

13 Your contact details

Telephone number

Fax number

Mobile phone number

Email

14 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

QUALIFICATION

15 Is your highest qualification as a result from a recent Skills Assessment with VETASSESS?

Yes Go to next question

No Give details of your highest qualification below

If your highest qualification is at a Bachelor or Doctorate degree level, in an unrelated occupation, please go to www.immi.gov.au/asri for further information on the correct assessing authority.

Title of qualification

Name of awarding institute

Address of awarding institute

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



Attach certified copies of the qualification detailed above.

Evidence of qualification must include:

- Copy of the qualification
- Academic transcripts

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.

REQUIRED DOCUMENT CHECKLIST

17 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)

Qualification

If not already provided with your skills assessment

- Certified evidence of your highest qualification
- 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

Employment

If not already provided with your skills assessment

- 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

If self-employed

If not already provided with your skills assessment

- A personal statement that describes each period of self-employment

You **must** also submit the following documentary evidence for each **year** of self-employment you are claiming:

- Business registration
- Accountant or legal representative statement
- Three (3) suppliers statements
- Three (3) client quotations/invoices or contracts
- Three (3) client references
(these must be different from the client quotations/invoices/contracts already mentioned)
- Trade licensing or registrations
- Advertising or marketing material

Other

- Completed form signed and dated
- Payment for Points Advice

Please refer to the **TRA Applicant Guidelines** for the required information you will need to include in your Employer or Personal statement.

APPLICANT'S DECLARATION

18 Please use a paperclip to attach two (2) certified photographs of yourself here.

DO NOT STAPLE.



19 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 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 intend to apply to migrate to Australia under the General Skilled Migration Program.

Applicant's signature

(agents DO NOT sign on behalf of applicant)

Date (*dd/mm/yyyy*)

FEES AND PAYMENT

20 I am paying my fees by

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

21 Amount payable

Points Advice

Qualification and employment check

<input type="checkbox"/> Applying within Australia (GST inclusive) – AUD \$330.00	<input type="text"/>
<input type="checkbox"/> Applying outside Australia (GST exclusive) – AUD \$300.00	<input type="text"/>

Postage (if applicable)

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

Select one only

<input type="checkbox"/> Registered Australian mail – AUD \$5.00	<input type="text"/>
<input type="checkbox"/> Express Post International (not traceable outside Australia) – AUD \$16.00	<input type="text"/>
<input type="checkbox"/> Express Courier International (traceable in major cities outside Australia) – AUD \$34.00	<input type="text"/>

Total Amount Payable

22 Credit card payment

I (name of cardholder)

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

as payment for my VETASSESS points advice letter. I understand that the fee is non-refundable.

Credit card type

MasterCard	<input type="checkbox"/>	VISA	<input type="checkbox"/>
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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

23 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


vetassess

