

SRG35 – Application for VETASSESS Advisory Letter for Points Test purposes (VETASSESS occupations)

For applicants who have received a VETASSESS Skills Assessment and now wish to provide their higher qualifications and/or employment other than already assessed for points test purposes. Applicants who have a pending VETASSESS Skills Assessment and now require Points Test Advice should contact VETASSESS before completing this form.

IMPORTANT INFORMATION ABOUT HOW TO COMPLETE AND PRINT THIS FORM

- 1 Please read the Explanatory Notes at the end of this form before you begin.
- 2 Make sure you provide all required documents, including photos and signed declaration.
- 3 You may either complete this form on the screen using Adobe Reader, or print it out and complete by hand.
- 4 Please note that this form will be read by an electronic scanner. If you are completing this form by hand, please use a black pen and print clearly in BLOCK LETTERS.

Example:

JOHN SMITH

- 5 Mark answer boxes with a cross . If you make a mistake, fill in the entire box and mark the correct box . Leave answer boxes blank if the data to be completed is not known to you. DO NOT use 'nil', 'n/a' or draw a line in the boxes.
- 6 When printing this form, set Page Scaling to 'None' in the Print dialog window. In Adobe Reader, see: File > Print > Page Scaling in the Page Handling section

1. YOUR NOMINATED OCCUPATION

1.1	Title of occupation	<input type="text"/>
1.2	ANZSCO code	<input type="text"/>
1.3	Have you received a VETASSESS Skills Assessment for your nominated occupation?	<input type="checkbox"/> No Do not complete this form unless you have received a VETASSESS Skills Assessment or VETASSESS has advised you to complete this form because you have a pending Skills Assessment with VETASSESS and you now require an Advisory Letter for Points Test purposes. <input type="checkbox"/> Yes Go to 1.4 .
1.4	VETASSESS file reference number for your Skills Assessment	<input type="text"/>

2. YOUR PERSONAL DETAILS

2.1	Preferred title	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other	<input type="text"/>						
2.2	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified							
2.3	Date of Birth	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Day	Month	Year							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

2. YOUR PERSONAL DETAILS (continued)

2.4 Country of birth

No family name

2.5 Name

Surname or family name

Given names

Previous surname or family name (if applicable)

Previous given names (if applicable)

2.6 Country of current residency

CITIZENSHIP

2.7 Country of citizenship

Current passport number (if applicable)

Date passport issued (Day/Month/Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2.8 Country of any other citizenship (if applicable)

Current passport number (if applicable)

Date passport issued (Day/Month/Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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YOUR CONTACT DETAILS

2.9 Contact Details

Daytime telephone number

Fax number

Mobile phone number

Email address

2.10 Postal address

(please provide the address at which we can contact you)

Postal address

Suburb or city

State

Postcode

Country (if not Australia)

2. YOUR PERSONAL DETAILS (continued)

- 2.11 Home address
(if different from your postal address)

Home address

Suburb or city

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State

Postcode

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Country (if not Australia)

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3. AUTHORISING AN AGENT

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

No Go to [Section 4](#).

Yes I authorise the agent or representative below to act for me in all matters concerned with this application.
Give details below

- 3.2 Name of agent or representative

- 3.3 Agent's company name
(if applicable)

- 3.4 Agent's MARA number
(if applicable)

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- 3.5 Agent's email address

- 3.6 Agent's postal address

Agent's postal address

Suburb or city

--

State

Postcode

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Country (if not Australia)

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- 3.7 Contact details of agent or representative

Daytime telephone number

Fax number

Mobile phone number

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NOTE: Agent or representative MUST also sign the Declaration in [Section 11](#).

