



National Provider Number: 40666

SKILLED MIGRATION

SKILLS ASSESSMENT REGISTRATION FORM

Applicants note: please ensure you have read the information and guides appearing on the Masters in Building Training (MiB) Skills Assessment website (www.mibtvisa.com) and Trades Recognition Australia (TRA) 457 Skills Assessment Program Applicant Guidelines (<http://www.tradesrecognitionaustralia.gov.au/Programs/457/Pages/Guidelines.aspx>) or Trades Recognition Australia (TRA) Offshore Skills Assessment Program Applicant Guidelines (<http://www.tradesrecognitionaustralia.gov.au/Programs/Offshore/Pages/OSAPGuidelines.aspx>) prior to completing this registration form.

You may not be able to submit examples of all evidence as listed however you must be able to demonstrate your skills and knowledge to the Australian standard. For further information on Australian qualifications and standards go to: www.training.gov.au.

Section 1: SELECT TRADE AND SKILLS ASSESSMENT PROGRAM

Tick relevant box (1, 2 or 3)

Permanent Migration Program <ul style="list-style-type: none"> (General Skilled Migration (GSM)) Employer Nominated Scheme (ENS) Regional Sponsored Migration Scheme (RSMS) 	Temporary Migration Program <ul style="list-style-type: none"> 457 visa 	ANZSCO Code / Occupation
1	2	331212 Carpenter (CPC30211 Certificate III in Carpentry)
3	Not Available	331111 Bricklayer (CPC30111 Certificate III in Bricklaying / Blocking)

Please select one	PATHWAY
	I <u>do not</u> hold an Australian qualification in the nominated occupation (pathway 1)
	I <u>do</u> hold an Australian qualification in the nominated occupation (pathway 2) – see below

Section 2: PERSONAL DETAILS

Surname						
First name						
Second name						
Other given names						
Home address	Street number and street name					
	Town / City					
	State / Province/ County					
	Post code / Zip code					
	Country					
Postal address (if different from home address)	Street number and street name / Post office box					
	Town / City					
	State / Province/ County					
	Post code / Zip code					
	Country					
Home phone number (include country and area prefix)						
Mobile phone number						
Alternative contact number						
Fax number (include country and area prefix)						
Email						
Date of birth		Age		Gender (please circle)	Male	Female

Do you have a disability, impairment or long term condition?	Yes	If YES, please provide details:
	No	

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On a scale of 1-5, how well do you speak English? (circle most appropriate response with 5 being very capable and 1 being not capable at all)	5 4 3 2 1
What country are you making this application from?	
How long have you been resident in the country from where you are making this application?	
If applying from Australia please note your current Visa and expiry date.	
If you are undertaking your assessment within Australia please provide your Unique Student Identifier (USI)	USI:

Section 3: PASSPORT DETAILS

Passport number	
Country of Citizenship	
Country of residence	
Date of issue	/ /

Section 4: AGENT AUTHORISATION (if applicable)

Applicants note: An *agent* is any person or representative acting on behalf of the applicant such as a migration agent, recruitment agent, sponsor, employer, family member or other representative authorised by the applicant.

Do you authorise an agent or representative to act for you in relation to this application? (circle whichever applies)	YES (provide details below)	NO (go straight to section 5)
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I authorise the agent or representative noted below to act for me in regards to this application:		
Name of agent or representative:		
Agent or representative company name:		
Agent's MARA number:		
Address of agent or representative:	Street number and street name	
	Town / City	
	State / Province/ County	
	Post code / Zip code	
	Country	

Agent / representative phone (include country and area prefix)	
Agent / representative fax (include country and area prefix)	
Agent / representative email	

Do you require correspondence including the migration outcome letter and qualification to be sent to your agent or representative's address and approve MiB contacting your agent or representative directly to discuss your application? (circle whichever applies)	YES	NO
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Applicant's signature		Date	
Agent / Representative's signature		Date	

