

# VETASSESS

## 457 Skills Assessment Program



Occupation (title)

ANZSCO code

Please read the **Explanatory Notes** and **TRA 457 Skills Assessment Program Applicant Guidelines** available on our website, before you complete this form.

**1** What is your application type:

457 visa

Optional

**2** 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

### 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](http://www.tradeset.com.au)

**4** Your name

Mr  Mrs  Miss  Ms  Other

Family name

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Given names

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**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
-------	--------

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

No

Yes

**13** Your postal address (for all correspondence)

State	Post/zip code
Country	

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

State	Post/zip code
Country	

**15** Your contact details

Telephone number

( )
-----

Fax number

( )
-----

Mobile/cell 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	Post/zip code
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/cell phone number

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**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

Post/zip code

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

Post/zip code

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 Post/zip code  
Country

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

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

**Training program 2**

Title of training program  
[ ]

Name of employer or institute  
[ ]

Address of awarding employer or institute  
[ ]  
[ ]  
[ ]

State Post/zip code  
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 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
-------	--------

**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

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

Post/zip code

Country

Company's email

Company's phone number

Contact person

  

---

Position held by contact person

Employer     Supervisor     Manager

Other  Specify

### Employer 2

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

Post/zip code

Country

Company's email

Company's phone number

Contact person

  

---

Position held by contact person

Employer     Supervisor     Manager

Other  Specify

**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

Post/zip code

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

Post/zip code

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 for a Temporary Business (Long Stay) Standard Business Sponsorship (Subclass 457) or an Optional Skills Assessment - Licensed trade..
- 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

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Applying <b>within</b> Australia (GST inclusive) – AUD \$715.00  | <input type="text"/> |
| <input type="checkbox"/> Applying <b>outside</b> Australia (GST exclusive) – AUD \$650.00 | <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"/> |

Express Courier International (traceable in major cities outside Australia)

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> Region 1 countries – AUD \$50.15                      | <input type="text"/> |
| <input type="checkbox"/> Region 2 countries – AUD \$41.75                      | <input type="text"/> |
| <input type="checkbox"/> Countries not from Region 1 or Region 2 – AUD \$50.15 | <input type="text"/> |

**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.

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](http://www.vetassess.com.au)

Technical interview (via web conference)  Specify country

Practical demonstration/ Technical interview in your country  Specify country

Australia  Specify state/territory