

SRG04 APPEAL APPLICATION FORM- SKILLS ASSESSMENT

Please complete using BLOCK letters



If you disagree with the outcome of your Reassessment, you may lodge a Request for Appeal of the Reassessment within 28 days of the date of the reassessment result. **It is strongly recommended that you contact VETASSESS to discuss your Reassessment outcome before you lodge a Request for Appeal.**

When requesting an Appeal you may not change your nominated occupation or provide additional information about your qualification(s) and/or employment. The Appeal Committee will consider the reasons for your appeal and documents already provided by you at the reassessment stage. The Appeal result is final.

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
Total		

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 an Appeal 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 reassessment; no additional information will be considered during an appeal.

 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. Please note that this fee is not refundable.

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

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 can cause significant delays.



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