

# Review of Qualifications/Skilled Employment Assessment



Please fill in your **Identification Number**, if known (please use a **BLACK** pen)

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Please complete **ALL** the sections (1 – 5) below, and return the application with payment to the Institute's office (see page 3 for contact details). **Please print in BLOCK LETTERS.**

## Section 1 – Personal details

Title  Mr  Mrs  Miss  Ms  Dr

Given name/s (in full)

Family name\*   
\* If your name is different to those on your documents, please provide evidence of name change.

Date of birth         Country of birth

Postal address  Town/City

State  Postcode  Country

Email

Phone   Fax

Mobile

## Section 2 – Contact details of 'solicitor/migration agent/authorised person' acting on your behalf (if applicable)

Full name (Name/Family name)

Postal address  Town/City

State  Postcode  Country

Email

Phone   Fax

Mobile

**Section 3 – Reason for review of assessment**

Please select your reason for 'review of qualifications assessment' from the four options listed below:

1.  **Change of ANZSCO Code** (for migration purposes only)

Select **one** of the following ANZSCO codes to be assessed under:

**Former ASCO Code and occupation**

<input type="checkbox"/> Accountant (general)	ANZSCO CODE 221111	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> Management Accountant	ANZSCO CODE 221112	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> Taxation Accountant	ANZSCO CODE 221113	Accountant	ASCO CODE 2211 – 11
<input type="checkbox"/> External Auditor	ANZSCO CODE 221213	Accountant – External Auditor	ASCO CODE 2212 – 11
<input type="checkbox"/> Finance Manager	ANZSCO CODE 132211	Finance Manager	ASCO CODE 1211 – 11
<input type="checkbox"/> Corporate Treasurer	ANZSCO CODE 221212	Accountant – Corporate Treasurer	ASCO CODE 2213 – 11

**Supporting documents you are required to attach to your application**

2.  **Additional subjects completed after a negative result**  
 (for migration purposes only)

**Important note:** this option is for those who received an outcome of 'not suitable' on their initial assessment. If you were assessed as 'suitable' and have since completed additional units, you are not required to have your assessment reviewed.

A correctly certified **academic transcript** showing the additional subjects completed and corresponding syllabus where applicable.

3.  **Assessment for permanent residency purposes**

- Original certified** copy of 'IELTS **Academic Test Report Form**' (TRF) or '**TRF Number**', to confirm Academic band score of at least 7 on each of the four components – speaking, reading, listening and writing
- or**
- Original certified** copy of academic transcript and completion certificate for **Skilled Migration Internship Program: Accounting** (SMIPA) (if applicable).

4.  **Full review of assessment:** Please provide detailed reason(s) for review below: (If the space provided is insufficient, please attach an additional page to this application.)

Relevant supplementary materials eg. additional syllabus information.

**A. Qualifications Assessment**

**B. Skilled Employment Assessment**

The Institute of Chartered Accountants in Australia  
**Review of Qualifications/Skilled Employment Assessment**

**Section 4 – Declaration and privacy statement**

I declare that the information I have given in this application is complete, correct and up-to-date.

The Institute of Chartered Accountants in Australia respects the privacy of individuals and acknowledges that the information you provide on this form is 'personal information' as defined by the Commonwealth *Privacy Act*. The information is being collected for the purpose of processing your application. The provision of this information is voluntary, but if it is not provided the Institute may be unable to process your application.

If your application is successful, the information will also be used for the purposes listed in the Institute's privacy policy – a copy of which is at [charteredaccountants.com.au/privacy\\_policy](http://charteredaccountants.com.au/privacy_policy)

Applicant's signature

Date

**Section 5 – Payment details**

Fee payable:  AU\$100

Payable by:

- Cheque/Bank Draft (payable to the Institute of Chartered Accountants in Australia)  
 Amex  Visa  MasterCard  Diners Club

Card number

Expiry date

Card holder name

Card holder signature

**Terms and Conditions**

The Institute of Chartered Accountants does **not accept cash** payments. Payment methods accepted include cheque, EFTPOS and credit cards. A dishonour fee of **\$25** will be charged for each cheque that is not cleared or honoured by the bank or financial institution.

By submitting this form to the Institute of Chartered Accountants in Australia you acknowledge that you agree to the Terms and Conditions.

**Section 6 – Submitting your application form**

**Application forms / Supporting documents**

Please submit your completed application **with payment** to:

<b>Mail</b>	Customer Transactions Team The Institute of Chartered Accountants in Australia GPO Box 9985, Sydney 2001 Australia
<b>Fax</b>	+61 2 9262 1298
<b>In person</b>	
ACT	L10, 60 Marcus Clarke Street, Canberra
NSW	33 Erskine Street, Sydney
Qld	L32, Central Plaza One, 345 Queen Street, Brisbane
SA	Westpac Building, L29, 91 King William Street, Adelaide
Vic	L3, 600 Bourke Street, Melbourne
WA	Ground Floor, BGC Building, 28 The Esplanade, Perth

**For further enquiries** or **additional information** please contact the Chartered Accountants Service Centre on:

<b>Web</b>	<a href="http://charteredaccountants.com.au">charteredaccountants.com.au</a>
<b>Phone Australia</b>	1300 137 322
<b>Overseas</b>	+61 2 9290 5660
<b>Email</b>	<a href="mailto:service@charteredaccountants.com.au">service@charteredaccountants.com.au</a>
<b>Fax</b>	+61 2 9262 1298

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