

### About this application form

The purpose of this assessment is to determine the comparability of your academic qualifications and employment experience to the assessment standards set out in a relevant Designated Area Migration Agreement (DAMA).

### Eligibility

You are eligible to apply for an ACECQA DAMA skills assessment if your nominated occupation is Child Care Worker and you intend to migrate to Australia under one of the following DAMA programs:

- [Goldfields Western Australia](#)
- [Far North Queensland](#)
- [Orana New South Wales](#)

### Do you hold an NQF approved qualification?

The evidence required for this application will depend on whether your qualification is already nationally approved at the relevant level under the National Quality Framework (NQF). To check if you hold a recognised qualification under the NQF, please use our qualification checker: [www.acecqa.gov.au/qualifications-checker](http://www.acecqa.gov.au/qualifications-checker).

### Completing the application form

Before you start your application, you must read ACECQA's DAMA Skills Assessment Application Guidelines. This document outlines the required evidence you will need to submit with this application form, and provide guidance on how to submit a complete application.

Please refer to the checklist on **page 2** of this application form to ensure that you have all the required documentation ready prior to submitting your application.

### Certified documents

You must provide supporting documents with your application. **All documents provided to ACECQA must be certified colour copies of original documents.** Only documents certified by one of the following authorised persons will be accepted:

- a justice of the peace (JP)
- a person authorised under the legislation of the participating Australian jurisdiction to witness documents or take statutory declarations
- a person authorised in the country where the document is being certified to certify /notarise documents
- a person accredited as a translator who is employed by an Australian overseas diplomatic mission

The authorised person must clearly state on the front of each document that it is a certified true copy of the original document. The person must sign and date each statement and provide their name and position.

### Documents in a language other than English

If your supporting documents are in a language other than English, you will need to have them translated into English. If your documents are translated in Australia, the translator must be accredited by NAATI (National Accreditation Authority for Translators and Interpreters Ltd). You can locate your nearest NAATI accredited translator at the following website: [www.naati.com.au](http://www.naati.com.au).

**You must provide a certified colour copy of both the original and translated document.**

### Application & supporting evidence checklist

Please ensure that the following are included with your application:

- a complete application form
- a certified colour copy of the identity page of your current valid passport
- certified evidence for your change of name (if your documents contain names other than those that appear on your passport)
- a certified colour copy of your NQF approved qualification (if applicable)
- a certified colour copy of the certificate/parchment for each of your qualifications
- a certified colour copy of the translated certificate/parchment for each of your qualifications (if applicable)
- a certified colour copy of every page of the final academic transcripts for each of your qualifications
- a certified colour copy of the translated final academic transcripts for each of your qualifications (if applicable)
- a signed [Employer Reference Template](#) and [Employment Experience Template](#) for each period of employment being claimed
- a signed and formally witnessed applicant's declaration (**section 11** of this application form)
- a signed and formally witnessed authorised representative's declaration (if applicable) (**section 12** of this application form)
- payment (**section 13** of this application form).

Your application cannot be assessed by ACECQA until all of these documents are received.

For applicants requiring an assessment of their qualifications under the NQF, please ensure you have also included the following documents with your application:

- a certified colour copy of your evidence of English language proficiency.

### Privacy notice

Australian Children's Education and Care Quality Authority (ACECQA) will use the information you provide to make an assessment of your qualifications and employment experience for the purpose of skilled migration. ACECQA may need to disclose personal information to some third parties, including educational institutions, to verify the information you have provided in the application. In the case of a complaint or a challenge to the decision, the Australian Children's Education and Care Quality Authority (ACECQA) may need to disclose some information to a review body, for example, an ombudsman, court or tribunal. Personal information will be used and stored in accordance with the Australian Privacy Principles contained in the *Privacy Act 1988*.

ACECQA's [privacy policy](#) is available on the ACECQA website.

**Please note: Giving false or misleading information is a serious offence. ACECQA will notify the relevant Australian Government Department and/or law enforcement agency where it has reason to believe that false or misleading information is provided.**

## Eligibility

### 1. Designated Area Migration Agreement

Please identify the Designated Area Migration Agreement (DAMA) program you would like your qualifications to be assessed under.

Goldfields Western Australia

Far North Queensland

Orana New South Wales

## Personal information

### 2. Your Personal Details

Title Mrs  Miss  Ms  Mr

Surname

Previous surname  
(if applicable)

Given names

Previous given names  
(if applicable)

Gender Male  Female  Other

Date of birth (Day/Month/Year)  /  /  Passport Number

Email address

Postal address Number and street or PO Box number  Suburb, town or city

State or province  Postcode  Country

Phone number  ( )

#### Evidence is required for this section.

Please provide certified colour copies of your valid passport and change of name evidence (if applicable).  
Please refer to the application guidelines for additional information on the required evidence.

### 3. Migration agent or authorised representative (optional)

If you would like to elect another person to prepare, submit or speak on your behalf with ACECQA about your application please provide their details in this section. Your authorised representative could be a migration agent, lawyer, friend or relative. If you elect a representative, they will be included in all correspondence from ACECQA.

Please leave this section blank if you do not want to elect an authorised representative.

