

Application form

Applicant details

Personal details

Title (Miss, Mrs, Mr, Ms, Dr):

Gender: Female Male Unspecified

First name: Edika Marolda

Family name: Van Der Spuy

Official name on passport: Edika Marolda Van Der Spuy

Previous family name(s): Hulley

Date of birth (dd/mm/yyyy): 11/30/03/1995

Country of birth: South Africa

Postal address: 29 B. Sandstone Ave, Zwartkop, Centurion

Email address: marolda.hulley@gmail.com

Previous AITSL Assessment number (if applicable):

Teacher registration (Australia):

Initial Teacher Education (ITE) qualification

Complete details of your teaching qualification.

AITSL does not assess short courses (less than one year full-time study), professional development programs or incomplete qualifications.

Title of award: Bachelor of Education (intermediate and senior-phase)

Year completed: 2020

Awarding institution: Unisa

Country of institution: South Africa

Duration of supervised teaching practice: 100 days (20 weeks)

Standard full-time duration of qualification (years): 4 years

Reason if completed in less time than normal time: NA

Start date: January 2016

Finish date: December 2020

Study type (select one): Full-time

Part-time

Other higher education qualifications

List all other higher education qualifications. AITSL does not assess short courses (less than one year full-time study), professional development programs or incomplete qualifications.

Qualification 1

Title of award:

Year completed:

Awarding institution:

Country of institution:

Standard full-time duration of qualification (years):

Reason if completed in less time than normal time:

Start date:

Finish date:

Study type (select one): Full-time

Part-time

NA

Qualification 2

Title of award:

Year completed:

Awarding institution:

Country of institution:

Standard duration of qualification (years):

Reason if completed in less time than normal time:

Start date:

Finish date:

Study type (select one): Full-time

Part-time

NA

Copy this page to include additional higher education qualifications

Payment authorisation

Payment Advice

The skills assessment fee is AUD1050 R 12 600

The Skilled Employment Statement (SES) fee is AUD234 R 2808

Ensure all the information in the payment authorisation is correct, including cardholder's name and signature.


Ensure sufficient credit is available to complete the transaction.

Ensure that you have notified your bank you have authorised an overseas transaction.

Assessment of an application will not commence until a successful payment is processed.

Credit card authorisation

Complete all sections.

Card type	<input checked="" type="radio"/> Visa	<input type="radio"/> MasterCard	(indicate one only)
Name on card	Ms. E. Hulley		
Credit card number	111 4901 / 3608 / 6238 / 7032		
Expiry date	12/24 /	(mm/yy)	CVV: 221
<i>I authorise AITSL to deduct the skills assessment fee of AUD1050</i>			
Cardholder's signature			
Current date	24/07/2024	/ /	(dd/mm/yyyy)

Applicant declaration

I, (insert applicant's name) Edika Marolda Van Der Spuy declare that:

Please
check

- | | | |
|----|--|-------------------------------------|
| 1 | I am lodging a complete application for assessment | <input checked="" type="checkbox"/> |
| 2 | I have read and understood the assessment criteria | <input checked="" type="checkbox"/> |
| 3 | I have read and understood the advice on supporting documents and enclose correctly certified copies of required supporting documentation | <input checked="" type="checkbox"/> |
| 4 | I have read and understood AITSL's Privacy policy | <input checked="" type="checkbox"/> |
| 5 | The information contained in this Application Form and supporting documents is true and correct | <input checked="" type="checkbox"/> |
| 6 | I understand that submission of an incorrect or incomplete application will result in a delay to the standard assessment time | <input checked="" type="checkbox"/> |
| 7 | I understand if additional information is requested and I fail to provide this by the specified date, my file will be closed and I will not be entitled to a refund | <input checked="" type="checkbox"/> |
| 8 | I understand information contained in this Application Form and supporting documents may be provided to the Department of Immigration and Border Protection (DIBP) | <input checked="" type="checkbox"/> |
| 9 | I understand providing false or misleading information is a serious offence under the Criminal Code | <input checked="" type="checkbox"/> |
| 10 | I understand if I submit false or misleading information AITSL will notify the DIBP and will decline to assess my application and any further assessment applications submitted in my name | <input checked="" type="checkbox"/> |
| 11 | If I have disclosed anyone else's personal information, I confirm that it is with their consent | <input checked="" type="checkbox"/> |
| 12 | I undertake to inform AITSL of any changes to my circumstances (e.g. name change, change of email or postal address) while my application is being considered | <input checked="" type="checkbox"/> |
| 13 | I authorise AITSL to make enquiries necessary to assist in the completion of my assessment application, including verifying qualifications with the awarding institution/s | <input checked="" type="checkbox"/> |
| 14 | I am the person named in this application and the supporting documents. | <input checked="" type="checkbox"/> |

APPLICANT'S SIGNATURE (not agent):



Date: / / (dd/mm/yyyy) 24/07/2024