

# SRG02 REASSESSMENT REQUEST FORM

Please complete using BLOCK letters



This form applies to applicants who wish to apply for a review of the assessment result (including Points Test Advice). Please note: If you wish to change your nominated occupation do not complete this form, please see the SRG08 Change of Occupation request form.

It is strongly recommended that you contact VETASSESS to discuss your assessment outcome before you lodge a request for reassessment. A Reassessment must be lodged within 90 days of the original assessment result. After this period, applicants will need to reapply for a new assessment and the full fee will apply. Please visit [www.vetassess.com.au](http://www.vetassess.com.au) for more information.

## Reassess my VETASSESS assessment:

Please tick the relevant box/boxes below

- Skills Assessment only (including Post 485 Skills Assessment)
- Points Test Advice only
- Skills Assessment and Points Test Advice (including Post Skills Assessment)
- Qualification Assessment for 485 visa purposes
- Other Qualifications Assessment (for non-migration purposes)

## Reassessment fees:

Please tick the relevant box/boxes below

	Applying from within Australia (includes GST)	Applying from outside Australia (excludes GST)
<input type="checkbox"/> Overseas doctoral degree	AUD \$330	AUD \$300
<input type="checkbox"/> Other qualifications/s	AUD \$220	AUD \$200
<input type="checkbox"/> Employment	AUD \$330	AUD \$300
<b>Total</b>		

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

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

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

FILE No. 

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I, \_\_\_\_\_, the above named applicant/the authorised agent for the above named applicant, hereby request a Reassessment of this case:

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

AGENT NAME (if applicable): \_\_\_\_\_ (PLEASE PRINT)



Please attach a letter which explains why you disagree with the assessment and include any additional information and/or evidence which may support your request.



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 Reassessment. Name of Cardholder: _____ Card Number: _____ Expiry Date: ____ / ____ Card Validation Code: _____ Signature of Cardholder: _____
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Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies can cause significant delays.



Quality ISO 9001

Mail to: Skills Recognition- General Occupations  
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Melbourne VIC 3001  
AUSTRALIA  
Fax: +613 9654 2773