

# Agent Authorisation Form

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## Applicant authorisation

I,

authorise the agent named below to act on my behalf in all activities related to my application for an AITSL Teacher Migration Services and Support skills assessment and/or Skilled Employment Statement. I understand this application will be lodged online via the Applicant portal.

I acknowledge that this means that all correspondence and communication relating to the assessment, including the outcome, will be sent to the agent.

I understand that I am not required to have an agent to undertake the assessment process and that using an agent will not change the process or alter the assessment duration.

Applicant signature:

Date signed:

*DD MM YYYY*

## Agent details

Agent name:

Contact number:

Business name:

Email address:

Business address:

