

**Request for Skilled Employment Statement**

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| Applicant detailsAITSL 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:

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