FM – SRG07

Agent Authorisation – Skills Assessment

Applicant family name *(Surname)*

Applicant given name/s

Date of birth — Day / Month / Year

Email

File number

An agent can be any person or organisation nominated by an applicant to act on their behalf – an agent **does NOT** have to be a Registered Migration Agent or legal practitioner.

Appointing an agent to act on your behalf includes authorising VETASSESS to:

- Discuss the application with the agent (as well as other agents in that firm/agency) and seek further information from them.
- Send your agent written communication about your application that would otherwise have been sent to you.

Do you wish to advise VETASSESS that you have (Tick one ☑ selection):

- ☐ Appointed an agent (Go to Option 1)
- ☐ Changed your agent (Go to Option 1)
- ☐ Ended the appointment of your agent (Go to Option 2)

Option 1

Please complete the following section if you are appointing/changing your agent.

I, (print name)

the applicant, hereby nominate the following agent to act on my behalf in all matters pertaining to my application for Skills Assessment, VETASSESS:

Family name

Given name

MARA number *(If applicable)*

Company name *(If applicable)*

Daytime number

Mobile number

Email

Postal address

Note — Please note all your correspondence will be directed to your appointed agent.

Applicant and Agent Signature

FM – SRGO07

Agent Authorisation -Skills Assessment

Applicant signature

Note — Your signature must match the signature as it appeared on your original application. Signature discrepancies may cause delays.

Applicant's signature
(On completion of this form, please print and sign by hand)

Date of request: Day / Month / Year

Agent's signature

Agent's signature
(On completion of this form, please print and sign by hand)

Date of request: Day / Month / Year

Option 2

Option 2

Please complete the following section if you are ending the appointment of your agent.

I, (print name)

the applicant, hereby remove permission for the following agent to act on my behalf in any matter pertaining to my application for Skills Assessment, VETASSESS:

Family name (if applicable)

Given name (if applicable)

MARA number *(If applicable)*

Company name *(If applicable)*

Applicant's signature
(On completion of this form, please print and sign by hand)

Date of request: Day / Month / Year