Section 5: EDUCATION, TRAINING AND QUALIFICATIONS

Formal Qualifications and Training

Name of qualification	Name of educational institution	City / Country	Period of study	
			Month / year	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
<p>PLEASE ATTACH COPIES OF QUALIFICATIONS AND ACADEMIC TRANSCRIPTS DETAILED ABOVE (INCLUDING OUTCOMES)</p>				

Informal Qualifications and / or on-the-job Training

Name of training program	Name of institution or employer	City / Country	Period	
			Month / year	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	
			From	
			To	
			Full or part-time	

PLEASE ATTACH COPIES OF ANY INFORMAL QUALIFICATIONS AND TRAINING DETAILED ABOVE (INCLUDING OUTCOMES)

Relevant Occupational Licenses and / or Industry Memberships

Name of license / membership	Name of issuing authority	Issue date (dd/mm/yyyy)	Expiry date (dd/mm/yyyy)
License/membership number:			
License/membership number:			
License/membership number:			
License/membership number:			
License/membership number:			
PLEASE ATTACH COPIES OF ANY LICENSES OR MEMBERSHIPS DETAILED ABOVE			

If you have selected pathway 2 please provide the following details:

Australian qualification	Qualification code	Name of Registered Training Organisation (RTO) that issued the qualification	Address of RTO	RTO Registration number (if known)

PLEASE ATTACH COPIES OF AUSTRALIAN QUALIFICATION AND ACADEMIC TRANSCRIPTS (INCLUDING OUTCOMES) AND, IF HELD, OCCUPATIONAL LICENCE(S).

Section 6: EMPLOYMENT HISTORY

Note for pathway 2 applicants: for a skills assessment you must demonstrate at least three (3) years full-time paid employment in a relevant and directly related trade, including at twelve (12) months full-time paid employment in the nominated trade in the last three (3) years. Evidence of part-time employment can be submitted and will be considered against the employment requirement on a pro-rata basis.

How long have you been working in the trade area nominated in this application (years/months):	
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Employment status to be checked (ensure to tick the box)	
<input type="checkbox"/>	On a letterhead used by the employer's business
<input type="checkbox"/>	Name of person signing off work experience
<input type="checkbox"/>	The position of the person signing off – relevant
<input type="checkbox"/>	The above persons contact details
<input type="checkbox"/>	A contact telephone number – not mobile
<input type="checkbox"/>	The address of employment
<input type="checkbox"/>	The applicant's job title (occupation)
<input type="checkbox"/>	The nature of employment (full time, part time)
<input type="checkbox"/>	Start and end dates of employment-must be 3yrs
<input type="checkbox"/>	Normal hours of work
<input type="checkbox"/>	A detailed description of the tasks undertaken along with the machines, tools or equipment used
<input type="checkbox"/>	The length of time they supervised the applicant

Employer 1	Employer 2
Name of Employer:	Name of Employer:
Employer's business activities:	Employer's business activities:
Your position / role:	Your position / role:

Your duties:		Your duties:	
Skills applied:		Skills applied:	
Site locations:		Site locations:	
Period of employment Start date: End date:		Period of employment Start date: End date:	
Did you work under direct supervision?		Did you work under direct supervision?	
Hours worked per week:		Hours worked per week:	
Employer's address:		Employer's address:	
City/town		City/town	
State		State	
Country		Country	
Zip / post code		Zip / post code	
Employer's email:		Employer's email:	
Employer's phone: (include country and area prefix)		Employer's phone: (include country and area prefix)	
Contact name and position:		Contact name and position:	

Employer 3		Employer 4	
Name of Employer:		Name of Employer:	
Employer's business activities:		Employer's business activities:	
Your position / role:		Your position / role:	
Your duties:		Your duties:	
Skills applied:		Skills applied:	
Site: Locations:		Site: Locations:	
Period of employment Start date: End date:		Period of employment Start date: End date:	
Did you work under direct supervision?		Did you work under direct supervision?	
Hours worked per week:		Hours worked per week:	
Employer's address:		Employer's address:	
City/town		City/town	

State		State	
Country		Country	
Zip / post code		Zip / post code	
Employer's email:		Employer's email:	
Employer's phone: (include country and area prefix)		Employer's phone: (include country and area prefix)	
Contact name and position:		Contact name and position:	

Please print additional pages as required.

