

VETASSESS skills assessment for permanent migration SR-1



Occupation (title)

ANZSCO code

Please read the **Explanatory Notes** and **TRA Migration Skills Assessment Applicant Guidelines** available on our website, before you complete this form.

1 Pathway options

There are two (2) pathway options available.

- **Pathway 1** is for people who do not hold an Australian qualification.
- **Pathway 2** is for people who already hold an Australian Certificate III qualification in their nominate occupation.

Please use this application form for both Pathway 1 and Pathway 2 and completed the relevant sections.

Indicate your pathway option:

Pathway 1

Pathway 2

2 Indicate your visa type:

General Skilled Migration (GSM)

Employer Nomination Scheme (ENS)

PERSONAL DETAILS

3 TradeSET identification number *Pathway 1 applicants only*

If you have yet to complete the free self-evaluation or would like more information please go to www.tradeset.com.au

4 Your name

Mr Mrs Miss Ms Other

Family name

Given names

5 Other names by which you have been known

6 Your date of birth (dd/mm/yyyy)

7 Your sex

Male

Female

8 Your passport number

9 Your country of citizenship (passport holder)

10 Your country of residence

11 How long have you lived in your country of residence?

Years	Months
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12 Are you in Australia at the time of lodging this application?

No

Yes

13 Your postal address (for all correspondence)

State	Postcode
Country	

14 Your home address (if different from your postal address)

State	Postcode
Country	

15 Your contact details

Telephone number

()

Fax number

()

Mobile phone number

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Email

16 Do you authorise an agent or representative to act for you in matters concerned with this application?

No *Go to next question*

Yes *Give details below*

I authorise the agent or representative below to act for me.

Name of agent or representative

Agent's company name

Agent's MARA number

--

Agent's address

State	Postcode
Country	

Do you want your correspondence to be sent to this address?

No Yes

Agent's email

--

Agent's telephone number

()

Agent's fax number

()

Agent's mobile phone number

--

17 Give details of your Australian qualification

Pathway 2 applicants only

Title of Australian qualification

Qualification code

Name of Registered Training Organisation (RTO) that issued the qualification

RTO location (Australian state/territory)

RTO registration number (if known)



Attach certified copies of your Australian qualification and academic transcripts

18 Give details of your formal training

Pathway 1 applicants only

Title of qualification/training program

Name of awarding institute or authority

Address of awarding institute or authority

State

Postcode

Country

Period of study:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of training

Total course duration

Full-time

Part-time

hours

Was this qualification/training program part of an apprenticeship?

No

Yes Give employer details below

Company name

Company address

State

Postcode

Country



Attach certified copies of any qualifications and academic transcripts detailed above.

19 Give details of your informal and/or on the job training
Pathway 1 applicants only

Program 1

Title of training program

Name of employer or institute

Address of awarding employer or institute

State Postcode

Country

Period of study:
 From (dd/mm/yyyy) To (dd/mm/yyyy)

Type of training Full-time Part-time Total course duration hours

Training program 2

Title of training program

Name of employer or institute

Address of awarding employer or institute

State Postcode

Country

Period of study:
 From (dd/mm/yyyy) To (dd/mm/yyyy)

Type of training Full-time Part-time Total course duration hours



Attach certified copies of any training detailed above.

20 Give details of your relevant licences or industry membership

Licence/Membership 1

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy) Expiry date (dd/mm/yyyy)

Licence/Membership 2

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy) Expiry date (dd/mm/yyyy)

Licence/Membership 3

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy) Expiry date (dd/mm/yyyy)

Licence/Membership 4

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy) Expiry date (dd/mm/yyyy)

EMPLOYMENT DETAILS

Note pathway 2 applicants: For a skills assessment, you must demonstrate at least three (3) years full-time paid employment in a relevant and directly related trade, including at least twelve (12) months full-time paid employment in the nominated trade in the last two (2) years.

21 How long have you been working in the trade area you have nominated in this application?

Years	Months
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22 Give details of your employment history, starting with your most recent employer.

Print additional copies of this page as required, complete and include with your application.

Important note: You must provide a unique Employer Statement for every period of employment claimed in this application.

Employer 1	
Position description	
<input style="width: 100%; height: 40px;" type="text"/>	
Nature of company's business	
<input style="width: 100%; height: 40px;" type="text"/>	
Worked under direct supervision	Hours per week
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100px;" type="text"/>
Period of employment:	
From (dd/mm/yyyy)	To (dd/mm/yyyy)
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Company's name	
<input style="width: 100%;" type="text"/>	
Company's address	
<input style="width: 100%; height: 40px;" type="text"/>	
<input style="width: 100%; height: 40px;" type="text"/>	
State	Postcode
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Country	
<input style="width: 100%;" type="text"/>	
Company's email	
<input style="width: 100%;" type="text"/>	
Company's phone number	
<input style="width: 100%;" type="text"/>	
Contact person	
<input style="width: 100%;" type="text"/>	
Position held by contact person	
Employer <input type="checkbox"/>	Supervisor <input type="checkbox"/>
Manager <input type="checkbox"/>	Other <input type="checkbox"/> Specify <input style="width: 100px;" type="text"/>

Employer 2	
Position description	
<input style="width: 100%; height: 40px;" type="text"/>	
Nature of company's business	
<input style="width: 100%; height: 40px;" type="text"/>	
Worked under direct supervision	Hours per week
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 100px;" type="text"/>
Period of employment:	
From (dd/mm/yyyy)	To (dd/mm/yyyy)
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Company's name	
<input style="width: 100%;" type="text"/>	
Company's address	
<input style="width: 100%; height: 40px;" type="text"/>	
<input style="width: 100%; height: 40px;" type="text"/>	
State	Postcode
<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Country	
<input style="width: 100%;" type="text"/>	
Company's email	
<input style="width: 100%;" type="text"/>	
Company's phone number	
<input style="width: 100%;" type="text"/>	
Contact person	
<input style="width: 100%;" type="text"/>	
Position held by contact person	
Employer <input type="checkbox"/>	Supervisor <input type="checkbox"/>
Manager <input type="checkbox"/>	Other <input type="checkbox"/> Specify <input style="width: 100px;" type="text"/>

Employer 3

Position description

Nature of company's business

Worked under direct supervision Hours per week

 Yes No

Period of employment:

 From (dd/mm/yyyy) To (dd/mm/yyyy)

Company's name

Company's address

State Postcode

Country

Company's email

Company's phone number

Contact person

Position held by contact person

 Employer Supervisor Manager
 Other Specify
Employer 4

Position description

Nature of company's business

Worked under direct supervision Hours per week

 Yes No

Period of employment:

 From (dd/mm/yyyy) To (dd/mm/yyyy)

Company's name

Company's address

State Postcode

Country

Company's email

Company's phone number

Contact person

Position held by contact person

 Employer Supervisor Manager
 Other Specify


Attach evidence of employment for each employer. See the Required Document Checklist for further details.

APPLICANT'S DECLARATION

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



24 You MUST read and sign this declaration

I (*print name*) declare that:

- The information I have supplied on this form and in attachments is true and correct.
- I have included the required documents as listed on the Required Document Checklist and all documents are genuine.
- All the evidence I have provided relates to me and my work and can be verified.
- I have read and understood the information supplied to me in the Explanatory Notes accompanying this application.
- I intend to apply to migrate to Australia under the General Skilled Migration Program or Employer Nomination Scheme
- I will inform VETASSESS of any changes to my circumstances in writing (e.g. address) while my application is being considered.
- I authorise my appointed agent or 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 information relating to this application with any Australian state or territory licensing or training authority.
- I understand that VETASSESS may provide the Department of Education, Employment and Workplace Relations (Australia); Department of Immigration and Citizenship (Australia); or the Australian Taxation Office with any of the information supplied in this application.
- I understand that documentation and information submitted in support of my application may be referred to the Department of Immigration and Citizenship (Australia) for integrity checking.
- I understand that the Department of Immigration and Citizenship (Australia) may, where relevant, take into account any information referred to it by VETASSESS in the assessment of my application for a visa.
- I understand that my photograph may be taken and/or videotaping/recording may occur during the assessment. This may be used for identity check and and/or for assessment purposes.
- 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 assessments is not liable in respect of any personal injury, death or property damage arising during the course of the assessments.
- I acknowledge that I may need to meet the minimum IELTS requirements to gain the relevant visa and that all assessments by VETASSESS will be conducted in English.

Applicant's signature

(*agents DO NOT sign on behalf of applicant*)

Date (*dd/mm/yyyy*)

REQUIRED DOCUMENT CHECKLIST

25 I have included:

Identity documents

- Two (2) recent passport size photographs – passport size, **certified** and dated
- Relevant passport pages – certified copy (passport page must show name, photo and date of birth)
- Change of name evidence (if applicable)
- Copy of a completed TradeSET evaluation with the Skills Assessment Identification Number

Training and licences

- Certified evidence of training and/or qualifications
- Certified evidence of academic transcripts
- Certified English translation of the above documents, compiled by a registered translation service, if originally issued in a language other than English
- Certified evidence of recognition of your skills, e.g. licences, registration, industry membership

Pathway 2 applicants ONLY

- Certified copy of Australian qualification
- Certified evidence of academic transcripts

Employment

- An employer statement for each period of employment

You **should** also submit the following documentary evidence to support each **period** of employment you are claiming:

- Taxation record/Assessment notice
- Annual payment summary/Group certificate
- Pay Slips
- Bank statements
- Superannuation employer contributions
- CV
- Position description

Other

- Completed form signed and dated
- Payment for training and employment check

FEES AND PAYMENT

26 I am paying my fees by

MasterCard/VISA	<input type="checkbox"/>
Bank draft or bank cheque	<input type="checkbox"/>
Money order	<input type="checkbox"/>

27 Amount payable

Skills assessment

Training and employment check

- Applying **within** Australia (GST inclusive) – AUD \$715.00
- Applying **outside** Australia (GST exclusive) – AUD \$650.00

Postage (if applicable)

Only select postage if you require one of the special postage options.

Select one only

- Registered Australian mail – AUD \$5.00
- Express Post International (not traceable outside Australia) – AUD \$16.00

Express Courier International (traceable in major cities outside Australia)

- Region 1 countries – AUD \$50.15
- Region 2 countries – AUD \$41.75
- Countries not from Region 1 or Region 2 – AUD \$50.15

Total Amount Payable

28 Credit card payment

I (name of cardholder)

authorise VETASSESS to debit my credit card for the amount of AUD \$

as payment for the processing of my training and employment check.

I understand that the fee is non-refundable.

Credit card type

MasterCard VISA

Credit card number

Expiry date

 /

Credit card validation code
(the last three digits of the number printed on the signature panel)

Name of applicant

Signature of cardholder

Date (dd/mm/yyyy)

Authorisations missing any of the above information will not be processed.

SUBMIT APPLICATION

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



Post/Courier

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



30 After this training and employment check has been completed, you will receive further information from VETASSESS explaining your options for the next stage of assessment.

Indicate whether you want to undertake a technical interview or a practical demonstration and your preferred country to undertake the assessment.

Refer to the assessment schedules on our website for more information go to **www.vetassess.com.au**

Technical interview (via web conference) Specify country

Practical demonstration/ Technical interview in your country Specify country

Australia Specify state/territory