

SRI01 TRADE SKILLS ASSESSMENT APPLICATION FORM



Occupation (title)

ANZSCO code

Please read the **Explanatory Notes** and **TRA Migration Skills Assessment Applicant Guidelines** available on our website, before you complete this form.

1 Indicate your application type:

- General Skilled Migration (GSM)
- Employer Nomination Scheme (ENS)
- Regional Sponsored Migration Scheme (RSMS)
- TSS Skills Assessment Program (TSS)

2 Pathway options

There are two (2) pathway options available.

• **Pathway 1** is for people who do not hold an Australian qualification.

• **Pathway 2** is for people who already hold an Australian Certificate III qualification in their nominated occupation or applicants applying with a current Australian Occupational Licence.

Please use this application form for both Pathway 1 and Pathway 2 and completed the relevant sections.

Indicate your pathway option:

Pathway 1

Pathway 2: Australian Qualification

Pathway 2: Australian Occupational Licence

PERSONAL DETAILS

3 Your name

Mr Mrs Miss Ms Other

Family Name

Given Names

4 Other names by which you have been known

5 Your date of birth (dd/mm/yyyy)

6 Your sex

- Male Indeterminate/Intersex/Unspecified
- Female

7 Your passport number

8 Your country of citizenship (passport holder)

9 Your country of residence

10 Unique Student Identifier (USI)

Only required if you are in Australia at the time of assessment

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11 How long have you lived in your country of residence?

Years	Months
-------	--------

12 Are you in Australia at the time of lodging this application?

No

Yes

13 Your postal address (for all correspondence)

State	Post/ Zip code
Country	

14 Your home address (if different from your postal address)

State	Post/ Zip code
Country	

15 Your contact details

Telephone number

Fax number

Mobile/Cell number

Email

16 Do you authorise an agent or representative to act for you with in matters concerned with this application?

No ► *Go to the next question*

Yes ► Give details below

I authorise the agent or representative below to act for me.

Do you want your correspondence to be sent to this address?

No Yes

Name of agent or representative

Agent's company name

Agent's MARA number

Agent's address

State	Post/ Zip code
Country	

Agent's email

Agent's telephone number

Agent's fax number

Agent's mobile/cell number

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TRAINING AND LICENCES

17 (a) Give details of your Australian qualification

Pathway 2 applicants only

Title of Australian qualification

Qualification code

Name of Registered Training Organisation (RTO) that issued the qualification

RTO location (Australian state/territory)

RTO registration number (if known)



Attach certified copies of your Australian qualification and academic transcript.

(b) Give details of your current Australian Occupational Licence

Pathway 2 applicants only

Title of licence/registration

Type of licence

Issuing authority

State of authority

Issue date (dd/mm/yyyy)

Expiry date(dd/mm/yyyy)



Attach certified copies of your Australian qualification and academic transcript.

18 Give details of your formal training *Pathway 1 applicants only*

Title of qualification/training program

Name of awarding institute or authority

Address of awarding institute or authority

State	Post/ Zip code
Country	

Period of study

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of training

Full-time Part-time

Total course duration

hours

Was this qualification/training program part of an apprenticeship?

No

Yes Give employer details below

Company name

Company address

State	Post/ Zip code
Country	



Attach certified copies of your Australian qualification and academic transcript.



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19 Give details of your informal and/or on the job training [Pathway 1 applicants only]

Training program 1

Title of training program

Name of employer or institute

Address of awarding employer or institute

State Post/ Zip code

Country

Period of study:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of training

Full-time Part-time

Total course duration

hours

Training program 2

Title of training program

Name of employer or institute

Address of awarding employer or institute

State Post/ Zip code

Country

Period of study:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Type of training

Full-time Part-time

Total course duration

hours



Attach certified copies of any training detailed above.

20 Give details of your relevant licences or industry membership

Licence/Membership 1

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy)

Expiry date(dd/mm/yyyy)

Licence/Membership 2

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy)

Expiry date(dd/mm/yyyy)

Licence/Membership 3

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy)

Expiry date(dd/mm/yyyy)

Licence/Membership 4

Title of licence/registration

Issuing authority

Issue date (dd/mm/yyyy)

Expiry date(dd/mm/yyyy)

EMPLOYMENT DETAILS

Note pathway 2 applicants: For a skills assessment, you must demonstrate at least three (3) years full-time paid employment in a relevant and directly related trade, including at least twelve (12) months full-time paid employment in the nominated trade in the last three (3) years. For Australian licence holders, this 12 months employment must be in Australia.

21 How long have you been working in the trade area you have nominated in this application?

Years	Months
-------	--------

22 Give details of your employment history, starting with your most recent employer. Print additional copies of this page as required, complete and include with your application.

Important note: You must provide a unique Employer Statement for every period of employment on a company letterhead, dated and signed claimed in this application.

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
Country	

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
Country	

Company's email

Company's phone number

Contact person

Position held by contact person

Employer Supervisor Manager

Other ► Specify

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Employer 3

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
Country	

Company's email

Company's phone number

Contact person

Position held by contact person

Employer Supervisor Manager

Other ► Specify

Employer 4

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
Country	

Company's email

Company's phone number

Contact person

Position held by contact person

Employer Supervisor Manager

Other ► Specify



Attach evidence of employment for each employer. See the Required Document Checklist for further details.

