

Review Application Form

If you believe you have additional evidence that was not submitted with your original application you can submit an application to review your Skills Assessment.

We strongly recommend you contact your Case Officer on 1300 422 327 before submitting a Review Application and paying the Review Application fee. If you are dialling from overseas please call +612 8240 4244.

You are not required to submit an application for review if you believe evidence provided with your original application has not adequately been considered. Please contact your Case Officer directly to discuss these concerns.

1. Applicant Details

Applicant name	<input type="text"/>		
Applicant address	<input type="text"/>		
State or province	Post code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	<input type="text" value="()"/>		
Email	<input type="text"/>		

2. Authorised Representative Details (other than Migration Agents, if applicable)

Representative name	<input type="text"/>		
Representative address	<input type="text"/>		
State or province	Post code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Migration Agent Details (if applicable)

Migration agent name	<input type="text"/>		
Migration agent address	<input type="text"/>		
State or province	Post code	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Migration agent registration number	<input type="text"/>		

4. Application details

Case number

Date of Assessment Outcome
(Day/Month/Year)

5. Reason for review request

Briefly describe your reason for requesting a review of your assessment outcome and the evidence you wish to provide to support this request:

6. Applicant declaration and consent

Please tick each clause below and sign the declaration in the presence of the witness. The witness must be a person authorised to legally witness or certify documents.

I, (the applicant) declare that:

my email address is:

my phone number is:

- 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 Assessment Standards for my nominated occupation.
- 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.
- I will inform ACECQA of any changes to my circumstances (e.g. change of contact details) while my application is being processed.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature of
applicant

Date

Day	Month	Year
/	/	

Signature of
authorised
witness

Date

Day	Month	Year
/	/	

Authorised witness name
(Printed)

Authorised witness occupation
and registration number

7. 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 a person authorised to legally witness or certify documents.

Migration Agents please complete the Migration Agent Declaration and Consent Form on page 5.

I, (the applicant's authorised representative),
nominated by (applicant's name), 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.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature of authorised representative Date / /
Day Month Year

Authorised representative's relationship to applicant

Signature of authorised witness Date / /
Day Month Year

Authorised witness name (Printed)

Authorised witness occupation and registration number

8. Migration agent declaration and consent (if applicable)

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)

of (name of organisation) declare that:

- I have been authorised by the applicant to discuss, request and provide information about this application on their behalf.
- The applicant has also authorised employees of the same organisation 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.
- I understand any personal information I provide will be collected, used and disclosed in accordance with ACECQA's [privacy policy](#).

Signature

Date

Day	Month	Year
/	/	

Migration
agent registration
number