Do you wish to authorise a representative to act on your behalf?

Yes  No  If no, leave this section blank.

**Note:** Authorised representatives must complete and sign an Authorised Representative Declaration and Consent Form at **page 12** of this application.

Title Mrs  Miss  Ms  Mr

Surname

Given name/s

Email address

Postal address  
Number and street or PO Box number  Suburb, town or city

State or province  Postcode  Country

Phone number  ( )

Relationship to you

If you are a migration agent completing this form on behalf of the applicant, please tick here

## Qualifications

### 4. Do you hold an ACECQA approved education and care qualification under the NQF?

- Yes, I hold a diploma or ECT level qualification published on ACECQA's NQF Approved List
- Yes, ACECQA assessed and approved my qualification as equivalent to a diploma or ECT level qualification
- Yes, I am taken to hold an approved diploma or ECT qualification under former law
- No, I require ACECQA to assess my qualifications under the NQF as part of my skills assessment

**Evidence is required for this section.**

Please refer to the application guidelines for additional information on the required evidence.

**Advice for applicants that hold an NQF approved qualification.**

You do not need to complete **Q6, Q7, Q8 and Q9** of this application form.  
Please enter details of your NQF approved qualification at **Q5** and proceed directly to **Q10**.

**Advice for applicants requiring an assessment of their qualifications under the NQF.**

Please complete **Q6, Q7, Q8 and Q9** if you require an assessment of your qualifications under the NQF,  
before you proceed to **Q10**.

## 5. Your NQF Approved Qualification

Please enter the details of your NQF approved qualification.

Title of award

Awarding institution

Date commenced (Day/Month/Year)  /  /  Date completed (Day/Month/Year)  /  /

Mode of study Full time  Part time

Delivery Face to Face  Online  Other

Minimum entry requirement

Time taken to complete your study

Address of Institution

State or province  Post code  Country

Phone number  ( )

Country where study was undertaken, if different from above

**Evidence is required for this section.**

Please provide either:

- a copy of your ACECQA assessment outcome letter or certificate, OR
- a certified colour copy of your evidence of approval under former law in the relevant state or territory (including evidence of employment prior to 1 January 2012)

Please refer to the application guidelines for additional information on the required evidence.

**6. Your highest early childhood education and care qualification**

**(for applicants requiring assessment under the NQF only)**

Please provide details of the highest relevant early childhood education and care qualification you hold.

If you have multiple early childhood qualifications, print additional copies of this page.

If your highest education and care qualification was a post graduate qualification, please also provide details of your undergraduate qualification.

Title of award

Awarding institution

Date commenced (Day/Month/Year)  /  /  Date completed (Day/Month/Year)  /  /

Mode of study Full time  Part time

Delivery Face to Face  Online  Other

Minimum entry requirement

Time taken to complete your study

Address of Institution

State or province  Postcode  Country

Phone number  (  )

Country where study was undertaken, if different from above

**Evidence is required for this section.**

Please provide certified colour copies of your qualification award parchment and formal academic transcript.  
Please refer to the application guidelines for additional information on the required evidence.

Were you required to complete any supervised placements as part of this qualification? Yes  No

**If yes, complete Q7.**

**Please print additional copies of this page if you have additional qualifications that you wish to have assessed as part of this application.**

### 7. Supervised placements (for applicants requiring assessment under the NQF only)

Were you required to complete any supervised placements as part of this qualification? This may have been referred to as professional experience, practicum, professional study, work placements, field study or an internship. Only provide information for the supervised placement completed as part of the qualification above.

#### Supervised placement 1

Service name			
Service address			
Service city		Service country	
Duration of placement	working days		
Youngest age of children you worked with	years	Oldest age of children you worked with	years
Date placement began (Day/Month/Year)	/ /	Date placement finished	/ /

#### Supervised placement 2

Service name			
Service address			
Service city		Service country	
Duration of placement	working days		
Youngest age of children you worked with	years	Oldest age of children you worked with	years
Date placement began (Day/Month/Year)	/ /	Date placement finished	/ /

#### Supervised placement 3

Service name			
Service address			
Service city		Service country	
Duration of placement	working days		
Youngest age of children you worked with	years	Oldest age of children you worked with	years
Date placement began (Day/Month/Year)	/ /	Date placement finished	/ /

Please print additional copies of this page if you completed further supervised placements as part of your qualifications.



### 8. Secondary school details *(for applicants requiring assessment under the NQF only)*

Please enter the details of your secondary schooling here. This may have been referred to as high school.

Name of secondary school	<input type="text"/>		
	Suburb, town or city	State, county or province	Country
Address of secondary school	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year you started	<input type="text"/>	Year you finished	<input type="text"/>

### 9. English language proficiency *(for applicants requiring assessment under the NQF only)*

Applicants requiring an assessment of their qualifications under the NQF are also required to provide evidence of their English language proficiency.

- I have completed at least one year of full-time tertiary or higher education level study in either: Australia, New Zealand, Ireland, Canada, the United Kingdom or the United States of America.
- I obtained a score of seven (7.0) or more in the reading and writing components, and a score of eight (8.0) or more in speaking and listening components, in the academic version of the International English Language Testing System (IELTS) exam in the last two years.

