

**SRI05 AGENT AUTHORISATION**  
**Please complete using BLOCK letters**



An agent can be any person such as a relative or organisation nominated by an applicant to act on their behalf. Appointing an agent to act on an applicant's behalf includes authorising VETASSESS to:

- Discuss the application with the agent and seek further information from them.
- Send the agent written communication about the application that would otherwise have been sent to the applicant.

In a case where the nominated agent works in a firm, and that agent is unavailable the applicant may wish VETASSESS to discuss the case with other agents in that firm. This must be specified by checking the appropriate box in Option 1. You can return this form by post or fax or as a scanned email from an authorised email to [tradeassess@vetassess.com.au](mailto:tradeassess@vetassess.com.au)

APPLICANT FAMILY NAME (surname):												
APPLICANT GIVEN NAME/S:												
DATE OF BIRTH (dd/mm/yyyy):		File No:										

**Do you wish to advise VETASSESS that you have (tick ✓ one option only):**

- OPTION 1:**     **Appointed a new agent**  
**OPTION 2:**     **Ended appointment with an existing agent**

**OPTION 1 - PLEASE COMPLETE THE FOLLOWING SECTION IF YOU ARE APPOINTING A NEW AGENT**

I \_\_\_\_\_, the applicant, hereby **nominate** the following agent to act on my behalf in all matters pertaining to my application for Trade Skills Assessment, VETASSESS:

NAME:					MARA NO. (if applicable):		
COMPANY NAME (if applicable):							
TELEPHONE:		MOBILE:		FAX:			
EMAIL:							
ADDRESS FOR CORRESPONDENCE:							

- I wish all correspondence to be directed to my agent's address**  
 **Please contact my agent's firm if my agent is unavailable**

APPLICANT SIGNATURE:			DATE:		
NEW AGENT SIGNATURE:			DATE:		

**OPTION 2 - PLEASE COMPLETE THE FOLLOWING SECTION IF YOU ARE ENDING AN APPOINTMENT WITH AN EXISTING AGENT**

I \_\_\_\_\_, the applicant, hereby **remove** permission for the following agent to act on my behalf in any matter pertaining to my application for Trade Skills Assessment, VETASSESS:

NAME:					MARA NO. (if applicable):		
COMPANY NAME (if applicable):							
APPLICANT SIGNATURE:					DATE:		

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

