Agent authorisation form

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| I, (insert applicant’s name)  |

authorise the following agent to act on my behalf in all activities related to my application for an AITSL Assessment for Migration skills assessment. 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.

**Agent contact details**

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| Title (Miss, Mrs, Mr, Ms, Dr): Full name:  |
| Company name:  |
| Postal address:  |
| Email address:  |
| Applicant’s original signature (not agent): Date (dd/mm/yyyy): / /  |