4. YOUR SCHOOL EDUCATION

PRIMARY SCHOOL

4.1	Date started	<table><tr><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Year	<input type="text"/>	<input type="text"/>
	Month	Year				
<input type="text"/>	<input type="text"/>					
	Date finished	<table><tr><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Year	<input type="text"/>	<input type="text"/>
Month	Year					
<input type="text"/>	<input type="text"/>					
	Number of years	<input type="text"/>				
4.2	Country(s)	<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				

4. YOUR SCHOOL EDUCATION (continued)

SECONDARY SCHOOL

4.3	Date started	<table><tr><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Year	<input type="text"/>	<input type="text"/>
	Month	Year				
<input type="text"/>	<input type="text"/>					
	Date finished	<table><tr><th>Month</th><th>Year</th></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Month	Year	<input type="text"/>	<input type="text"/>
Month	Year					
<input type="text"/>	<input type="text"/>					
	Number of years	<input type="text"/>				
4.4	Country(s)	<input type="text"/>				
		<input type="text"/>				
		<input type="text"/>				
4.5	Name of highest end of schooling certificate obtained	<input type="text"/>				
		<input type="text"/>				
4.6	Year obtained	<input type="text"/>				

5. YOUR POST-SECONDARY EDUCATION

List your highest qualification and any underpinning qualifications.

QUALIFICATION 1

5.1	Student registration number	
5.2	Name of the qualification you have obtained (in English)	
5.3	Name of awarding body	
5.4	Address of awarding body	Street address
		Suburb or city
		State
		Postcode
		Country (if not Australia)
5.5	Campus you attended	
5.6	Name of institution you attended (if different to awarding body)	

COURSE DETAILS

5.7	What was the normal entry requirement for the course? (or name of examination)	
5.8	If different, what was the basis of your entry into this course?	

5. YOUR POST-SECONDARY EDUCATION (continued)

Qualification 1 (continued)

5.9	Normal length of full-time course	Year <input type="text"/>	OR	Semesters <input type="text"/>
5.10	Normal length of semester	Weeks <input type="text"/>	OR	Months <input type="text"/>
5.11	Date course commenced	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
	Date course completed	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
5.12	Date qualification awarded	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
5.13	Study mode	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Specify number of class/guided learning hours per week <input type="text"/> Other <input type="checkbox"/> Give details <input type="text"/>		
5.14	Were you required to complete any of the following before receiving the qualification?	An internship, supervised practical training or work placement <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/> A thesis <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/> A major project <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/>		

ADDITIONAL COURSE REQUIREMENTS

5.15	If you selected an option in Question 5.14 above, please give details	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

5. YOUR POST-SECONDARY EDUCATION (continued)

QUALIFICATION 2

5.1	Student registration number	
5.2	Name of the qualification you have obtained (in English)	
5.3	Name of awarding body	
5.4	Address of awarding body	Street address
		Suburb or city
		State
		Postcode
		Country (if not Australia)
5.5	Campus you attended	
5.6	Name of institution you attended (if different to awarding body)	

COURSE DETAILS

5.7	What was the normal entry requirement for the course? (or name of examination)	
5.8	If different, what was the basis of your entry into this course?	

5. YOUR POST-SECONDARY EDUCATION (continued)

Qualification 2 (continued)

5.9	Normal length of full-time course	Year <input type="text"/>	OR	Semesters <input type="text"/>
5.10	Normal length of semester	Weeks <input type="text"/>	OR	Months <input type="text"/>
5.11	Date course commenced	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
	Date course completed	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
5.12	Date qualification awarded	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
5.13	Study mode	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Other <input type="checkbox"/> Give details <input type="text"/>		
5.14	Were you required to complete any of the following before receiving the qualification?	An internship, supervised practical training or work placement <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/> A thesis <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/> A major project <input type="checkbox"/> Number of weeks you spent in this activity <input type="text"/>		

ADDITIONAL COURSE REQUIREMENTS

5.15	If you selected an option in Question 5.14 above, please give details	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

6. VERIFICATION OF CHINESE QUALIFICATIONS (if applicable)

6.1 Do you have qualifications awarded by institutions of the People's Republic of China?

No Go to [Section 7](#).
 Yes Give details below

6.2 Select the documents to be verified. You can also specify the number of extra copies required (if necessary).

Note: For a degree program, you need to verify both the Degree Certificate and the Certificate of Graduation

QUALIFICATION 1

Document(s) to be verified
(Please select)

