

# MANUAL PAYMENT FOR PRACTICAL TRADE SKILLS ASSESSMENT (SRI02)

Please complete using BLOCK letters



Use this form if you wish to make a payment for your practical skills assessment. Payment can be made by credit card or bank draft. You can also pay by credit card online at [tradeassess@vetassess.com.au](mailto:tradeassess@vetassess.com.au) using your username and password. You may send this form to Vetassess as a scanned copy from an authorised email address to [tradeassess@vetassess.com.au](mailto:tradeassess@vetassess.com.au).

APPLICANT FAMILY NAME (surname): \_\_\_\_\_

APPLICANT GIVEN NAME/S: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  DD          MM          YY

FILE No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I, \_\_\_\_\_, the above named applicant/the authorised agent for the above named applicant, hereby request an assessment of this case (select one only):

Practical Skills Assessment - Carpenter, Joiner, Bricklayer or Motor Mechanic \$1500.00AUD

Practical Skills Assessment – General Electrician, General Plumber, Refrigeration and Air Conditioning Mechanic, Cable Joints, Electrical Power Line worker \$1600.00AUD

APPLICANT/AGENT SIGNATURE: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGENT NAME (IF APPLICABLE): \_\_\_\_\_ (PLEASE PRINT)



Please include any information about preferences for the location or date of your assessment. The current assessment schedule is available by visiting [www.vetassess.com.au](http://www.vetassess.com.au).

---

---

---

---



Please confirm your current postal address and contact information:

TELEPHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE: \_\_\_\_\_

---

---



Payment must be made in Australian dollars. Bank cheques/drafts should be made payable to VETASSESS. Please complete the following payment section for Visa or MasterCard credit card payments.

I, \_\_\_\_\_ authorise VETASSESS to debit my credit card in the amount of \$AUD \_\_\_\_\_ for the payment of my Request for Practical Assessment.

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Card Validation Code: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies may cause significant delays.**



June 2009

Mail to: Skills Recognition International  
VETASSESS  
5/478 Albert Street  
East Melbourne VIC 3002  
AUSTRALIA  
Fax: +613 9655 4899

NOT CONTROLLED WHEN PRINTED Manual Payment for Practical Trade Skills Assessment (SRI02)