

# 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. 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:

