

# Pilot 2 - Skills Assessment Opportunities for Migrants

## Application for skills assessment



Valid 7 August 2023

### GENERAL INFORMATION

Email this form and evidence of your claims to **assessments@acwa.org.au** using the subject line:

Pilot 2 - Skills assessment application - *your nominated occupation - your name.*

For example: **Pilot 2 - Skills assessment application - Youth Worker - John Smith.**

You must submit a decision-ready application. An incomplete application will be assigned a 'not suitable' outcome.

#### Please note:

- Read the relevant skills assessment guidelines at **www.acwa.org.au** carefully.
- Handwritten responses must be legible.
- You may not need to complete every section of this form. Read the instructions in **red** carefully.
- You need to submit every page of this application even if a page does not apply to you.

### SECTION 1: APPLICATION DETAILS

**This section must be completed by all applicants**

Which ANZSCO code are you applying for assessment under? Select only one.

☐

411715 Residential Care Officer

☐

411716 Youth Worker

Have you previously obtained a skills assessment from ACWA in one of the occupations listed above?

☐

Yes

☐

No

**Please note:** To be able to apply for a free assessment, you must:

- **have not** had a skills assessment in a priority occupation listed above
- be living in Australia when you submit your application
- be on a permanent family, partner, humanitarian or refugee visa, or is secondary entrant to a skilled visa holders
- have held that visa from 1 January 2016

Are you currently residing in Australia?

Yes

No

What is your current visa subclass?

*Refer to Eligible Visa Subclasses list. Please provide evidence of your visa grant notice.*

Is this application being submitted via an agent?

☐

Yes

☐

No

**Please note:** If an application is submitted via an agent all communication, including the outcome, will be directed to the agent.

**Email this form, along with supporting evidence to [assessments@acwa.org.au](mailto:assessments@acwa.org.au)**

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### SECTION 1 CONTINUED

This checklist includes supporting evidence for all possible applications. Some documents have specifications outlined in the guidelines that are not included here. It is unlikely that you will need to submit every document - it is your responsibility to read the guidelines before lodging an application.

Please tick the evidence you are submitting:

#### IDENTITY

- ☐ Certified copy of biography page of passport and **two (2)** other official identity documents, including visa
- ☐ Certified copy of evidence of name change
- ☐ Signed authorisation form for migration agent

#### ENGLISH PROFICIENCY

- ☐ Copy of test outcome. (For PTE only, results to be sent to ACWA through the PTE secure portal.)
- ☐ Evidence of eligible study
- ☐ Letter from employer

#### QUALIFICATIONS

- ☐ Certified copy of qualification (or letter of completion)
- ☐ Certified copy of transcript of results
- ☐ Certified copy of letter detailing fieldwork placements

#### INDUSTRY EXPERIENCE AND CURRENCY

- ☐ CV/Resume
- ☐ Position description
- ☐ Statement of service or letter from employer
- ☐ Organisational structure
- ☐ Professional development activities

#### OTHER

- ☐ Certified copy of ACWA skills assessment certificate
- ☐ Evidence of professional registration/membership

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This section must be completed by all applicants

Date of birth (DD/MM/YY)

Gender

M

☐

F

☐

Other

☐

Given names

Family name

Previous name/s

Full name (as it appears in your passport)

Country of passport

Applicant address

Address line 1

Address line 2

State

Postcode

Country

Phone number

Email address

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This section must be completed by all applicants. If you have a post graduate qualification, please also submit details of your corresponding undergraduate course.

Full title of most relevant qualification (as it appears on qualification certificate)

Name of Institution

How did you study this course? (on campus, online, blended learning)

Campus location (if applicable)

Street address

Address line 1	
Address line 2	
State	Postcode
Country	

Date course commenced

Date course completed

Please provide an explanation if you completed the course earlier or later than the usual course completion period

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Full title of additional qualification

Name of Institution

How did you study this course? (on campus, online, blended learning)

Campus location (if applicable)

Street Address

Address line 1	
Address line 2	
State	Postcode
Country	

Date course commenced

Date course completed

Please provide an explanation if you completed the course earlier or later than the usual course completion period

If you have additional qualifications to be assessed, print copies of this page or use it as a template.

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You must submit a copy of your resume or CV with your application **regardless** of whether you have industry experience.

If you have industry experience, provide the details below. All other applicants go to section 5.

#### WORK EXPERIENCE 1

Position title

Organisation name

Organisation address

Address line 1	
Address line 2	
State	Postcode
Country	

Date commenced position (DD/MM/YY)

Date ended position (DD/MM/YY) **or** currently employed

Average number of hours per week

Detailed description of duties (maximum 200 words)

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#### WORK EXPERIENCE 2

Position title

Organisation name

Organisation address

Address line 1

Address line 2

State

Postcode

Country

Date commenced position (DD/MM/YY)

Date ended position (DD/MM/YY) **or** currently employed

Average number of hours per week

Detailed description of duties (maximum 200 words)

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#### WORK EXPERIENCE 3

Position title

Organisation name

Organisation address

Address line 1	
Address line 2	
State	Postcode
Country	

Date commenced position (DD/MM/YY)

Date ended position (DD/MM/YY) **or** currently employed

Average number of hours per week

Detailed description of duties (maximum 200 words)



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#### WORK EXPERIENCE 4

Position title

Organisation name

Organisation address

Address line 1	
Address line 2	
State	Postcode
Country	

Date commenced position (DD/MM/YY)

Date ended position (DD/MM/YY) **or** currently employed

Average number of hours per week

Detailed description of duties (maximum 200 words)

If you have additional experience to be assessed, print copies of this page or use it as a template.

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This section must be completed by all applicants

Please select how you will demonstrate your industry currency.

☐

Relevant qualification that is less than 4 years old

☐

More than three months of industry experience in a current role

☐

Six months of industry experience within the last 18 months

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#### APPLICANT DECLARATION

The applicant must read and accept this declaration. An agent is not permitted to accept this declaration on the applicant's behalf. I declare that:

- (a) The information I have supplied and any attachments to this form are complete, correct and up-to-date.
- (b) I undertake to inform ACWA of any changes to my circumstances (e.g. address or phone number) which occur while my application is being considered.
- (c) I authorise ACWA to make any enquiries necessary to assist in the assessment and to use information supplied in this application for that purpose.
- (d) I have read and understood the information provided that is relevant to this application.

#### Collection, use and disclosure of personal information

Please tick YES or NO for (e) and (f) below.

***Please note that there will be no consequence to not consenting to (e), i.e., a failure to consent will not affect your application in any way.***

***However, your application will not be able to proceed if you do not provide express consent for (f) i.e., your application will not be able to be accepted or processed.***

- (e) I consent to my personal information (i.e. contact details) being collected and disclosed to the Department of Employment and Workplace Relations ('the department') for the purposes of issuing to the applicant a survey instrument six and 12 months after the contracted assessing authority has issued the outcome letter. The survey will collect information about participant employment outcomes to inform future skills assessment policy development and will be held by the department in a de-identified format.

Yes

No

- (f) I consent to my personal information (including sensitive information) being disclosed by the contracted assessing authority to the department solely for the purpose of conducting an audit of the contracted assessing authority.

Yes

No

☐

Please tick this box to signify that you accept this declaration.

Name

Date (DD/MM/YY)

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You have now reached the end of the skills assessment form.

In addition to being the assessing authority for a number of community services occupations, ACWA is also a professional association that exists to advance the community work profession in Australia. You can learn more about our work via our website. As a courtesy, if you receive a 'suitable' skills assessment outcome we will also assess your details against our membership eligibility criteria. If found eligible, we will provide you with 12 months free membership. This is entirely separate from our assessing authority role. It is, however, a useful addition as proof of eligibility for ACWA membership is required by a number of employers - including state government departments and non-government organisations.

☐

Tick this box if you **do not** want us to additionally assess you for membership purposes. This is at no additional cost.

**If you would like to be assessed for membership purposes, please read and provide your consent below:**

I have read the ACWA Constitution on the ACWA website.

By submitting this form, I agree to, upon acceptance as a Member by the ACWA Board to:

- a) act and be named in the capacity of Member of Australian Community Workers Association Limited; and
- b) be bound by the terms of the constitution of Australian Community Workers Association Limited (attached above), including paying the guarantee amount of \$1 for Members if required under the Constitution.

☐

Please tick this box to signify that you provide your consent.

Name

Date (DD/MM/YY)

Email this form, along with supporting evidence to [assessments@acwa.org.au](mailto:assessments@acwa.org.au)