

Applicant Declaration



Skills Assessment for Trade Occupations

Applicant Details

Applicant family name (Surname)

Applicant given name/s

Date of birth Day / Month / Year

Applicant Declaration

I declare that:

- > The information I have supplied on this form and in attachments is true and correct.
- > I have included the required documents and all documents are genuine.
- > All the evidence I have provided relates to me and my work and can be verified.
- > I intend to apply to migrate to Australia under the Skilled Migration Program.
- > I will inform VETASSESS of any changes to my circumstances in writing (e.g. address) while my application is being considered.
- > I authorise my appointed agent or representative to act in all matters concerned with this application.
- > I understand that all correspondence will be delivered to my preferred mailing address, including my assessment outcome and Australian Qualifications Framework (AQF) certification documentation (if applicable).
- > I authorise VETASSESS to make any enquiries necessary to assist in the assessment of my skills (including contacting training institutions, employers or other authorities) and to use any information supplied for that purpose.
- > I understand that VETASSESS may verify information relating to this application with any Australian state or territory licensing or training authority.

- > I understand that VETASSESS may provide the Department of Employment and Workplace Relations, the Department of Home Affairs or the Australian Taxation Office with any of the information supplied in this application.
- > I understand that the Department of Home Affairs may, where relevant, take into account any information referred to it by VETASSESS in the application for a visa.
- > I understand that my photograph may be taken and/or video recording may occur during the assessment. This may be used for identity check and and/or for assessment purposes.
- > I acknowledge that if I undertake a practical assessment it is at my own risk and that it is my responsibility to adhere to safe work practices during the scheduled practical assessment. I acknowledge that it is my responsibility to ensure that at all times during the assessment activities I work safely when working on my own and when working with others, and while using any tools and equipment. I agree that VETASSESS and any third party providing services in respect of or hosting the assessments is not liable in case of any personal injury, death or property damage arising during the course of the assessments.
- > I understand the skills assessment will be conducted in English and no interpreter will be allowed.

Applicant signature

Applicant's signature

**Agents DO NOT sign on behalf of applicant*

Date signed Day / Month / Year

