

SRI08 REQUEST FOR REASSESSMENT – Evidence Review (Pathway 1 and Pathway 2)

Please complete using BLOCK letters



- If you lodge a request for a reassessment, you are required to provide additional evidence to support your form. **If you do not have any new evidence, your application will not be accepted.**
- **You cannot apply for a reassessment under a different nominated occupation.** If you wish to be assessed under a new nominated occupation, you must contact VETASSESS directly.
- A request for reassessment of your skills assessment outcome must be lodged within **12 months** of the written notification of an unsuccessful outcome. After this period, applications must be lodged in full and paid for again.

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

I, _____, the above named applicant/the authorised agent for the above named applicant, hereby request a Reassessment of this case (select one only):

Evidence Review (Pathway 1 and Pathway 2) AUD \$450.00

Please attach any additional information that supports your request (e.g. employment evidence, qualification / certificate).

If you have any additional employment that were not on your original assessment, please complete the employment details below.

Please note: the reassessment fee is payable directly to Trades Recognition Australia. VETASSESS will provide you with instructions on how to pay the fee upon receipt of your Request for Reassessment. Do **NOT** send any payment directly to VETASSESS.

| | | | |
|-----------------------------|--|------------------|--|
| APPLICANT/AGENT SIGNATURE: | | DATE OF REQUEST: | |
| AGENT NAME (IF APPLICABLE): | | | |

Please confirm your current postal address and contact information:

| | | | | | |
|----------------|--|---------|--|------|--|
| TELEPHONE: | | MOBILE: | | FAX: | |
| EMAIL: | | | | | |
| POSTAL ADDRESS | | | | | |

- Please return this form via email from an authorised email address to: tradeassess@vetassess.com.au.
- VETASSESS will confirm receipt of your application and provide you with instructions to pay the reassessment fee directly to Trades Recognition Australia. Do **NOT** send any payment directly to VETASSESS.



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Important note: Any employment claimed must be supported by both a verifiable Employer Reference and financial evidence. Refer to the [Evidence Requirements](#) for more information on what you need to provide.

Employer 1

Position description

Nature of company's business

Worked under direct supervision

Yes No

Hours per week

 hours

Period of employment
From (dd/mm/yyyy)

To (dd/mm/yyyy)

Company's name

Company's address

State

Post/Zip code

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

Yes No

Hours per week

 hours

Period of employment
From (dd/mm/yyyy)

To (dd/mm/yyyy)

Company's name

Company's address

State

Post/Zip code

Company's email

Company's phone number

Contact person

Position held by contact person

Employer Supervisor Manager

Other ▶

Specify



Quality

ISO 9001



SRI08 Request for Reassessment
July 2019

NOT CONTROLLED WHEN PRINTED

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