

SRI08 REQUEST FOR REASSESSMENT

Please complete using BLOCK letters



If you have undertaken further training, have obtained further work experience or have additional evidence to support your application for your skills assessment you may lodge a request for reassessment. **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.

It is strongly recommended that you contact VETASSESS to discuss your assessment outcome before you lodge a request for reassessment. If you do not have any new evidence, your application will not be accepted.

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. Payment can be made by credit card or bank draft; we do not accept cash payments in person, posted or paid into a bank account. You can return this form by post or fax or as a scanned email from an authorised email address to tradeassess@vetassess.com.au.

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 \$420.00
- Technical Interview (Pathway 1) AUD \$680.00
- Practical Assessment (Pathway 1) AUD \$880.00
- Technical Interview (Pathway 2) AUD \$450.00

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

Which of the following activities have been undertaken to improve the applicant's skills and knowledge since the original assessment?

- On-the-job experience
- Mentoring from an expert
- Formal training
- Self-directed learning (internet, textbooks, etc.)
- Other (provide details):

Please attach any additional information which may support your request.

Please confirm your current postal address and contact information:

TELEPHONE:		MOBILE:		FAX:	
EMAIL:					
POSTAL ADDRESS					



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	<input type="text"/>	Expiry Date:	<input type="text"/>	Validation code:	<input type="text"/>
-------------	----------------------	--------------	----------------------	------------------	----------------------

Signature of Cardholder: _____ Date: _____



Quality ISO 9001



FM-SRI08 Request for Reassessment
December 2018

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

Mail to: Skills Recognition International
VETASSESS
5/478 Albert Street
East Melbourne VIC 3002
AUSTRALIA
Fax: +613 9655 4899
Page 1 of 1

NOT CONTROLLED WHEN PRINTED