

Application for skilled employment assessment
for the purpose of migration to Australia

Skilled Employment Assessment



Please fill in your **Membership Number**, if known (please use a **BLACK** pen)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Please complete **ALL** applicable sections (1 – 7) below, and return the application with payment to Chartered Accountants Australia and New Zealand (CA ANZ) (see **page 3** for contact details). **Please print in BLOCK LETTERS.**

IMPORTANT: Prior to completing this form please ensure you have read the information located on the organisation's website: charteredaccountants.com.au/The-Institute/migration-assessment/How-to-apply/skilled-employment-assessment. You must have received a suitable skills (qualifications) assessment from the organisation before skilled employment can be assessed.

Section 1 – Personal details

| | | | | | | | | | |
|---|-----------------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------------|-------------|---------------|-------------------------------|---------------------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Other -----> | | Gender -----> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Given name/s (in full) | | | | | | Family name | | | |
| Preferred name | | | | | | | | | |
| <small>(If your name is different to those on your documents, please provide evidence of name change)</small> | | | | | | | | | |
| Date of birth | DD / MM / YY | | Country of birth | | | | | | |
| Postal address | | | | | | Suburb/City | | | |
| | State | | Postcode | | Country | | | | |
| Email (home) | | | | | | | | | |
| Phone (home) | | | Mobile | | | | | | |

Section 2 – Contact details of 'solicitor/migration agent/authorised person' acting on your behalf (if applicable)

Note: Department of Immigration and Border Protection Form 956 or 'letter of authority' is required to be submitted with this application.

| | | | |
|--|-------|----------|-------------|
| Full name <small>(First name/Family name)</small> | | | |
| Business name | | | |
| Postal address | | | Suburb/City |
| | State | Postcode | Country |
| Email | | | |
| Phone | | Mobile | |

Section 3 – Reason for application/Nominated occupation

Select one of the following ANZSCO codes to be assessed under:

| | | | |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Accountant (general) | ANZSCO CODE 221111 | <input type="checkbox"/> External Auditor | ANZSCO CODE 221213 |
| <input type="checkbox"/> Management Accountant | ANZSCO CODE 221112 | <input type="checkbox"/> Finance Manager | ANZSCO CODE 132211 |
| <input type="checkbox"/> Taxation Accountant | ANZSCO CODE 221113 | <input type="checkbox"/> Corporate Treasurer | ANZSCO CODE 221212 |

Section 4 – Skilled employment details

Skilled employment is assessable after an applicant has completed a formal qualification (or combination of qualifications) that is assessed as comparable to at least an Australian Bachelors degree.

Please list the details of your skilled employment to be assessed below. **Colour scanned copies of work references and pay slips must be included.** (If additional space is required, please photocopy this page and attach to this application).

Name of employer

Position title

Date commenced

/ /



Date completed

/ /

Name of employer

Position title

Date commenced

/ /



Date completed

/ /

Name of employer

Position title

Date commenced

/ /



Date completed

/ /

Section 5 – Declaration and privacy policy

PRIVACY STATEMENT

IMPORTANT: YOUR CONSENT TO DISCLOSURE

By providing personal information to us in this form you consent to CA ANZ:

- Disclosing to third parties your (current or former) status as a member or candidate of CA ANZ;
- Disclosing to regulators, law enforcement bodies, professional associations and government or statutory bodies the details of any final adverse determinations (including sanctions) in relation to your professional and/or ethical conduct that are made by CA ANZ's Professional Conduct bodies; and
- Collecting from third parties information relating to your membership of a trade or professional association or union, your criminal record (if any), your health, religious beliefs or affiliations, racial or ethnic origin and any other sensitive information to the extent that it is reasonably necessary for one more of the functions or activities of CA ANZ.

We collect, use and disclose your personal information in connection with your application, the management and administration of members and/or programs, the provision of products and services and/or to communicate with you.

If you do not provide your personal information, we may be unable to process your application. We may disclose your information to agents, contractors and service

providers such as where we outsource functions and to other third parties such as local and international professional bodies, ASIC and other regulators and government bodies. By completing this form, unless you opt-out, you consent to us also using and disclosing your information for promotional and marketing purposes. You can opt-out by contacting us at privacy@charteredaccountantsanz.com. We may also have collected information about you from a third party, for instance from other professional bodies with which we have reciprocal arrangements. Your information will also be used and disclosed as set out in CA ANZ's Privacy Policy, available at www.charteredaccountantsanz.com/privacy. It is likely that your personal information will be disclosed to overseas recipients (as provided in our Privacy Policy, including the location of those entities). The Privacy Policy sets out how CA ANZ handles your personal information including how you can seek to access and correct your information or raise a privacy concern with us and how it will be dealt with as well as details about the disclosure of your information to entities overseas.

Chartered Accountants Australia and New Zealand. Formed in Australia. Members are not liable for the debts and liabilities of Chartered Accountants Australia and New Zealand. ABN 50 084 642 571.

I declare that the information I have given in this form is complete, correct and up-to-date.

Signature

Full name

Date

/ /

Section 6 – Payment details

Assessment fee payable: (Please select **ONE** only)

- ☐ Standard processing time **AU\$550**
- ☐ Express service exclusive to migration agents **AU\$650**

Your assessment result letter will be emailed as a **secure PDF** document.

Total fee payable:

AU\$

Payable by:

- ☐ Chartered Accountants Amex
- ☐ Amex ☐ Visa ☐ MasterCard ☐ Diners Club

Card number

Expiry date

 /

Cardholder name

Cardholder signature

Section 7 – Checklist

Please ensure you have:

- ☐ Completed **all** applicable sections of this form (typed or in legible handwriting)
- ☐ Signed this form

Enclosed the following:

- ☐ Evidence of name change (if applicable)
- ☐ Colour scanned copies of employment references related to work experience
- ☐ Colour scanned copies of relevant payslips
- ☐ DIAC *Form 956* or 'letter of authority' (if you have a **third party** acting on your behalf)

Section 8 – Submitting your application form

HOW TO SUBMIT YOUR FORM

Please email your application form to:

EMAIL qualsassess@charteredaccountantsanz.com

OR



If you have a 'digital signature' simply click the **submit button**

ANY QUESTIONS

If you have any questions you can contact the Migration Team at:

EMAIL migration@charteredaccountantsanz.com

PHONE **AUSTRALIA** 1300 137 322 **OVERSEAS** +61 2 9290 5660

WEBSITE charteredaccountantsanz.com