

About this application form

The purpose of this assessment is to determine the comparability of your academic qualifications and employment experience to the Australian Standards for a skilled worker in your nominated occupation.

As part of the Skills Assessment Opportunities for Migrants (SAOM) Incentive, ACECQA is committed to providing free and fast-tracked skills assessments for eligible applicants.

Eligibility

An individual is considered eligible if:

- they are currently residing in Australia
- they have been granted, and are currently on, an eligible visa (please refer to the [eligibility checklist](#) at **section 1** of this form)
- their eligible visa was granted on, or after, 1 January 2019
- they are applying for assessment against the Standards for the Child Care Worker (group leaders only) (ANZSCO Code [421111](#)) occupation
- they have not undergone a skills assessment for the Child Care Worker (group leaders only) (ANZSCO Code 421111) occupation before, and
- they are applying for a visa relevant to this skilled occupation

If you are unsure whether you are eligible for the Migrant Skills Incentive program, please refer to the eligibility checklist at **section 1** of this form or contact ACECQA on 1300 422 327.

Do you hold an NQF approved qualification?

The evidence required for this application will depend on whether your qualification is already approved at diploma level or higher 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.

If your qualification is approved, you will need to provide evidence to demonstrate this.

Completing the application form

Before you start your application, you must read ACECQA's Assessment Standards ([Child Care Worker \(group leaders only\)](#)) and the [Skills Assessment Incentives Program Application Guidelines](#).

These documents outline the required additional 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 3** 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.

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

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.

Collection, use and disclosure of information

Under the Privacy Act 1988, we must also advise that if your skills assessment application is eligible for the Skills Assessment for Migrants (SAOM) Incentive, ACECQA may disclose your personal information to the Department of Education, Skills and Employment for the following two purposes:

Purpose 1. ACECQA would like to provide your contact details to the Department of Education, Skills and Employment so that they can send you an optional survey in August 2022 and January 2023. The survey will only take a few minutes to complete and will ask you about your employment arrangements. Your answers will not affect your application and will only be held by the department in a de-identified format to enable it to inform future skills assessment policy.

There is no impact to your application if you do not want your contact details to be used for this purpose.

Purpose 2. ACECQA may disclose personal information (including sensitive information) to the Department of Education, Skills and Employment so that they can conduct an audit of the assessing authority.

Please be aware that if you do not consent to your information being shared with the Department for this purpose, ACECQA will not be able to accept or process your application.

You will be requested to provide consent for these two purposes when you submit your application.

Application & supporting evidence checklist

Please ensure that the following are included with your application:

- a complete eligibility checklist
- a complete application form
- a certified colour copy of your eligible visa (refer to eligibility checklist at **section 1** of this form)
- a certified colour copy of your evidence of residence in Australia (refer to the [Skills Assessment Incentives Program Application Guidelines](#))
- 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 relevant employment
- additional employment evidence as required (refer to the Skills Assessment Incentives Application Program Guidelines)
- a signed and formally witnessed applicant's declaration (**section 11** of this application form)
- a signed and formally witnessed applicant consent for the disclosure of personal information (**section 12** of this application form)
- a signed and formally witnessed authorised representative's declaration (if applicable) (**section 13** of this application form)
- a signed and formally witnessed migration agent's declaration (if applicable) (**section 14** 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.

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. Eligibility checklist

Please complete the checklist below to determine if you are eligible for an assessment under the Skills Assessment for Migrants (SAOM) Incentive Program.

Eligibility Checklist		Please tick either 'Yes' or 'No'	Eligible Response
Q1	Are you currently residing in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes
Q2	Is your nominated occupation: Child Care Worker (group leaders only) (ANZSCO Code 421111)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes
Q3	Have you been granted, and are currently on, one of the below visas? <ul style="list-style-type: none"> • Adoption visa (subclass 102) • Aged Dependent Relative visa (subclass 114) • Aged Dependent Relative visa (subclass 838) • Aged Parent visa (subclass 804) • Carer visa (subclass 836) • Carer visa (subclass 116) • Child visa (subclass 101) • Child visa (subclass 802) • Contributory Aged Parent visa (subclass 864) • Contributory Parent visa (subclass 143) • Orphan Relative (subclass 117) • Orphan Relative (subclass 837) • Parent visa (subclass 103) • Partner visa (subclass 100) • Partner visa (subclass 801) • Remaining Relative visa (subclass 115) • Remaining Relative visa (subclass 835) • Interdependency (subclass 110, 814) • Designated Parent (subclass 118 and 859) • Global Special Humanitarian (subclass 202) • Protection visa (subclass 866) • Refugee visas (subclass 200, 201, 203 and 204) 	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes
Q4	Was this visa granted on, or after, 1 January 2019?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes
Q5	Have you undergone a skills assessment for your nominated occupation before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	No

If **ANY** of your answers were different from the 'Eligible Response' in the above eligibility criteria, **DO NOT CONTINUE** with this application form. Please contact ACECQA for advice about which migration skills assessment is appropriate for your circumstances.