**Evidence is required for this section.**

Please provide certified colour copies of the transcript showing one year of full-time study in an exempt country **OR** a certified colour copy of the results of your English language test.

If you cannot provide any of the evidence above, you will need to speak with ACECQA.  
Please contact us on 1300 422 327.

Please note: ACECQA reserves the right to request additional evidence of English Language Proficiency.

Please refer to the application guidelines for additional information on the required evidence.

## Employment Experience

### 10. Relevant employment experience

Please provide information for the employment experience you are claiming as part of your DAMA Skills Assessment Application. **Note** employment must be after qualification issuance date.

Position title	<input type="text"/>		
Employer / Business name	<input type="text"/>		
Business registration or licence number	<input type="text"/>		
Business address	<input type="text"/>		
	<input type="text"/>		
	State or province	Postcode	Country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	<input type="text" value="( )"/>		
Business email	<input type="text"/>		
Business website	<input type="text"/>		
Are you currently employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date commenced (Day/Month/Year)	<input type="text" value="/ /"/>	Date completed (Day/Month/Year)	<input type="text" value="/ /"/>
Employment	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Casual <input type="checkbox"/> Voluntary <input type="checkbox"/>
Ordinary working hours per week	<input type="text"/>		
Did you work directly with children in this role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Youngest age of children you worked with	<input type="text" value=""/> years	Oldest age of children you worked with	<input type="text" value=""/> years

**Evidence is required for this section.**

Please provide a signed and dated [Employer Reference Template](#) and [Employment Experience Template](#) for each period of employment you wish to claim.

Please refer to the application guidelines for additional information on the required evidence.

**Please print additional copies of this page for each period of employment you wish to claim as part of this application.**

## Declaration and Consent

### 11. Applicant declaration and consent

Please tick each clause below and sign the declaration in the presence of the witness. The witness must be one of the persons authorised to certify documents outlined on page 1.

I,  (the applicant) declare that:

- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct. If an authorised representative has assisted me, I declare I have not provided false or misleading information to the representative for preparation of this application.
- I have read and understood ACECQA's Application Guidelines and DAMA Assessment Standards.
- I authorise ACECQA to make enquiries to third parties in order to verify and assess my qualifications and experience.
- I understand that my assessment will take up to 60 calendar days from the date I provide all the information required by ACECQA.
- I understand that if additional information is requested and is not provided within the requested timeframe, ACECQA may close my application and I will not be entitled to a refund.
- If I have provided anyone else's personal information, I confirm that it is with their consent.
- I will inform ACECQA of any changes to my circumstances (e.g. change of contact details) while my application is being processed.
- I have read and understood ACECQA's [privacy policy](#).

	Day      Month      Year
Signature of applicant	Date
<input type="text"/>	<input type="text" value="/ /"/>

	Day      Month      Year
Signature of authorised witness	Date
<input type="text"/>	<input type="text" value="/ /"/>

Authorised witness name  
(Printed)

Authorised witness occupation  
or JP number

**Please note: The witness must be one of the persons authorised to certify documents outlined on page 1 of this form.**

## 12. Authorised representative declaration and consent (if applicable)

Please tick each clause below and sign the declaration in the presence of the witness. The witness must be one of the persons authorised to certify documents outlined on page 1.

I,  (the applicant's migration agent or authorised representative) declare that:

- I have been authorised by the applicant to discuss, request and provide information about this application on their behalf.
- I understand that providing false or misleading information is an offence and all the information I have provided is true and correct to the best of my knowledge and is as was conveyed to me by the applicant.
- I understand that the applicant may withdraw this authority at any time.

Signature of  
authorised  
representative

Date

Day      Month      Year

Signature of  
authorised  
witness

Date

Day      Month      Year

Authorised witness name  
(Printed)

Authorised witness occupation  
or JP number

**Please note: The witness must be one of the persons authorised to certify documents outlined on page 1 of this form.**

## Payment and Submission

### 13. Payment details

We are unable to process your application until you pay the application fee. The current fee schedule can be accessed [here](#). The fee is in Australian dollars.

Payment can be made online and a receipt number must be provided.

To pay online go to [www.acecqa.gov.au/payonline](http://www.acecqa.gov.au/payonline).

Receipt number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**ACECQA is unable to process your application without this number.**

If you have trouble using the online payment portal please call us on 1300 422 327 between 9am-5pm AEST Monday-Friday.

### 14. Submitting your application

Please ensure that

- all relevant questions in the application form have been answered
- the information has been clearly recorded and is easy to read
- your supporting documents are attached (refer to the checklist on page 2 and the request for evidence at the bottom of each relevant section of this form)

Failing to submit a complete application will result in a delay in processing your application. The application form and supporting documents can be submitted:

- by email to [skilledmigration@acecqa.gov.au](mailto:skilledmigration@acecqa.gov.au) or
- by post to: Migration Skills Assessment Team  
ACECQA  
PO Box A292  
Sydney NSW 1235

ACECQA reserves the right to ask you to provide your original application form, certified documents and/or original documents.