent passport size photographs, certified as a true likeness of myself

Training documents

- Certified copy of my training qualifications/certificates in the original language
- Certified copy of the transcript or record of results showing subjects, examination results and/or grades/marks in the original language (where applicable)
- Certified copies of any other relevant training
- Certified copy of licences, registration or industry membership documentation

Work experience

- Original** or **certified** copies of evidence of work experience

Other

- Trade Evidence** form for my nominated occupation
- Correct payment
- Certified translations in English of any of the above documents originally issued in a language other than English

Please ensure you have included **certified true copies**.

Original documents for work experience will be accepted.

Documents **will not** be returned.

12. Submit application

Send your application, with all required documentation and fees, to:



Post

VETASSESS
Skills Recognition – National
PO Box 2752
Melbourne VIC 3001
Australia

Courier

VETASSESS
Skills Recognition – National
Level 5, 478 Albert Street
East Melbourne VIC 3002
Australia