If **all** of your answers were the same as the 'Eligible Response' in the above eligibility criteria, you may be eligible for a skills assessment under the SAOM Incentive. Please proceed to complete the application form.

Evidence is required for this section.

Please provide *certified colour copies* of your eligible visa and proof of residence in Australia.

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

Applicant's 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

Visa

Date visa was granted

Email address

Residential 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 (who are not migration agents) must complete and sign the Authorised Representative Declaration and Consent Form at **section 13** of this application. Migration agents must complete and sign the Migration Agent Declaration and Consent Form at **section 14** 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			
	Suburb, town or city	State, county or province	Country
Address of secondary school			
Year you started		Year you finished	

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 Skills Assessment Application.

Note employment must be after qualification issuance date.

Position title

Employer / Business name

Business registration or licence number

Business address

State or province

Postcode

Country

Phone number ()

Business email

Business website

Are you currently employed here? Yes No

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

Employment Full time Part time Casual Voluntary

Ordinary working hours per week

Did you work directly with children in this role? Yes No

Youngest age of children you worked with years

Oldest age of children you worked with 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 Skills Assessment Incentives Program Application Guidelines](#) and Assessment Standards ([Child Care Worker \(group leaders only\)](#)).
- I am currently residing in Australia and hold an eligible visa (listed in the eligibility checklist at **section 1**).
- I have not previously applied for a skills assessment for the Child Care Worker (group leaders only) (ANZSCO Code 421111) occupation with ACECQA or any other assessing authority.
- 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 an average of 15 business 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](#).

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

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

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. Applicant consent for the disclosure of personal information

ACECQA may disclose your personal information to the Department of Education for the two purposes outlined on **page 2** of this application.

Applicant information

Full name:
(as displayed
on passport)

Passport
number:

Applicant consent

Please consider each clause below and tick the relevant box or boxes to indicate your consent 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 of this form.

I, (the applicant):

- understand ACECQA may disclose my personal information (including sensitive information) to the Department of Education for the two purposes (**Purpose 1** and **Purpose 2**) outlined on page 2 of this application form.
- consent to ACECQA providing my contact details to the Department of Education for the purpose of completing a short survey about my employment arrangements (**Purpose 1**).
- understand that if I do not consent to providing my contact details for the purpose of completing a short survey about my employment arrangements (**Purpose 1**), there will be no impact to my application.
- consent to ACECQA providing my personal information (including sensitive information) to the Department of Education for audit purposes (**Purpose 2**).
- understand that if I do not consent to my personal information being disclosed for audit purposes (**Purpose 2**), ACECQA may not accept or process my application.

Signature of applicant	<input data-bbox="355 1637 962 1749" type="text"/>	Date	Day	Month	Year
			<input data-bbox="1125 1637 1477 1704" type="text"/>		

Signature of authorised witness	<input data-bbox="355 1789 962 1904" type="text"/>	Date	Day	Month	Year
			<input data-bbox="1125 1789 1477 1856" type="text"/>		

Authorised witness name
(Printed)

Authorised witness occupation
or JP number

13. 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.

14. Migration agent declaration and consent (if applicable)

To be completed by your migration agent.

Applicant information

Please provide the below information for the applicant you have been authorised to represent for an ACECQA Skills Assessment.

First name:

Surname:

Passport number:

Migration agent declaration and consent

Please tick each clause below and sign the declaration if you are a registered migration agent authorised to act on behalf of an applicant applying for an ACECQA Skilled Migration Assessment.

I, (Registered Migration Agent name and surname)
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 it was conveyed to me by the applicant.
- I understand that the applicant may withdraw this authority at any time.

Signature Date
Day Month Year
 / /

Migration agent registration number

Submission

15. 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 3 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 (preferred) or
- by post to: Migration Skills Assessment Team
ACECQA
PO Box A292
Sydney NSW 1235

Please be aware that any applications submitted by postal mail may experience processing delays due to COVID-19.

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