Please attach an employer statement to support each of the positions noted in this application.

Section 7: SELF EMPLOYED APPLICANTS ONLY

Provide the following details for each year of self employment:

- Period(s) of self employment
- Statement of works undertaken during the period of self employment for each year.
- Annual taxation statements relating to the self employment
- Detailed letter from a qualified accountant or legal practitioner on company letterhead on their knowledge of you and your employment scope.
- Written letter from a minimum of three (3) suppliers detailing the types and period of supply.
- Three (3) quotes / invoices issued to clients including description of the works and location.
- Three (3) client reference testimonials
- Other material in support of self employment, which may include:
 - Website details
 - Email addresses
 - Examples of email inquiries
 - Marketing material
 - Business Cards
 - Examples of advertising and promotional activity
 - Bank Statements

Attach details of self employment documents.

Section 8: PHOTOGRAPHIC AND/OR VIDEO EVIDENCE

Photographic and/or video evidence accompanying this application is to be submitted on USB or CD using standard video file formats.

Please ensure that all photographic and video evidence conforms to the requirements set out in the MiB Skills Assessment Evidence Guide.

Section 9: APPLICANTS DECLARATION

IMPORTANT NOTE: This declaration is to be completed and signed by the Applicant personally. Agents or other representatives of the applicant are not permitted to complete and sign this declaration on behalf of the Applicant.

Applicant MUST read and sign this declaration and attach two (2) colour passport sized photos (attached with a paper clip – not stapled) of themselves certified as follows: “This is a true photo of (applicants name)”

I _____ (print name) declare that:

- The information contained in this application is true and correct and all documents and attachments accompanying this application are genuine.
- All evidence provided relates to me and can be verified.
- I have read and understand the information supplied to me in this application.
- I have read and understand the information and guides appearing on the Masters in Building Training (MiB) Skills Assessment website (www.mibtvisa.com)
- I intend to apply to for permanent migration (GSM/ENS/RSMS) or temporary migration (457) to Australia.
- I understand that I will be required to undertake both a technical and, if required, practical assessment of my skills to prove competency to the Australian standards of the relevant training package.
- I will inform Masters in Building Training (MiB) in writing of any changes to my details or circumstances while my application is being processed.
- I authorise my appointed agent or representative to act in all matters concerned with this application.
- I authorise MiB to make any enquiries necessary (including contacting training institutions, employers, referees, other authorities, representatives and/or professional services advisers listed in this application) to assist in the assessment of my skills and to use any information supplied for that purpose.
- I understand that MiB may verify information relating to this application with any Australian state or territory licensing or training authority.
- I understand that information supplied to MiB within, and in relation to, this application, may be shared or provided to third parties, including Australian Government Departments (be they Commonwealth, State or Territory) as and when required, without MiB being required to obtain any further permissions from the Applicant.
- I understand that documentation and information submitted in support of my application may be referred to the Department of Immigration and Border Protection (DIBP) for integrity checking.
- I understand that DIBP may, where relevant, take into account any information referred to it by MiB in the assessment of my application for Permanent Migration (GSM/ENS/RSMS) and / or Temporary Migration (457).
- I understand that my photograph may be taken and/or video taping / recording may occur during the assessment. I further understand that such photographs, videos and recordings may be collected and used for identity check and/or assessment purposes.
- I acknowledge that I need to meet the minimum English language test requirements to gain a Permanent Migration (GSM/ENS/RSMS) and / or Temporary Migration (457) visa as required under relevant Migration Act requirements and regulations and that all assessments conducted by MiB will be conducted in English and that all documentation supplied to MiB must be supplied in English.
- I acknowledge that if I undertake a practical assessment it is at my own risk and that it is my responsibility to adhere to, and to prove, safe work practices at all times during any practical assessment including providing my own Personal Protective Equipment (PPE). I acknowledge that it is my responsibility to ensure that at all times during the assessment activities that I work safely when working on my own and when working with others, and while using any tools and equipment. I agree that MiB and any third party providing services in respect of or hosting the assessments is not liable in respect of any personal injury, death or property damage arising during the course of the assessments.
- I acknowledge that there is an appeals process available to me.
- I acknowledge that the application fee is not refundable.
- I declare that to the best of my knowledge that the information supplied in this form is correct and complete.

