

**Request for Skilled Employment Statement**

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| Applicant details  AITSL Assessment reference number (WAMS): |
| First name: Family name: |
| Postal address: |
| Email address: |
| Request  Yes, I wish to receive a Skilled Employment Statement  Yes, I have included my original employment statement/s with this request.  Yes, I confirm that the content of the original employment statement/s is true and correct and refers to employment completed by the applicant. |
| Applicant’s signature: |

Payment authorisation  
The fee for a skilled employment statement is AUD224. If you are making payment with an overseas bank please ensure they are aware of this transaction to avoid delays in processing.

Credit card authorisation  
*Complete all sections.*

|  |  |
| --- | --- |
| Card type | Visa  MasterCard (indicate one only) |
| Name on card |  |
| Credit card number | /      /      / |
| Expiry date | /    (mm/yy) |
| *I authorise AITSL to deduct the skilled employment statement fee of AUD224* | |
| Cardholder’s signature |  |
| Current date | /       /       (dd/mm/yyyy) |

Submit your request

Complete all parts of the request form and submit with original employment statements to ONE of the following address:

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| **Postal Office address**  AITSL Assessment for Migration  PO Box 347  Curtin ACT 2605  Australia | **Courier address**  AITSL Assessment for Migration  Suite 29, 2 Endeavour House  Captain Cook Crescent   Manuka ACT 2603  Australia |