OTHER DETAILS

23 Are you of Aboriginal and/or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

24 When did your secondary and/or technical education start and finish?

Start (mm/yyyy)

 /

Finished (mm/yyyy)

 /

25 Country of education

26 What is the highest school level you have completed?

- Completed Year 12
- Completed Year 11
- Completed Year 10
- Completed Year 9 or Equivalent
- Completed Year 8 or Lower
- Never attended school

27 Do you speak a language other than English at home?

- No ► Go to the next question
- Yes ► Which language do you speak at home?
If you speak more than one language, please specify the language that is spoken most often.

28 How well do you speak English?

- Very well
- Well
- Not well
- Not at all

29 Do you consider yourself to have a disability, impairment or long term condition?

- No ► Go to 32
- Yes ► Please select the area(s) of disability, impairment or long term condition.
Select ALL that apply

- Hearing/Deaf
- Mental illness
- Physical
- Acquired brain impairment
- Intellectual
- Vision
- Learning

Medical condition

Other

30 Do you require advice or support with any of the disabilities, impairments or long term conditions selected in 29?

- No
- Yes

31 Which of the following categories best describes your current employment status?

- Full time employee
- Part time employee
- Self-employed – not employing others
- Employer
- Employer – unpaid worker in a family business
- Unemployed – seeking full time work
- Unemployed – seeking part time work
- Not employed – not seeking employment

32 Have you successfully completed any of the following Australian qualifications?

Select ALL that apply

- Bachelor Degree or Higher Degree
- Advanced Diploma or Associate Degree
- Diploma or Associate Diploma
- Certificate IV or Advanced Certificate/Technician
- Certificate III or Trade Certificate
- Certificate II
- Certificate I
- Certificates other than the above

33 Which of the following reasons **best** describes why you are undertaking this assessment?

- To get a job
- To develop my existing business
- To start my own business
- To try for a different career
- To get a better job or promotion
- It was a requirement for my job
- I wanted extra skills for my job
- To get into another course of study
- For personal interest or self-development
- Other

REQUIRED DOCUMENT CHECKLIST

36 I have included:

Identity documents

- Two (2) recent clear colour passport size photographs – passport size
- Copy of passport bio page – passport page must show name, photo and date of birth
- Change of name evidence (if applicable)
- Unique Student Identifier (USI)
Only required if you are in Australia at the time of assessment

Training and licences

- evidence of training and/or qualification
- evidence of academic transcripts
- English translation of the above documents, compiled by a registered translation service, if originally issued in a language other than English
- evidence of recognition of your skills, e.g. licences, registration, industry membership

Pathway 2 applicants ONLY

- copy of Australian qualification of your nominated occupation
- evidence of academic transcripts, or
- copy of current Australian Occupational licence/registration

Employment

- An employer statement for each period of employment

You **should** also submit the following documentary evidence to support each **period** of employment you are claiming:

- Taxation record/ Assessment notice
- Payment summary information from ATO
- Pay Slips
- Bank Statements
- CV
- Position description/employment contract

Other

- Completed form signed and dated
- Payment for training and employment check

FEES AND PAYMENT

37 I am paying my fees by

<input type="checkbox"/> MasterCard/VISA <input type="checkbox"/> Bank draft or bank cheque <input type="checkbox"/> Money order
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38 Amount payable

Skills assessment

- Evidence Review
– AUD \$1,060.00
(includes \$300 Government Administration fee)

Postage (if applicable)

Only select postage if you require one of the special postage options.
Select one only

- Registered Australian mail
– AUD \$5.00
- Express Post International
(not traceable outside Australia)
– AUD \$21.00

Express Courier International (traceable in major cities outside Australia)

- Region 1 countries – AUD \$54.50
(Brazil, Ireland, South Africa, United Arab Emirates, United Kingdom, Zimbabwe)
- Region 2 countries – AUD \$43.50
(China, Fiji, India, South Korea, Papua New Guinea, Philippines, Sri Lanka, Thailand, Vietnam)
- Countries not from Region 1 or Region 2 – AUD \$54.50

Add Total Payable Amount

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39 Credit card payment

I (name of cardholder)

Authorise VETASSESS to debit my credit card for the amount of AUD \$

as payment for the processing of my training and employment.

I understand that the fee is non-refundable.

Credit card type

MasterCard VISA

Credit card number

Expiry date

 /

Credit card validation code
(the last three digits of the number printed on the signature panel)

Name of applicant

Signature of cardholder

Date (dd/mm/yyyy)

 / /

Authorisations missing any of the above information will not be processed

SUBMIT APPLICATION

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Send your application, with all required documentation and fees to:



Post/Courier
VETASSESS
Skills Recognition International
Level 5, 478 Albert St
East Melbourne VIC 3002
Australia



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After this training and employment check has been completed, you will receive further information from VETASSESS explaining your options for the next stage of assessment.

Indicate whether you want to undertake a technical interview or a practical demonstration and your preferred country to undertake the assessment. Refer to the assessment schedules on our website for more information go to www.vetassess.com.au

Technical interview (via web conference)	<input type="checkbox"/>	Specify country:
		<input type="text"/>

Practical demonstration/ Technical interview in your country	<input type="checkbox"/>	Specify country:
		<input type="text"/>

Practical demonstration/ Technical interview in Australia	<input type="checkbox"/>	Specify state/territory:
		<input type="text"/>