Degree Certificate	<input type="checkbox"/>
Certificate of Graduation for Degree	<input type="checkbox"/>
Other Certificate of Graduation	<input type="checkbox"/>
Academic Transcripts or Examination Record	<input type="checkbox"/>
Other Certificate	<input type="checkbox"/>

Number of extra copies required
(Please select and write the number of extra copies)

Degree Certificate	<input type="checkbox"/>	<input type="text"/>
Certificate of Graduation for Degree	<input type="checkbox"/>	<input type="text"/>
Other Certificate of Graduation	<input type="checkbox"/>	<input type="text"/>
Academic Transcripts or Examination Record	<input type="checkbox"/>	<input type="text"/>
Other Certificate	<input type="checkbox"/>	<input type="text"/>

QUALIFICATION 2

Document(s) to be verified
(Please select)

Degree Certificate	<input type="checkbox"/>
Certificate of Graduation for Degree	<input type="checkbox"/>
Other Certificate of Graduation	<input type="checkbox"/>
Academic Transcripts or Examination Record	<input type="checkbox"/>
Other Certificate	<input type="checkbox"/>

Number of extra copies required
(Please select and write the number of extra copies)

Degree Certificate	<input type="checkbox"/>	<input type="text"/>
Certificate of Graduation for Degree	<input type="checkbox"/>	<input type="text"/>
Other Certificate of Graduation	<input type="checkbox"/>	<input type="text"/>
Academic Transcripts or Examination Record	<input type="checkbox"/>	<input type="text"/>
Other Certificate	<input type="checkbox"/>	<input type="text"/>

7. YOUR EMPLOYMENT

Please list all positions which are relevant to your nominated occupation and at an appropriate skill level in the last ten years. List your most recent employment first.

Please complete all questions unless you provided the same information in your application for a Skills Assessment. If so, you only need to complete Questions 7.1, 7.6, 7.7, 7.8 and 7.9 for those positions and any other questions to advise about changes to those positions..

EMPLOYMENT 1

COMPANY DETAILS

7.1 Business name

7.2 Alternate/former name(s) of the business (if different from Question 7.1)

7.3 Business street address

Street address

Suburb or city

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State

Postcode

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Country (if not Australia)

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YOUR EMPLOYER CONTACT DETAILS

7.4 Name of employer/supervisor/manager

7.5 Contact details of employer/supervisor/manager

Daytime telephone number

Fax number

Mobile phone number

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Email address

Web address

7. YOUR EMPLOYMENT (continued)

Employment 1 (continued)

YOUR EMPLOYMENT POSITION DETAILS

7.6	Position/Job title	<input type="text"/> <input type="text"/>	
7.7	Date employment started	Month <input type="text"/>	Year <input type="text"/>
7.8	Are you currently employed in this position?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
7.9	Date employment ended (if relevant)	Month <input type="text"/>	Year <input type="text"/>
7.10	Total length of unpaid leave (if applicable)	Weeks <input type="text"/>	
7.11	Your normal required working hours per week	Hours per week <input type="text"/>	
7.12	List your main tasks/duties/responsibilities in this position	1. <input type="text"/> <input type="text"/> <input type="text"/>	
		2. <input type="text"/> <input type="text"/> <input type="text"/>	
		3. <input type="text"/> <input type="text"/> <input type="text"/>	
		4. <input type="text"/> <input type="text"/> <input type="text"/>	
		5. <input type="text"/> <input type="text"/> <input type="text"/>	

You may use your CV/Résumé to provide further details about your positions with this business/employer.