Applicants signature

(not to be completed by agents or representatives)

Date

(dd/mm/yyyy)

Section 10: PAYMENT FORM

Applicant's full name	
Email	
Phone (include country and area prefix)	
Mobile	
Date (dd/mm/yyyy)	
Trade and Pathway	<input type="checkbox"/> Permanent migration (OSAP) – Carpenter - Pathway 1 <input type="checkbox"/> Permanent migration (OSAP) – Carpenter - Pathway 2 <input type="checkbox"/> Temporary migration (457) – Carpenter - Pathway 1 <input type="checkbox"/> Temporary migration (457) – Carpenter - Pathway 2 <input type="checkbox"/> Permanent migration – Bricklayer - Pathway 1 <input type="checkbox"/> Permanent migration – Bricklayer - Pathway 2
Payment	<input type="checkbox"/> Pathway 1 - Document evidence assessment: AUD\$1,260 <input type="checkbox"/> Pathway 1 – Complete RPL process and technical / practical interview: AUD\$1,835 <input type="checkbox"/> Reassessment – AUD\$525 <hr/> <input type="checkbox"/> Pathway 2 – Documentary evidence assessment: AUD\$735 <input type="checkbox"/> Pathway 2 – Technical / practical interview: AUD\$420 <input type="checkbox"/> Reassessment – AUD\$525

Section 11: APPLICATION CHECKLIST	Tick
➤ Fully Completed application form (compulsory for all applicants)	
➤ Two (2) recent passport sized photos (colour, signed, dated) (compulsory for all applicants)	
➤ Copy of birth certificate	
➤ Relevant passport pages showing name, photo and date of birth (colour copies)	
➤ Unique Student Identifier Number (USI) – only required if undertaking assessment in Australia	
➤ Evidence of name change(s) – if applicable	
➤ CV/Resume providing a detailed summary of your education, training, employment history and tasks and including referee contact details. (compulsory for all applicants)	
➤ Certificate(s) of Qualifications – evidence of Australian qualifications (compulsory for pathway 2 applicants).	
➤ Academic transcript / Statement of Results (compulsory) for pathway 2 applicants.	
➤ Statement of attainment (for accredited short courses or partially completed qualification)	
➤ English translation of any documents/certificates provided, if originally issued in a language other than English, compiled by a registered translation service - If Applicable	
➤ Licenses and Industry Memberships - If Applicable	
➤ Third Party reports/Employment references must be on a company letter head for the nominated trade for a minimum of 3 years in total. Can be from multiple employers under paid employment with 12 months currency within the last 3 yrs.	
➤ Evidence of any additional training in support of this application.	
➤ Evidence of self-employment (if applicable).	
➤ Recent photographic evidence.	
➤ Recent video evidence	

Section 12: SUBMITTING YOUR APPLICATION

Upon completion please send to:

If by mail:

Masters in Building Training Pty Ltd
PO Box 124
ST PETERS NSW 2044
Australia

If by courier:

Masters in Building Training Pty Ltd
3 Garnet Street
ROCKDALE NSW 2216
Australia

Section 13: CONTACT US

Website: www.mibtvisa.com

Email: info@mibt.com

Phone: 1300 642 457