7. YOUR EMPLOYMENT (continued)

EMPLOYMENT 2 COMPANY DETAILS

7.1 Business name

7.2 Alternate/former name(s)
of the business
(if different from Question
7.1)

7.3 Business street address

Street address

Suburb or city

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State

Postcode

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Country (if not Australia)

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YOUR EMPLOYER CONTACT DETAILS

7.4 Name of employer/
supervisor/manager

7.5 Contact details of
employer/supervisor/
manager

Daytime telephone number

Fax number

Mobile phone number

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Email address

Web address

7. YOUR EMPLOYMENT (continued)

Employment 2 (continued)

YOUR EMPLOYMENT POSITION DETAILS

7.6	Position/Job title	<input type="text"/> <input type="text"/>	
7.7	Date employment started	Month <input type="text"/>	Year <input type="text"/>
7.8	Are you currently employed in this position?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
7.9	Date employment ended (if relevant)	Month <input type="text"/>	Year <input type="text"/>
7.10	Total length of unpaid leave (if applicable)	Weeks <input type="text"/>	
7.11	Your normal required working hours per week	Hours per week <input type="text"/>	
7.12	List your main tasks/duties/responsibilities in this position	1. <input type="text"/> <input type="text"/> <input type="text"/>	
		2. <input type="text"/> <input type="text"/> <input type="text"/>	
		3. <input type="text"/> <input type="text"/> <input type="text"/>	
		4. <input type="text"/> <input type="text"/> <input type="text"/>	
		5. <input type="text"/> <input type="text"/> <input type="text"/>	

You may use your CV/Résumé to provide further details about your positions with this business/employer.

7. YOUR EMPLOYMENT (continued)

EMPLOYMENT 3 COMPANY DETAILS

7.1 Business name

7.2 Alternate/former name(s)
of the business
(if different from Question
7.1)

7.3 Business street address

Street address

Suburb or city

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State

Postcode

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Country (if not Australia)

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YOUR EMPLOYER CONTACT DETAILS

7.4 Name of employer/
supervisor/manager

7.5 Contact details of
employer/supervisor/
manager

Daytime telephone number

Fax number

Mobile phone number

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Email address

Web address

7. YOUR EMPLOYMENT (continued)

Employment 2 (continued)

YOUR EMPLOYMENT POSITION DETAILS

7.6	Position/Job title		
7.7	Date employment started	Month	Year
7.8	Are you currently employed in this position?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
7.9	Date employment ended (if relevant)	Month	Year
7.10	Total length of unpaid leave (if applicable)	Weeks	
7.11	Your normal required working hours per week	Hours per week	
7.12	List your main tasks/duties/responsibilities in this position	1.	
		2.	
		3.	
		4.	
		5.	

You may use your CV/Résumé to provide further details about your positions with this business/employer.

If you have worked in more than three positions, please provide details of any additional employment in the same format on a separate piece of paper. Sign and date the paper and attach it to your application form.

8. OTHER EMPLOYMENT INFORMATION (Professional Licence or Registration or Membership)

Do not complete this section if you provided the same information in your application for a Skills Assessment.

Do you currently hold any of the following for your profession?

8.1 Professional licence

No Yes Give details below

Country of licence

Name of licensing body

Type of licence

Licence number

Date of expiry

Month	Year
<input type="text"/>	<input type="text"/>

Current status

Active Expired Renewed

Other Give details

8.2 Professional registration

No Yes Give details below

Country of registration

Name of registration body

Type of registration

Registration number

Date of expiry

Month	Year
<input type="text"/>	<input type="text"/>

Current status

Active Expired Renewed

Other Give details

8. OTHER EMPLOYMENT INFORMATION (continued)

8.3 Membership of a professional body

No Yes Give details below

Country of membership

Name of membership body

Type of membership

Membership number

Date of expiry

Month	Year
<input type="text"/>	<input type="text"/>

Current status

Active <input type="checkbox"/>	Expired <input type="checkbox"/>	Renewed <input type="checkbox"/>
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Other <input type="checkbox"/>	Give details	<input type="text"/>
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12. FEES AND PAYMENT (continued)

12.3 Credit card payment

Name of cardholder

authorise VETASSESS to debit my credit card for the amount of:

AUD \$

as payment for the processing of my Application for Skills Assessment.

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 cardholder

Signature of cardholder

Day Month Year

On completion of this form, please print and sign by hand

Authorisations missing any of the above information will not be processed.

13. SUBMIT APPLICATION

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



VETASSESS
Skills Recognition – General Occupations
PO Box 2752
Melbourne VIC 3001
Australia



Quality
ISO 9001
SAI GLOBAL